IN THE COMMON PLEAS COURT OF COSHOCTON COUNTY, OHIO
JUVENILE DIVISION

Case No.: _____ ***DISCLOSURE OF PERSONAL IDENTIFIER INFORMATION***

CHILDREN'S INFORMATION

Name: _____ Name:_____ Name:_____

DOB: _____ DOB: _____ DOB: _____

FILING PARTY

NAME _____
LAST MI FIRST

ADDRESS _____

_____

TELEPHONE NO. _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

OTHER PARTY

NAME _____
LAST MI FIRST

ADDRESS _____

_____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

OTHER PARTY

NAME _____
LAST MI FIRST

ADDRESS _____

_____

TELEPHONE NO. _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

Additional Party / Child Information on reverse

CHILDREN'S INFORMATION

Name: _____ Name:_____ Name:_____

DOB: _____ DOB: _____ DOB: _____

OTHER PARTY

NAME _____
LAST MI FIRST

ADDRESS _____

_____

PHONE NO. _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

OTHER PARTY

NAME _____
LAST MI FIRST

ADDRESS _____

_____

PHONE NO. _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

OTHER PARTY

NAME _____
LAST MI FIRST

ADDRESS _____

_____

PHONE NO. _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
COSHOCTON COUNTY, OHIO

IN THE MATTER OF:

A Minor (date of birth)

Plaintiff : Case No. _____

Street Address :

: Judge **JASON W. GIVEN**

City, State and Zip Code :

:

vs. : Magistrate **LISA M. CHRISTENSEN**

Defendant :

:

Street Address :

City, State and Zip Code :

and

Defendant :

:

Street Address :

City, State and Zip Code :

WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.

Instructions: This form is used to establish parentage of the child(ren), be designated as the residential parent, or obtain parenting time (companionship and visitation) with the child(ren). A Request for Service (Uniform Domestic Relations Form 31), a Parenting Proceeding Affidavit (Uniform Domestic Relations Form - Affidavit 3) and an Affidavit of Basic Information, Income and Expenses (Uniform Domestic Relations Form - Affidavit 1) must be filed with this Complaint. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

COMPLAINT FOR PARENTAGE, ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES (CUSTODY), AND PARENTING TIME (COMPANIONSHIP AND VISITATION)

Now comes Plaintiff and states as follows:

1. Plaintiff is a parent of the following child(ren):

Name of Child	Date of Birth

2. Defendant, _____ (name) is a parent of the following child(ren):

Name of Child	Date of Birth

3. The child(ren) has/have resided in _____ County, Ohio since _____ (date).

4. A parent-child relationship has been established for the following child(ren):

Name of Child	Date of Birth

5. A parent-child relationship has not been established for the following child(ren):

Name of Child	Date of Birth

6. ☐ No Court has issued an order of parenting or support for the following child(ren):

Name of Child	Date of Birth

☐ The following child(ren) is/are subject to an existing order of parenting or support of another Court:

Name of Child	Date of Birth

7. Plaintiff requests that the Court: (*check all that apply*)

- ☐ Order genetic testing and determine the parent of the child(ren).
- ☐ Designate _____ (parent's name) as the parent of the child(ren) _____ _____(child(ren)'s name).
- ☐ Change the child(ren)'s name to _____. _____
- ☐ Correct the child(ren)'s birth certificate(s) to indicate the child(ren)'s parent.
- ☐ Adopt the proposed Shared Parenting Plan which is attached.
- ☐ Adopt the proposed Parenting Plan which is attached.
- ☐ Designate the residential parent and legal custodian of the child(ren).
- ☐ Order reasonable parenting time (companionship or visitation).
- ☐ Order child support, allocate the income tax dependency exemption, and determine who should provide health insurance coverage for the child(ren).
- ☐ Order the Ohio Department of Health to prepare (a) new birth certificate(s) for the child(ren).
- ☐ Other: (*specify*) _____ _____

_____
Attorney or Self Represented Party Signature

_____
Printed Name

_____
Address

_____
City, State, Zip

_____
Phone Number

_____
Fax Number

_____
E-mail

_____
Supreme Court Reg No. (if any)

COSHOCTON COUNTY JOB & FAMILY SERVICES

Coshocton County Juvenile Court
CASE NUMBER_____

ELIGIBILITY FOR SERVICES

Applicant Name: Current Date:

Signature of Applicant:

Social Security # XXX – XX - _____ Date of Birth:_____

To be eligible for TANF services the assistance group must include a minor child under age 18, full-time student, or pregnant individual. Services are also available to non-custodial parents of a minor eligible child who resides in the county but does not live in the same household as the minor child. An eligible family may consist of a pregnant individual or minor child who resides with parent, caretaker relative, legal guardian, or legal custodian. An eligible child may be "temporarily absent" from the home, up to six months, with a case plan for reunification. In order to receive services, a member of the assistance group must be a citizen of the United States or a qualified alien.

In addition, to qualify for the TANF services, the family must meet at least one of the following criteria. Check all that apply:

Items 1 & 2 are with regard to income and need to be verified:

☐ 1. Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.

a. The family is receiving OWF/Food Stamps/Medicaid ☐ Yes – attach Print-out ☐ No

b. Family meets 200% of the federal poverty guideline ☐ Yes – Income Attached ☐ No

☐ 2. End dependence of needy parents on government benefits by promoting job preparation, work and marriage.

a. The family is receiving OWF/Food Stamps/Medicaid ☐ Yes ☐ No

b. Family meets 200% of the federal poverty guideline ☐ Yes – Income Attached ☐ No

200% Federal Poverty Guideline (effective 1-17-2025)

Family Size	1	2	3	4	5	6	7	8
Monthly Income Limit	$2609	$3525	$4442	$5359	$6275	$7192	$8109	$9025

Items Below are response boxes only for JFS Determination ONLY:

☐ YES, party signing is TANF eligible, documentation attached

☐ NO, party signing does not receive above services, other factors may determine eligibility.

_____ _____
JFS Agency Signature Date

FINANCIAL DISCLOSURE FORM

($25.00 application fee may be assessed—see notice on reverse side)

I. PERSONAL INFORMATION

Applicant's Legal Name	Applicant's Preferred Name and Pronoun	D.O.B.

Mailing Address	City

State	Zip Code	Case No.	Phone	Cell Phone
			( ) -	( ) -

SSN Last 4	Gender	Race (double-click to de-select)
		☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ Spanish or Latino ☐ White ☐ Other

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name	D.O.B.	Relationship	Name	D.O.B.	Relationship
1)			3)		
2)			4)		

III. PRESUMPTIVE ELIGIBILITY

The appointment of counsel is presumed if the person represented meets any of the qualifications below. Please place an 'X'

Ohio Works First / TANF: ____ SSI: ____ SSD: ____ Medicaid: ____ Poverty Related Veterans' Benefits: ____ Food Stamps: ____

Refugee Settlement Benefits: ____ Incarcerated in state penitentiary: ____ Committed to a Public Mental Health Facility: ____

Other (please describe): _____ Juvenile: ____ *(if juvenile, please continue at Section VIII)*

IV. INCOME AND EMPLOYER

	Applicant	Spouse (Do not include spouse's income if spouse is alleged victim)	Total Income
Gross Monthly Employment Income	$	$	$ 0.00
Unemployment, Worker's Compensation, Child Support, Other Types of Income	$	$	$ 0.00
		TOTAL INCOME	$ 0.00

Employer's Name: _____ Phone Number: ( ) _____ - _____

Employer's Address: _____

V. LIQUID ASSETS

Type of Asset	Estimated Value
Checking, Savings, Money Market Accounts	$
Stocks, Bonds, CDs	$
Other Liquid Assets or Cash on Hand	$
Total Liquid Assets	$

VI. MONTHLY EXPENSES

Type of Expense	Amount	Type of Expense	Amount
Child Support Paid Out	$	Telephone	$
Child Care (if working only)	$	Transportation / Fuel	$
Insurance (medical, dental, auto, etc.)	$	Taxes Withheld or Owed	$
Medical / Dental Expenses or Associated Costs of Caring for Infirm Family Member	$	Credit Card, Other Loans	$
Rent / Mortgage	$	Utilities (Gas, Electric, Water / Sewer, Trash)	$
Food	$	Other (Specify)	$
EXPENSES	$ 0.00	**EXPENSES**	$ 0.00

VII. DETERMINATION OF INDIGENCY

If applicant's Total Income in Section IV is at or below 187.5% of the Federal Poverty Guidelines, counsel must be appointed.
For applicants whose Total Income in Section IV is above 125% of the Federal Poverty Guidelines, see recoupment notice in Section XI.
If applicant's Liquid Assets in Section V exceed figures provided in OAC 120-1-03, appointment of counsel may be denied if applicant can employ counsel using those liquid assets.
If applicant's Total Income falls above 187.5% of Federal Poverty Guidelines, but applicant is financially unable to employ counsel after paying monthly expenses in Section VI, counsel must be appointed.

VIII. $25.00 APPLICATION FEE NOTICE

By submitting this Financial Disclosure Form, you will be assessed a non-refundable $25.00 application fee unless waived or reduced by the court. If assessed, the fee is to be paid to the clerk of courts within 7 days of submitting this form to the entity that will make a determination regarding your indigency. No applicant may be denied counsel based upon failure or inability to pay this fee.

IX. APPLICANT CERTIFICATION

I, _____ (applicant or alleged delinquent child) state:

1. I am financially unable to retain private counsel without substantial hardship to me or my family.
2. I understand that I must inform the public defender or appointed attorney if my financial situation should change before the disposition of the case(s) for which representation is being provided.
3. I understand that if it is determined by the county or the court that legal representation should not have been provided, I may be required to reimburse the county for the costs of representation provided. Any action filed by the county to collect legal fees hereunder must be brought within two years from the last date legal representation was provided.
4. I understand that I am subject to criminal charges for providing false financial information in connection with this application for legal representation, pursuant to Ohio Revised Code sections 120.05 and 2921.13.
5. I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

_____ _____

Signature Date

X. JUDGE CERTIFICATION

I hereby certify that the above-noted applicant is unable to fill out and/or sign this financial disclosure for the following reason: _____. I have determined that the party represented meets the criteria for receiving court-appointed counsel.

_____ _____

Judge's Signature Date

XI. NOTICE OF RECOUPMENT

R.C. 120.03 allows for county recoupment programs. Any such program may not jeopardize the quality of defense provided or act to deny representation to qualified applicants. No payments, compensation, or in-kind services shall be required from an applicant or client whose income falls below 125% of the federal poverty guidelines. See OAC 120-1-05.

Through recoupment, an applicant or client may be required to pay for **part** of the cost of services rendered, if he or she can reasonably be expected to pay. See R.C. 2941.51(D)

XII. JUVENILE'S PARENTS' INCOME* – FOR RECOUPMENT PURPOSES ONLY – NOT FOR APPOINTMENT OF COUNSEL

	Custodial Parents' Income (Do not include parents' income if parent or relative is alleged victim)	Total
Employment Income (Gross)	$	$ 0.00
Unemployment, Workers Compensation, Child Support, Other Types of Income	$	$ 0.00
	TOTAL INCOME	$ 0.00

*Please complete Section VI on page 1 of this form if you would like the court to consider your monthly expenses when determining the amount of recoupment which you can reasonably be expected to pay.

Case No.: _____

IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
COSHOCTON COUNTY, OHIO

_____ Case No. _____

Plaintiff/Petitioner

Judge **JASON W. GIVEN**

v.

Magistrate **LISA M. CHRISTENSEN**

_____

Defendant/Petitioner/Respondent

and

_____

Defendant/Petitioner/Respondent

Instructions: Check local court rules to determine when this form must be filed. By law, this affidavit must be filed and served with any Complaint, Petition or Motion regarding the allocation of parental rights and responsibilities, parenting time, custody, or visitation. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, add additional pages.**

PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))

Affidavit of _____

(Print Your Name)

ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OR YOUR CHILD(REN) WOULD BE JEOPARDIZED BY THE DISCLOSURE OF YOUR ADDRESS OR IDENTIFYING INFORMATION. YOU ACKNOWLEDGE THAT THE COURT MAY CONDUCT A HEARING REGARDING THE BASIS FOR YOUR REQUEST.

☐ Pursuant to R.C. 3127.23(D), I allege that my health, safety, or liberty or that of my child(ren) would be jeopardized by the disclosure of identifying information to my spouse or the public. Therefore, I request that my address be placed under seal. I have marked the corresponding box next to each address I am requesting to be sealed.

1. (Number): _____ Minor child(ren) is/are subject to this case as follows:

Insert the information requested below for all minor or dependent children of this marriage. You must list the residences for all places where the children have lived for the last **FIVE** years.

a. Child's Name: _____ **Place of Birth:** _____

Date of Birth: _____ **Sex:** ☐ Male ☐ Female

Period of Residence			Check if Confidential	Person(s) With Whom Child Lived (name & address)	Relationship
	to	present	☐ Address Confidential?		
	to		☐ Address Confidential?		

	to	☐ Address Confidential?	
	to	☐ Address Confidential?	
	to	☐ Address Confidential?	

b. Child's Name: _____ **Place of Birth:** _____

Date of Birth: _____ **Sex:** ☐ Male ☐ Female

☐ Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

Period of Residence		Check if Confidential	Person(s) With Whom Child Lived (name & address)	Relationship
	to present	☐ Address Confidential?		
	to	☐ Address Confidential?		
	to	☐ Address Confidential?		
	to	☐ Address Confidential?		
	to	☐ Address Confidential?		

c. Child's Name: _____ **Place of Birth:** _____

Date of Birth: _____ **Sex:** ☐ Male ☐ Female

☐ Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

Period of Residence		Check if Confidential	Person(s) With Whom Child Lived (name & address)	Relationship
	to present	☐ Address Confidential?		
	to	☐ Address		

_____	_____	Confidential?	_____
_____ to	_____	☐ Address Confidential?	_____
_____ to	_____	☐ Address Confidential?	_____
_____ to	_____	☐ Address Confidential?	_____

d. Provide requested information for additional children on an separate sheet.

2. **Participation in custody case(s): (Check only one box).**

☐ I **HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time), with any child subject to this case.

☐ I **HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time), with any child subject to this case.

Explain: _____

_____

a. Name of each child: _____

_____

b. Type of case: _____

c. Court and State: _____

d. Date and court order or judgment (if any) _____

3. **Information about custody case(s): (Check only one box).**

☐ I **HAVE NO INFORMATION** of any cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect, or abuse allegations; or adoptions concerning any child subject to this case.

☐ I **HAVE THE FOLLOWING INFORMATION** concerning cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect, or abuse allegations; or adoptions concerning a child subject to this case, other than listed in Paragraph 2.

Explain: _____

_____

a. Name of each child: _____

_____

b. Type of case: _____

c. Court and State: _____

d. Date and court order or judgment (if any) _____

4. Information about criminal convictions:

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

NAME	CASE NUMBER	COURT/COUNTY/STATE	CHARGE

5. Persons not a party to this case: (*Check only one box*)

☐ I **DO NOT KNOW OF ANY PERSON** not a party to this case who has physical custody claims to have custody or visitation rights with respect to any child subject to this case.

☐ I **KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this case has/have physical custody or claim(s) to has/have custody or visitation rights with respect to any child subject to this case.

a. Name/Address of Person: _____

☐ has physical custody ☐ claims custody rights ☐ claims visitation rights

Name of each child: _____

b. Name/Address of Person: _____

☐ has physical custody ☐ claims custody rights ☐ claims visitation rights

Name of each child: _____

c. Name/Address of Person: _____

☐ has physical custody ☐ claims custody rights ☐ claims visitation rights

Name of each child: _____

6. **I understand that I have a continuing duty to advise this Court of any custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection order from domestic violence case concerning the children about whom information is obtained during this case.**

OATH OR AFFIRMATION

[Do Not Sign Until Notary is Present]

I, (print name) _____ , swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

_____
Your signature

STATE OF _____ **)**
) SS
COUNTY OF _____ **)**

Sworn to or affirmed before me by _____ this _____ day of _____, _____.

_____
Notary Public

(Affix seal here)

_____
Printed Name of Notary Public

Commission Expiration Date: _____

IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
COSHOCTON COUNTY, OHIO

Plaintiff/Petitioner

Case No. _____

Judge **JASON W. GIVEN**

v.

Magistrate **LISA M. CHRISTENSEN**

Defendant/Petitioner/Respondent

and

Defendant/Petitioner/Respondent

Instructions: Check local court rules to determine when this form must be filed. This affidavit is used to make complete disclosure of income, expenses, and money owed. It is used to determine child and spousal support. Do not leave any category blank. For each item, if none, put "NONE." If you do not know exact figures for any item, give your best estimate, and put "EST." **If you need more space, add additional pages.**

AFFIDAVIT OF BASIC INFORMATION, INCOME, AND EXPENSES

Affidavit of _____
(Print Your Name)

SECTION I – BASIC INFORMATION

Plaintiff/Petitioner 1	Defendant/Petitioner 2
Date of Birth _____	Date of Birth _____
Phone Number _____	Phone Number _____
Health: ☐ Good ☐ Fair ☐ Poor If health is not good, please explain:	Health: ☐ Good ☐ Fair ☐ Poor If health is not good, please explain:

Education: (*Check highest level achieved*) ☐Grade School ☐ High School ☐Associate ☐ Bachelor's ☐ Post Graduate	Education: (*Check highest level achieved*) ☐Grade School ☐ High School ☐Associate ☐ Bachelor's ☐ Post Graduate
Other Technical Certifications: Active Member of the U.S. Military ☐ Yes ☐ No	Other Technical Certifications: Active Member of the U.S. Military ☐ Yes ☐ No

SECTION II – INCOME

	Plaintiff/Petitioner Name	**Defendant/Petitioner 2's Name**
Employed	☐ Yes ☐ No	☐ Yes ☐ No
Employer	_____	_____
Payroll address	_____	_____
Payroll city, state, zip	_____	_____
Scheduled paychecks per year	☐ 12 ☐ 24 ☐ 26 ☐ 52	☐ 12 ☐ 24 ☐ 26 ☐ 52

A. YEARLY INCOME, OVERTIME, COMMISSIONS, AND BONUSES FOR PAST THREE YEARS

	Plaintiff/Petitioner 1		Year	**Defendant/Petitioner 2**
Base yearly income	$_____	3 years ago —	20__	$ _____
	$_____	2 years ago —	20__	$ _____
	$_____	Last year —	20__	$ _____
Yearly overtime, commissions, and/or bonuses	$_____	3 years ago —	20__	$ _____
	$_____	2 years ago —	20__	$ _____
	$_____	Last year —	20__	$ _____

B. COMPUTATION OF CURRENT INCOME

	Plaintiff/Petitioner 1	**Defendant/Petitioner 2**
Base Yearly Income	$_____	$_____
Average yearly overtime, commissions, and/or bonuses over last 3 years (from part A)	$_____	$_____

Unemployment Compensation	$_____	$_____
Disability Benefits Workers' Compensation Social Security Other: _____	$_____	$_____
Retirement Benefits ☐ Social Security Other: _____	$_____	$_____
Spousal Support Received	$_____	$_____
Interest and dividend income (*source*) _____	$_____	$_____
Other income (*type and source*)	$_____	$_____
TOTAL YEARLY INCOME	**$**_____	**$**_____
Supplemental Security Income (SSI) or public assistance	$_____	$_____
Court-ordered child support that you receive for minor and/or dependent child(ren) not of the marriage or relationship	$_____	$_____

SECTION III – CHILDREN AND HOUSEHOLD RESIDENTS

Minor and/or dependent child(ren) who is/are adopted or born from this marriage or relationship:

Name	Date of birth	Living with

In addition to the above child(ren):
Plaintiff/Petitioner 1 has _____ other minor biological or adopted child(ren).
Defendant/Petitioner 2 has _____ other minor biological or adopted child(ren). There is/are__adult(s) in your household.

SECTION IV – EXPENSES

List monthly expenses below for your present household.

A. MONTHLY HOUSING EXPENSES

Rent or first mortgage (including taxes and insurance)	$_____
Second mortgage/equity line of credit	$_____
Real estate taxes (if not included above)	$_____
Renter or homeowner's insurance (if not included above)	$_____
Homeowner or condominium association fee	$_____
Utilities	
° Electric	$_____
° Gas, fuel oil, propane	$_____
° Water and sewer	$_____
° Telephone and/or cell phone	$_____
° Trash collection	$_____
° Cable/satellite television	$_____
° Internet service	$_____
Cleaning	$_____
Lawn service and/or snow removal	$_____
Other: _____	$_____
_____	$_____
TOTAL MONTHLY:	**$** 0

B. OTHER MONTHLY LIVING EXPENSES

Food	
° Groceries (including food, paper, cleaning products, toiletries, and other)	$_____
° Restaurant	$_____
Transportation	
° Vehicle loan, lease	$_____
° Vehicle maintenance	$_____
° Gasoline	$_____
° Parking, public transportation	$_____
Clothing	
° Clothes (other than child(ren)'s)	

° Dry cleaning and laundry	$_____
Personal grooming	
° Hair and nail care	$_____
° Other: _____	$_____
Other: _____	$_____
TOTAL MONTHLY:	**$** 0

C. MONTHLY MINOR CHILD-RELATED EXPENSES
(for child(ren) of the marriage or relationship)

Work and/or education-related child care	$_____
Other child care	$_____
Extraordinary parenting time travel cost	$_____
School tuition	$_____
School lunches	$_____
School supplies	$_____
Extracurricular activities and lessons	$_____
Clothing	$_____
Child(ren)'s allowances	$_____
Special and extraordinary needs of child(ren) (not included elsewhere)	$_____
Other: _____	$_____
TOTAL MONTHLY:	**$** 0

D. MONTHLY INSURANCE PREMIUMS

Life	$_____
Auto	$_____
Health	$_____
Disability	$_____
Other: _____	$_____
TOTAL MONTHLY:	**$** 0

E. MONTHLY WORK AND EDUCATION EXPENSES FOR SELF

Mandatory work expenses (union dues, uniforms, or other)	$_____
Additional income taxes paid (not deducted from wages)	$_____

Tuition	$
Books, fees, and other	$
College loan	$
Other:	$
	$
TOTAL MONTHLY:	**$** 0

F. MONTHLY HEALTH CARE EXPENSES
(not covered by insurance)

Physicians	$
Dentists and orthodontists	$
Optometrists and opticians	$
Prescriptions	$
Other:	$
TOTAL MONTHLY:	**$** 0

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) [for child(ren) who were not born of this marriage or relationship and were not adopted by these parties]	$
Child support for child(ren) who were not born of this marriage or relationship and were not adopted by these parties	$
Expenses paid for adult child(ren) or other dependent(s)	$
Spousal support paid to former spouse(s)	$
Subscriptions and books	$
Charitable contributions	$
Memberships (associations and clubs)	$
Travel and vacations	$
Pets	$
Gifts	$
Attorney fees	$
Other:	$
	$
TOTAL MONTHLY:	**$** 0

H. MONTHLY INSTALLMENT PAYMENTS INCLUDING BANKRUPTCY PAYMENTS

(*Do not repeat expenses already listed.*)
Examples: car, credit card, rent-to-own, or cash advance payments

To whom paid	Purpose	Balance due	Monthly payment
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
		TOTAL MONTHLY:	$

GRAND TOTAL MONTHLY EXPENSES (Sum of A through H): $

OATH OR AFFIRMATION

(*Do not sign until Notary Public is present*)

I, (print name) _____ , swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

_____
Your signature

STATE OF _____ **)**
) SS
COUNTY OF _____ **)**

Sworn to or affirmed before me by _____ this _____ day of _____, _____.

_____
Notary Public

(Affix seal here)

_____
Printed Name of Notary Public

Commission Expiration Date: _____

IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
COSHOCTON COUNTY, OHIO

Plaintiff/Petitioner

v.

Defendant/Petitioner/Respondent

and

Defendant/Petitioner/Respondent

Case No. _____

Judge **JASON W. GIVEN**

Magistrate **LISA M. CHRISTENSEN**

Instructions: Check local court rules to determine when this form must be filed. This affidavit is used to disclose health insurance coverage that is available for children. It is also used to determine child support. It must be filed if there are minor children of the relationship. **If more space is needed, add additional pages.**

HEALTH INSURANCE AFFIDAVIT

Affidavit of _____
(Print Your Name)

	Plaintiff/Petitioner 1		**Defendant/Petitioner 2**	
Is/are your child(ren) currently enrolled in a low-income program (i.e. Healthy Start/ Medicaid)?	☐ Yes	☐ No	☐ Yes	☐ No
Is/are your child(ren) enrolled in an individual (non-group or COBRA) health insurance plan?	☐ Yes	☐ No	☐ Yes	☐ No
Is/are your children enrolled in a plan found through the exchange/Affordable HealthCare Marketplace?	☐ Yes	☐ No	☐ Yes	☐ No
Is/are your child(ren) enrolled in a health insurance plan through a group (employer or other organization)?	☐ Yes	☐ No	☐ Yes	☐ No
If your child(ren) is/are not enrolled, do/does he/she/they have health insurance available through a group (employer or other organization)?	☐ Yes	☐ No	☐ Yes	☐ No
Does the available insurance cover primary care services within 30 miles of the children's home?	☐ Yes	☐ No	☐ Yes	☐ No
Under the available insurance, what is the annual premium you pay for family coverage?	$_____		$_____	
Name of group (employer or organization) that provides health insurance	_____		_____	
Address	_____		_____	
	_____		_____	
Phone Number	_____		_____	

OATH OR AFFIRMATION

(Do not sign until Notary Public is present)

I, (print name) _____ , swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

_____

Your signature

STATE OF _____ **)**

) SS

COUNTY OF _____ **)**

Sworn to or affirmed before me by _____ this _____ day of _____, _____.

_____

Notary Public

(Affix seal here)

_____

Printed Name of Notary Public

Commission Expiration Date: _____

IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
COSHOCTON COUNTY, OHIO

IN THE MATTER OF:

_____
A Minor (date of birth)

_____ :
Plaintiff : Case No. _____

_____ Street Address :
_____ : Judge **JASON W. GIVEN**
City, State and Zip Code :
:
vs. : Magistrate **LISA M. CHRISTENSEN**

_____
Defendant :
_____ :
Street Address :

_____
City, State and Zip Code :

and

_____
Defendant :
_____ :
Street Address :

_____
City, State and Zip Code :

AFFIDAVIT OF INABILITY TO PREPAY COURT COSTS

I, _____ (name), being duly cautioned and sworn, depose and state:

1. That I am a party in interest in the above-captioned action; that I have a meritorious cause of action but am unable to give security or a cash deposit to secure costs.
2. That I am unable to afford the hiring of an attorney to represent me in this matter.
3. That I own no liquid assets or property of any substantial value to prepay costs.

_____
Your signature

STATE OF _____)
) SS
COUNTY OF _____)

Sworn to or affirmed before me by _____ this _____ day of _____, _____.

_____
Notary Public

(Affix seal here)

_____
Printed Name of Notary Public

Commission Expiration Date: _____

IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
COSHOCTON COUNTY, OHIO

IN THE MATTER OF:

A Minor (date of birth)		
Plaintiff	: Case No.	
Street Address	:	
	: Judge	**JASON W. GIVEN**
City, State and Zip Code	:	
	:	
vs.	: Magistrate	**LISA M. CHRISTENSEN**
Defendant	:	
	:	
Street Address	:	
City, State and Zip Code	:	
and		
Defendant	:	
	:	
Street Address	:	
City, State and Zip Code	:	

WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.

Instructions: This form is used when you want to request documents to be served on the other party. You must indicate the requested method of service by marking the appropriate box. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Please serve the following documents: (*check all that apply*)

- ☐ Complaint for Parentage, Allocation of Parental Rights and Responsibilities
- ☐ Motion and Affidavit or Counter Affidavit for Temporary Orders

- ☐ Motion for Change of Parental Rights and Responsibilities (Custody)
- ☐ Motion for Change of Parenting Time (Companionship and Visitation)
- ☐ Motion for Change of Child Support, Medical Support, Tax Exemption, or Other Child-Related Expenses
- ☐ Motion for Contempt and Affidavit
- ☐ Parenting Plan
- ☐ Shared Parenting Plan
- ☐ Affidavit of Income and Expenses
- ☐ Parenting Proceeding Affidavit
- ☐ Health Insurance Affidavit
- ☐ Explanation of Health Care Bills
- ☐ Agreed Judgment Entry
- ☐ Other: (*specify*) _____

Please serve the following parties with the above marked documents:

☐ Defendant/Petitioner/Respondent at

_____(address) by:

☐ Certified Mail, Return Receipt Requested
☐ Issuance to Sheriff of _____ County, Ohio for ☐ Personal or ☐ Residence service
☐ Other: (*specify*) _____

_____

☐ Plaintiff/Petitioner at

_____(address) by:

☐ Certified Mail, Return Receipt Requested
☐ Issuance to Sheriff of _____ County, Ohio for ☐ Personal or ☐ Residence service
☐ Other: (*specify*) _____

_____

☐ _____County Child Support Enforcement Agency at

_____(address) by:

☐ Certified Mail, Return Receipt Requested
☐ Issuance to Sheriff of _____ County, Ohio for ☐ Personal or ☐ Residence service
☐ Other: (*specify*) _____

_____

☐ Other _____ at

_____(address) by:

☐ Certified Mail, Return Receipt Requested
☐ Issuance to Sheriff of _____ County, Ohio for ☐ Personal or ☐ Residence service
☐ Other: (*specify*) _____

_____

SPECIAL INSTRUCTIONS TO SHERIFF:

Attorney or Self Represented Party Signature

Printed Name

Address

City, State, Zip

Phone Number

Fax Number

E-mail

Supreme Court Reg No. (if any)

IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
COSHOCTON COUNTY, OHIO

IN THE MATTER OF:

_____
A Minor (date of birth)

_____ :
Plaintiff : Case No. _____

_____ :
Street Address :
_____ : Judge **JASON W. GIVEN**
City, State and Zip Code :
:
vs. : Magistrate **LISA M. CHRISTENSEN**

_____
Defendant :
_____ :
Street Address :

_____
City, State and Zip Code :

and

_____
Defendant :
_____ :
Street Address :

_____
City, State and Zip Code :

WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.

Instructions: This form is used when you want to waive the right to receive service of documents filed or to be filed by the other party. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

WAIVER OF SERVICE OF SUMMONS

Now comes _____ ,(name), and acknowledges that I am the:

- ☐ Plaintiff
- ☐ Defendant
- ☐ Petitioner
- ☐ Respondent

I further acknowledge that I am over the age of eighteen (18), am not under disability, and that I received a copy of the following documents filed or to be filed by the other party: (*check all that apply*)

- ☐ Complaint for Parentage, Allocation of Parental Rights and Responsibilities
- ☐ Motion and Affidavit or Counter Affidavit for Temporary Orders
- ☐ Motion for Change of Parental Rights and Responsibilities (Custody)
- ☐ Motion for Change of Parenting Time (Companionship and Visitation)
- ☐ Motion for Change of Child Support, Medical Support, Tax Exemption, or Other Child-Related Expenses
- ☐ Motion for Contempt and Affidavit
- ☐ Parenting Plan
- ☐ Shared Parenting Plan
- ☐ Affidavit of Income and Expenses
- ☐ Parenting Proceeding Affidavit
- ☐ Health Insurance Affidavit
- ☐ Explanation of Health Care Bills
- ☐ Agreed Judgment Entry
- ☐ Other: (*specify*) _____

I waive service of said document(s) by the Clerk of Court.

_____
Attorney or Self Represented Party Signature

_____
Printed Name

_____
Address

_____
City, State, Zip

_____
Phone Number

_____
Fax Number

_____
E-mail

_____
Supreme Court Reg No. (if any)

IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
COSHOCTON COUNTY, OHIO

IN THE MATTER OF:

A Minor (date of birth)		
Plaintiff	: Case No.	
Street Address	:	
	: Judge	**JASON W. GIVEN**
City, State and Zip Code	:	
	:	
vs.	: Magistrate	**LISA M. CHRISTENSEN**
Defendant	:	
	:	
Street Address	:	
City, State and Zip Code	:	
and		
Defendant	:	
	:	
Street Address	:	
City, State and Zip Code	:	

WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.

Instructions: A parenting time schedule and child support worksheet must be attached to this Plan. Parents are urged to consult the Planning for Parenting Time Guide: Ohio's Guide for Parents Living Apart available at http://www.supremecourt.ohio.gov/Publications/JCS/parentingGuide.pdf.

SHARED PARENTING PLAN

The parents, _____, "Plaintiff/Petitioner 1", and _____, Defendant/Petitioner 2", have _____ (number) child(ren) from the marriage or relationship. Of the child(ren), _____ (number) is/are emancipated adult(s) and not under any disability. The following _____ (number) child(ren) are minor child(ren) and/or mentally or physically disabled child(ren) incapable of supporting or maintaining themselves:

Name of Child	Date of Birth

The parents agree to the care, parenting, and control of their child(ren) as provided in this Shared Parenting Plan.

FIRST: PARENTS' RIGHTS

Unless otherwise stated herein, the parents shall have:

A. The right to participate in major decisions concerning the child(ren)'s health, social situation, morals, welfare, education, and economic environment.

B. The right to reasonable telephone contact with the child(ren) when they are with the other parent.

C. The right to participate in the selection of doctors, psychologists, psychiatrists, hospitals, and other health care providers for the child(ren).

D. The right to authorize medical, surgical, hospital, dental, institutional, psychological, and psychiatric care for the child(ren) and obtain a second opinion regarding medical conditions or treatment.

E. The right to be notified in case of an injury to or illness of the child(ren).

F. The right to be present with the child(ren) at medical, dental, and other health-related examinations and treatments, including, but not limited to, psychological and psychiatric care.

G. The right to inspect and receive the child(ren)'s medical and dental records and the right to consult with any treating physician, dentist, and/or other health care provider, including, but not limited to, psychologists and psychiatrists.

H. The right to consult with school officials concerning the child(ren)'s welfare and educational status, and the right to inspect and receive the child(ren)'s student records to the extent permitted by law.

I. The right to receive copies of all school reports, calendars of school events, notices of parent-teacher conferences, and school programs.

J. The right to attend and participate in parent-teacher conferences, school trips, school programs, and other school activities to which parents are invited.

K. The right to attend and participate with the child(ren) in athletic programs and other extracurricular activities.

L. The right to receive notice of the other parent's intention to relocate.

SECOND: ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES

A. General Responsibilities
Each parent shall take all measures necessary to foster respect and affection between the child(ren) and the other parent. Neither parent shall do anything that may estrange the child(ren) from the other parent, or impair the child(ren)'s high regard for the other parent.

B. The parents have shared parenting of the child(ren) as specified in this Plan. Each parent, regardless of where an individual child is residing at a particular point in time, as specified in this Plan, is the "residential parent," "the residential parent and legal custodian," or the "custodial parent" of that child.

C. Parenting Time Schedule

A parenting time schedule must be attached to this Plan.

The parents shall have parenting time with the child(ren) according to the attached parenting time schedule, which shows the times that the child(ren) shall be with each parent on weekdays, weekends, holidays and days of special meaning, and vacations.

The parties may voluntarily modify the parenting time schedule, if agreed; however, the Court cannot enforce any change in the parenting time schedule unless it is made an Order of the Court.

D. Transportation to School and Parenting Time
Absent other agreement of the parties included in the attached parenting time schedule, each parent shall be responsible for providing transportation for the child(ren) at the beginning of the parent's parenting time period. Each parent shall be responsible for providing transportation for the child(ren) to and from school during that parent's parenting time period.

☐ Other agreement regarding transportation to school and parenting time:

_____

_____

_____

E. School Placement
The designation of a particular parent as the residential parent for the purposes of determining the school placement of the child(ren) does not affect the designation of each parent as the "residential parent," "residential parent and legal custodian," or the "custodial parent of the child(ren)".

Plaintiff/Petitioner 1 shall be designated as the residential parent for school placement purposes of the following child(ren):

_____

Defendant/Petitioner 2 shall be designated as the residential parent for school placement purposes of the following child(ren):

_____

☐ Other agreement regarding school placement:

_____

_____

_____

F. Education Decisions Other than School Placement
Each parent shall consult with the other regarding any important education decisions affecting the child(ren). Important education decisions affecting the child(ren) shall be made by agreement of the parties. Each parent shall be reasonable in attempting to reach an agreement on such matters. In the event the parties cannot agree on education decisions other than school placement, the decision of:

☐ Plaintiff/Petitioner 1 shall be binding on the parents and the following child(ren):

_____

☐ Defendant/Petitioner 2 shall be binding on the parents and the following child(ren):

_____

G. Responsibility for Child Activities

1. Participation in Activities

The parents shall give careful consideration of the child(ren)'s best interest and the child(ren)'s wishes in scheduling activities. Neither parent will unreasonably withhold agreement to any particular activity. The parents shall be reasonable with respect to this provision and take into consideration the needs and interests of the child(ren) at all times. The scheduling of events, appointments, and activities shall not be done in a manner to cause undue inconvenience or harassment to the other parent. Both parents must understand that the child(ren) need(s) to be able to participate in regular activities without interference and with the support of both parents.

Absent other agreement by the parents, the child(ren) shall continue to participate in those extracurricular activities, school-related and other activities in which they are currently enrolled, uninterrupted.

☐ Other agreement regarding participation in current or new extracurricular, school-related or other activities:

_____

_____

_____

Each parent shall provide the other with notice of all extracurricular activities, school-related or otherwise, in which the child(ren) participates, schedules of all activities (handwritten if no formal schedule is provided by the activity) and the name of the activity leader (including address and telephone number if reasonably available).

2. Transportation to Activities

Absent other agreement by the parents, it is the responsibility of the parent in possession of the child(ren) to provide transportation to an activity.

☐ Other agreement regarding transportation:

_____

_____

_____

3. Payment of Expenses Related to Activities

Each parent shall notify the other about any and all expenses arising from the child's extracurricular, school-related, or other activities.

Absent other agreement of the parents, the parents shall divide the costs and expenses associated with their child(ren)'s participation in any extracurricular, school-related, or other activities as follows:

☐ Plaintiff/Petitioner 1 _____

☐ Defendant/Petitioner 2 _____

☐ Other agreement regarding the division of extracurricular, school-related, or other activity expenses:

_____

_____

The parent incurring an expense related to an extracurricular, school-related, or other activity shall forward a copy of the bill or invoice to the other parent as soon as practicable. Absent other agreement of the parents as stated herein, reimbursement or payment shall be made within thirty (30) days of receipt of the bill or invoice.

☐ Other agreement regarding reimbursement or payment of expenses:

H. Health Care Responsibilities

Each parent shall promptly notify the other parent if a child experiences a serious injury, has a serious or chronic illness, or receives treatment in an emergency room or hospital. Each parent shall notify the other parent of the emergency, the child's status, locale, and any other pertinent information as soon as practical, but in any event within twenty-four (24) hours. Each parent shall provide the other with the names and telephone numbers of all health care providers for the child(ren).

Each parent shall consult the other about the child(ren)'s health care needs and each shall immediately notify the other parent about all major non-emergency health care decisions before authorizing a course of treatment. Each parent has a right to know the necessity for treatment, proposed cost, and proposed payment schedule. Each parent may also secure an independent evaluation at that parent's expense to determine the necessity for treatment.

If the parties cannot agree regarding a course of treatment, ☐ Plaintiff's/Petitioner 1's ☐ Defendant's/Petitioner 2's **(*select one*)** decision shall control.

I. Current Address and Telephone Number

Plaintiff's/Petitioner 1's current home address and telephone number, including cellular telephone number:

Defendant's/Petitioner 2's current home address and telephone number, including cellular telephone number:

J. Relocation Notice

Pursuant to R.C. 3109.051(G):

If either parent intends to move to a residence other than the residence specified in the Court order, the parent shall file a notice of intent to relocate with this Court. Except as provided in R.C. 3109.051(G)(2), (3), and (4), the Court shall send a copy of the notice to the other parent. Upon receipt of the notice, the Court, on its own motion or the motion of either parent, may schedule a hearing with notice to both parents to determine whether it is in the best interest of the child(ren) to revise the parenting time schedule for the child(ren).

Each parent shall inform the Court and the other parent, in writing, of changes in address and telephone, including cellular telephone number, unless otherwise provided by Court order.

The relocation notice must be filed with the Court granting the allocation of parental rights and responsibilities: (*print name and address of Court*)

K. Records Access Notice
Pursuant to R.C. 3109.051(H) and 3319.321(B)(5)(a):

Subject to R.C. 3125.16 and 3319.321(F), both parents are entitled access to any record related to the child(ren), unless otherwise restricted. Any keeper of a record who knowingly fails to comply with permitting record access is in contempt of Court.

Restrictions or limitations:

☐ None

☐ Restrictions or limitations to records access are as follows:

_____

_____

L. Day Care Access Notice
Pursuant to R.C. 3109.051(I):

In accordance with R.C. 5104.039, both parents are entitled access to any day care center that is or will be attended by the child(ren) unless otherwise restricted.

Restrictions or limitations:

☐ None

☐ Restrictions or limitations to day care access are as follows:

_____

_____

M. School Activities Access Notice
Pursuant to R.C. 3109.051(J):

Subject to R.C. 3319.321(F), both parents are entitled access to any student activity related to the child(ren), unless otherwise restricted. Any school employee or official who knowingly fails to comply with permitting school activities access is in contempt of Court.

Restrictions or limitations:

☐ None

☐ Restrictions or limitations to school activities access are as follows:

_____

_____

THIRD: CHILD SUPPORT

As required by law, a completed Child Support Worksheet is attached to this document.

The Order for child support and cash medical support is effective _____, 20_____.

For purposes of this order:

☐ Plaintiff/Petitioner 1 ☐ Defendant/Petitioner 2 is the child support obligor (*pays support*).

☐ Plaintiff/Petitioner 1 ☐ Defendant/Petitioner 2 is the child support obligee (*receives support*).

The following information is provided in accordance with R.C. 3105.72 and 3121.30:

SUPPORT OBLIGOR (pays support):

Name (First, MI, Last): _____

Social Security Number: xxx-xx-_____ (*fill in last four digits*)

Date of Birth: _____

SUPPORT OBLIGEE (receives support):

Name (First, MI, Last): _____

Social Security Number: xxx-xx-_____ (*fill in last four digits*)

Date of Birth: _____

A. Guideline Child Support Amount

The **guideline** child support obligation, as determined by the Child Support Worksheet, is $_____ per child, per month for _____ (number) child(ren), for a total of $_____ per month. (*Line 24 Sole/Shared Parenting Child Support Computation Worksheet* or *Line 25 Split Parenting Child Support Computation Worksheet*)

B. Overnight Parenting Time Adjustment

☐ The child support obligor does not have Court ordered parenting time which is equal to or exceeds ninety (90) overnights.

☐ The child support obligor has Court ordered parenting time which is equal to or exceeds ninety (90) overnights. The above computation reflects an automatic ten percent (10%) adjustment in the guideline child support obligation.

C. Overnight Parenting Time Deviation

☐ Pursuant to R.C. 3119.231, there is extended Court ordered parenting time which:

☐ exceeds ninety (90) overnights but is *not* more than 146 overnights (_____ overnights).

☐ A deviation is *not* granted.

☐ The annual obligation would be unjust and inappropriate and, therefore, not in the best interest of the minor child(ren). A deviation *is* granted for the following reasons:

_____

_____

_____

– OR –

☐ is equal to or exceeds 147 overnights (_____ overnights).

A deviation is ☐ granted ☐ *not* granted for the following reasons:

_____

_____

D. Other Deviation Factors *(if applicable)*

☐ Pursuant to R.C. 3119.22, 3119.23 and/or 3119.24, the annual obligation would be unjust and inappropriate and, therefore, not in the best interest of the minor child(ren) for the following reason(s):

(Check all that apply)

☐ Special and unusual needs of the child(ren), including needs arising from the physical or psychological condition of the child(ren)

☐ Other Court ordered payments

☐ Extended parenting time or extraordinary costs associated with parenting time, including extraordinary travel expenses when exchanging the child(ren) for parenting time

☐ Financial resources and the earning ability of the child(ren)

☐ Relative financial resources, including the disparity in income between parties or households, other assets, and the needs of each parent

☐ Obligee's income, if the obligee's annual income is equal to or less than one hundred percent (100%) of the federal poverty level

☐ Benefits that either parent receives from remarriage or sharing living expenses with another person

☐ Amount of federal, state, and local taxes actually paid or estimated to be paid by a parent or both parents

☐ Significant in-kind contributions from a parent, including, but not limited to, direct payment for lessons, sports equipment, schooling, or clothing

☐ Extraordinary work-related expenses incurred by either parent

☐ Standard of living and circumstances of each parent and the standard of living the child(ren) would have enjoyed had the marriage continued or had the parents been married

☐ Educational opportunities that would have been available to the child(ren) had the circumstances requiring a child support order not arisen

☐ The responsibility of each parent for the support of others, including support of (a) child(ren) with disabilities who is/are not subject to the support order

☐ Post-secondary educational expenses paid for by a parent for the parent's own child(ren), regardless of whether the child(ren) is/are emancipated

☐ Costs incurred or reasonably anticipated to be incurred by the parents in compliance with Court ordered reunification efforts in child abuse, neglect, or dependency cases

☐ Extraordinary child care costs required for the child(ren) that exceed the maximum state-wide average cost estimate as described in R.C. 3119.05(P)(1)(d), including extraordinary costs associated with caring for (a) child(ren) with specialized physical, psychological, or educational needs

☐ Any other relevant factor: (*specify*)

☐ Extraordinary circumstances associated with shared parenting: (*Only if Shared Parenting is ordered - check all that apply*)

- ☐ Ability of each parent to maintain adequate housing for the child(ren)
- ☐ Each parent's expenses, including child care expenses, school tuition, medical expenses, dental expenses, and other relevant expenses
- ☐ Any other relevant circumstances: (*specify*)

E. Monthly Child Support Obligation

The child support obligor (pays support) shall pay child support in the amount of $_____ per child, per month for _____ (number) child(ren), for a total of $_____ per month, plus two percent (2%) processing charge. (*If there is no child support deviation, Line 24 Sole/Shared Child Support Computation Worksheet, or Line 25 Split Parenting Child Support Computation Worksheet. If there is a deviation in child support, Line 26 Sole/Shared Child Support Computation Worksheet, or Line 27 Split Parenting Child Support Computation Worksheet*.)

F. Arrearage or Overpayment

☐ Child support arrearage or overpayment for the minor child(ren) payable either by administrative order, temporary or final order **shall** survive and continue as an enforceable obligation until paid in full.

☐ Child support arrearage or overpayment for the minor child(ren) payable either by administrative order, temporary or final order **shall not** survive and continue as an enforceable obligation until paid in full, except the arrearage assigned to and due to the Department of Job and Family Services.

G. Method to Secure Support Payment(s)

All support under this Order shall be withheld or deducted from the income or assets of the support obligor pursuant to a withholding or deduction notice or appropriate Order issued in accordance with R.C. Chapters 3119, 3121, 3123, and 3125 or a withdrawal directive issued pursuant to R.C. 3123.24 to 3123.38 and shall be forwarded to the obligee in accordance with R.C. Chapters 3119, 3121, 3123, and 3125.

The support obligor shall immediately notify the _____ County Child Support Enforcement Agency, in writing, of any change in employment (including self-employment), receipt of additional income/monies or termination of benefits. The support obligor shall include a description of the nature of the employment and the name, business address and telephone number of any employer.

The support obligor shall immediately notify the _____ County Child Support Enforcement Agency, in writing, of any change in employment (including self-employment), receipt of additional income/monies or termination of benefits. The support obligor shall include a description of the nature of the employment and the name, business address and telephone number of any employer.

The specific withholding or deduction requirements to be used to collect the support shall be set forth and determined by reference to the notices that are sent out by the Child Support Enforcement Agency in accordance with R.C. 3121.03 and shall be determined without the need for any amendment to the support order. Those notices, plus the notices provided by the Child Support Enforcement Agency that require the child support obligor to notify the Child Support Enforcement Agency of any change in his/her employment status or of any other change in the status of his/her assets, are final and enforceable by the court. Each withholding notice shall be for the current child support, current cash medical support, any arrearage payment, and processing charges.

All support shall be paid through Ohio Child Support Payment Central (OCSPC), P.O. Box 182372, Columbus, Ohio 43218-2372. Checks or money orders shall be made payable to "OCSPC". All payments shall include the following: Obligor's name, Social Security Number, SETS case number and Domestic Relations Court case number. **If there is to be a withholding/deduction order, the support obligor shall make payments directly to OCSPC until the income source/financial institution begins withholding/deducting in the appropriate amount.**

Pursuant to R.C. 3121.45, any payment of money by the child support obligor to the child support obligee that is not made through Ohio Child Support Payment Central or the Child Support Enforcement Agency administering the support order shall not be considered a payment under the support order and, unless the payment is made to discharge an obligation other than support, shall be deemed a gift.

Payments shall be made in the manner ordered by the Court. If payments are to be made other than on a monthly basis, the required monthly administration by the _____ County Child Support Enforcement Agency does not affect the frequency or the amount of the support payments to be made under the order.

(Check one of the following three boxes)

☐ The support obligor receives income from an income source.

A withholding or deduction notice shall issue to:

INCOME SOURCE: _____

ADDRESS: _____

_____

– OR –

☐ The support obligor has nonexempt funds on deposit in an account at a financial institution.

A withholding or deduction notice shall issue to:

FINANCIAL INSTITUTION: _____

ADDRESS: _____

_____

If withholding from a financial account, the support obligor shall immediately notify the _____ County Child Support Enforcement Agency of the number and description of the account from which support shall be deducted, and the name, branch, business address and routing number of the financial institution if not set forth above.

The support obligor shall immediately notify the _____ County Child Support Enforcement Agency of any change in the status of an account from which support is being deducted or the opening of a new account with any financial institution.

– OR –

☐ The support obligor has no attachable income source at this time.

The support obligor shall immediately notify the _____ County Child Support Enforcement Agency, in writing, if the support obligor begins to receive income from a payor. The notice shall include a description of the nature of any new employment, and the name, business address and telephone number of any new employer.

☐ The support obligor shall seek employment, if able to engage in employment. Obligor's employment search must include registration with Ohio Means Jobs at https://jobseeker.ohiomeansjobs.monster.com. Obligor shall immediately notify the _____ County Child Support Enforcement Agency, in writing, upon commencement or change of employment (including self-employment), receipt of additional income/monies, obtaining ownership of asset of value of $500.00 or more, receipt or termination of benefits or the opening of an account at a financial institution. The support obligor shall include a description of the nature of the employment and the name, business address and telephone number of any employer. The support obligor shall immediately notify the _____ County Child Support Enforcement Agency of any change in the status of an account from which support is being deducted or the opening of a new account with any financial institution.

H. Duration and Termination of Support & Required Notices

The duty of child support and cash medical support for each child shall continue until further order of Court or until the above-named child reaches age eighteen (18) unless one of the following circumstances applies:

- The child is mentally or physically disabled and is incapable of supporting or maintaining himself, herself or themselves.
- The parents have agreed to continue child support beyond the date it would otherwise terminate.
- The child continuously attends a recognized and accredited high school on a full-time basis so long as the child has not, as yet, reached the age of nineteen (19) years old. Under this circumstance, child support will end at the time the child graduates or ceases to attend a recognized and accredited high school on a full-time basis or when the child reaches the age of nineteen (19), whichever occurs first.

The child support and cash medical support order will remain in effect during seasonal vacation periods until the order terminates.

☐ The parties have agreed that the child support and cash medical support obligation will extend beyond the time when it would otherwise end. The terms and conditions of that agreement are as follows:

_____

_____

_____

_____

☐ The parties have (a) child(ren) who is/are mentally or physically disabled and incapable of supporting or maintaining himself, herself or themselves, and child support and cash medical support will extend beyond the time when it would otherwise end. The name of the child(ren) and the nature of the mental or physical disability(ies) is/are as follows:

_____

_____

_____

_____

The residential parent and legal custodian of the child(ren) shall immediately notify, and the child support obligor may notify, the _____ County Child Support Enforcement Agency of any reason for which the child support order should terminate, including, but not limited to, the child's death, marriage, emancipation (age 18 or high school completion/termination), enlistment in the Armed Services, deportation, or change of legal custody. A willful failure to notify the _____ County Child Support Enforcement Agency may be contempt of Court.

EACH PARTY TO THIS SUPPORT ORDER MUST NOTIFY THE CHILD SUPPORT ENFORCEMENT AGENCY IN WRITING OF HIS OR HER CURRENT MAILING ADDRESS, CURRENT RESIDENCE ADDRESS, CURRENT RESIDENCE TELEPHONE NUMBER, CURRENT DRIVER'S LICENSE NUMBER, AND OF ANY CHANGES IN THAT INFORMATION. EACH PARTY MUST NOTIFY THE AGENCY OF ALL CHANGES UNTIL FURTHER NOTICE FROM THE COURT OR AGENCY, WHICHEVER ISSUED THE SUPPORT ORDER.

IF YOU ARE THE OBLIGOR UNDER A CHILD SUPPORT ORDER AND YOU FAIL TO MAKE THE REQUIRED NOTIFICATIONS, YOU MAY BE FINED UP TO $50 FOR A FIRST OFFENSE, $100 FOR A SECOND OFFENSE, AND $500 FOR EACH SUBSEQUENT OFFENSE. IF YOU ARE AN OBLIGOR OR OBLIGEE UNDER ANY SUPPORT ORDER ISSUED BY A COURT AND YOU WILLFULLY FAIL TO GIVE THE REQUIRED NOTICES, YOU MAY BE FOUND IN CONTEMPT OF COURT AND BE SUBJECTED TO FINES UP TO $1,000 AND IMPRISONMENT FOR NOT MORE THAN 90 DAYS.

IF YOU ARE AN OBLIGOR OR OBLIGEE AND YOU FAIL TO GIVE THE REQUIRED NOTICES TO THE CHILD SUPPORT ENFORCEMENT AGENCY, YOU MAY NOT RECEIVE NOTICE OF THE CHANGES AND REQUESTS TO CHANGE THE CHILD SUPPORT AMOUNT, HEALTH CARE PROVISIONS, OR TERMINATION OF THE CHILD SUPPORT ORDER. IF YOU ARE AN OBLIGOR AND YOU FAIL TO GIVE THE REQUIRED NOTICES, YOU MAY NOT RECEIVE NOTICE OF THE FOLLOWING ENFORCEMENT ACTIONS AGAINST YOU: IMPOSITION OF LIENS AGAINST YOUR PROPERTY; LOSS OF YOUR PROFESSIONAL OR OCCUPATIONAL LICENSE, DRIVER'S LICENSE, OR RECREATIONAL LICENSE; WITHHOLDING FROM YOUR INCOME; ACCESS RESTRICTION AND DEDUCTION FROM YOUR ACCOUNTS IN FINANCIAL INSTITUTIONS; AND ANY OTHER ACTION PERMITTED BY LAW TO OBTAIN MONEY FROM YOU TO SATISFY YOUR SUPPORT OBLIGATION.

FOURTH: HEALTH INSURANCE COVERAGE.

A. ☐ Private Health Insurance Coverage IS NOT available for the minor child(ren).

Neither parent has accessible private health insurance coverage available at a reasonable cost to cover the minor child(ren) at the time of the issuance of this order.

The child support obligee shall obtain health care coverage (private health insurance coverage or public health care plan) for the child(ren) not later than thirty (30) days after it becomes available at a reasonable cost, and shall inform the _____ County Child Support Enforcement Agency (CSEA) when health care coverage for the child(ren) has been obtained.

If private health insurance coverage becomes available to the child support obligor at a reasonable cost, the child support obligor shall inform the _____ County Child Support Enforcement Agency (CSEA) and may seek a modification of health care coverage from the Court with respect to a Court child support order, or from the agency with respect to an administrative support order.

B. ☐ Private Health Insurance Coverage IS available for the minor child(ren).

☐ Plaintiff/Petitioner 1 has private health insurance coverage for the minor child(ren);
☐ Defendant/Petitioner 2 has private health insurance coverage for the minor child(ren); or
☐ Both parents have private health insurance coverage available for the minor child(ren).

1. Accessibility of Private Health Insurance Coverage.

The available private health insurance coverage for the minor child(ren) is accessible because:

(*Check one of the following three boxes)*

☐ Primary care services are within thirty (30) miles of the child(ren)'s residence.

☐ The Court permits primary care services farther than thirty (30) miles of the child(ren)'s residence because residents in the geographic area customarily travel farther distances.

☐ Primary care services are accessible by public transportation because public transportation is the child support obligee's only source of transportation.

2. Reasonableness of Cost of Private Health Insurance Coverage.

Pursuant to R.C. 3119.29(F), for purposes of determining reasonable cost, the total cost of private health insurance coverage to the person required to provide private health insurance coverage for the child(ren) subject to the child support order does not exceed an amount equal to five percent of the annual income of that person.

(*Check one of the following two sections*)

☐ The total cost of private health insurance coverage available to ☐ Plaintiff/Petitioner 1 and/or ☐ Defendant/Petitioner 2 **does not exceed** that parent's Health Insurance Maximum. (*Line 8 Child Support Computation Worksheet*)

– OR –

☐ The total cost of private health insurance coverage available to ☐ Plaintiff/Petitioner 1 and/or ☐ Defendant/Petitioner 2 **exceeds** that parent's Health Insurance Maximum (*Line 8 Child Support Computation Worksheet*);

(Check one of the three sections below)

☐ Both parents agree that ☐Plaintiff/Petitioner 1 ☐Defendant/Petitioner 2 or ☐ Both parents shall obtain or maintain private health insurance coverage, the cost of which exceeds the Health Insurance Maximum for that parent.

– OR –

☐ Plaintiff/Petitioner 1 ☐Defendant/Petitioner 2 has requested to obtain or maintain private health insurance coverage, the cost of which exceeds the Health Insurance Maximum for that parent.

– OR –

☐ It is in the best interest of the child(ren) for ☐Plaintiff/Petitioner 1 ☐Defendant/Petitioner 2 to obtain or maintain private health insurance coverage for the child(ren) even though the total cost of private health insurance coverage exceeds that parent's Health Insurance Maximum. The cost of private health insurance coverage will not impose an undue financial burden because:

_____

3. Person Required to Provide Private Health Insurance Coverage.

☐ Plaintiff/Petitioner 1 ☐ Defendant/Petitioner 2 ☐ Both parents shall provide private health insurance coverage for the child(ren) until further order of Court for the following reasons:

(Check one of the following six boxes)

- ☐ The child support obligee is rebuttably presumed to be the appropriate parent to provide private health insurance coverage for the child(ren).
- ☐ The child support obligor already has private health insurance coverage for the child(ren) that is reasonable in cost.
- ☐ The child support obligor already has private health insurance coverage in place for the child(ren) that is not reasonable in cost, but the child support obligor wishes to be named the private health insurance obligor and provide coverage.
- ☐ The child support obligor can obtain private health insurance coverage for the child(ren) that is reasonable in cost through an employer or other source.
- ☐ The child support obligee is a non-parent individual or agency that has no duty to provide medical support.
- ☐ Both parents wish to provide and already have private health insurance coverage in place or have private health insurance coverage available for the child(ren).

If both parents are providing private health insurance coverage for the minor child(ren), ☐ Plaintiff's/Petitioner 1's ☐ Defendant's/Petitioner 2's private health insurance coverage plan shall be considered the primary private health insurance coverage plan for the child(ren).

Should private health insurance coverage be cancelled for any reason, the parent ordered to maintain private health insurance coverage shall immediately notify the other parent of the cancellation.

C. Health Care Coverage Requirements

Within thirty (30) days after the issuance of this support order, the person required to provide health care coverage for the child(ren) must provide to the other parent or to the child support obligee information regarding the benefits, limitations, and exclusions of the coverage, copies of any forms necessary to receive reimbursement, payment or other benefits under the coverage, and a copy of any necessary proof of coverage.

Within thirty (30) days after the issuance of this order, the person required to provide health care coverage for the child(ren) shall provide to the Child Support Enforcement Agency documentation that verifies health care coverage is being provided as ordered.

The individual who is designated to be reimbursed for health care expenses for the child(ren) is:

Name: _____

Address: _____

_____

The person required to provide health care coverage for the child(ren) shall designate the child(ren) as covered dependent(s) under any health care coverage policy, contract, or plan.

Pursuant to R.C. 3119.32(E), the employer of the person required to provide health care coverage for the child(ren) is required to release to the other parent, any person subject to an order issued under R.C. 3109.19, or the Child Support Enforcement Agency, on written request, any necessary information on the health care coverage, including the name and address of the health plan administrator and any policy, contract, or plan number, and to otherwise comply with R.C. 3119.32 and any order or notice issued under R.C. 3119.32.

Pursuant to R.C. 3119.32(G), if the person required to obtain health care coverage for the child(ren) subject to this child support order obtains new employment, the agency shall comply with the requirements of R.C. 3119.34, which may result in the issuance of a notice requiring the new employer to take whatever action is necessary to enroll the children in private health care insurance coverage provided by the new employer, when insurance is not being provided by any other source.

FIFTH: CASH MEDICAL SUPPORT & CHILDREN'S HEALTH CARE EXPENSES

A. Liability for child(ren)'s Health Care Expenses

Pursuant to R.C. 3119.30(A), both parents are liable for the health care expenses of the child(ren) who is/are not covered by private health insurance coverage.

Cash medical support is an amount paid in a child support order toward the ordinary health care expenses incurred during a calendar year. Ordinary health care expenses include copayments and deductibles, and uninsured health-related costs.

Extraordinary health care expenses are any uninsured health care expenses incurred for a child during a calendar year that exceed the total cash medical support amount owed by the parents during that year.

Each party shall have access to all health care records of the child(ren) as provided by law, or as otherwise limited in this document.

Pursuant to R.C. 3119.30(A), both parents are liable for the health care expenses of the child(ren) who is/are not covered by private health insurance coverage.

Cash medical support is an amount paid in a child support order toward the ordinary health care expenses incurred during a calendar year. Ordinary health care expenses include copayments and deductibles, and uninsured health-related costs.

Extraordinary health care expenses are any uninsured health care expenses incurred for a child during a calendar year that exceed the total cash medical support amount owed by the parents during that year.

Each party shall have access to all health care records of the child(ren) as provided by law, or as otherwise limited in this document.

The term "health care expense" or "health care records" shall include, but not be limited to, medical, dental, orthodontic, optical, pharmaceutical, surgical, hospital, major medical, psychological, psychiatric, outpatient, doctor, therapy, counseling, prosthetic, and/or all other expenses/records including preventative health expenses/records related to the treatment of the human body and mind.

The parent who receives a health care bill, and/or an Explanation of Benefits (EOB), or who incurs a health care expense, shall provide the other parent the original or a copy of the bill, and/or EOB, if available, within (thirty) 30 days of the date on the bill or EOB, or a receipt, absent extraordinary circumstances. The other parent shall reimburse the parent incurring the expenses or pay directly to the health care provider, that parent's percentage share of the bill as shown in Section D below.

B. Guideline Cash Medical Support Obligation

The parents' combined **annua**l cash medical support obligation, as determined by the applicable worksheet, is $_____. (*Line 23a Child Support Computation Worksheet)*

The Obligor's (pays support) guideline **annual** cash medical support obligation is $_____. (*Line 23b Child Support Computation Worksheet*)

The Obligee's (receives support) guideline **annua**l cash medical support obligation is $_____. (*Line 23b Child Support Computation Worksheet*) The Obligee's cash medical support obligation is not subject to collection by the Child Support Enforcement Agency.

C. Deviation in Cash Medical Support (if applicable)

Pursuant to R.C. 3119.22, 3119.23 and/or 3119.24, the annual guideline cash medical support obligation would be unjust and inappropriate and, therefore, not in the best interest of the minor child(ren) for the following reason(s):

☐ The same reasons referenced in this document regarding the child support deviation.

– OR –

☐ _____

_____

_____

D. Cash Medical Support Obligation and Division of Child(ren)'s Health Care Expenses

(Check one of the following two boxes)

☐ The cash medical support obligation is not deviated.

Obligor shall pay cash medical support in the amount of $_____ per child, per month, for _____ (number) child(ren) for a total of $_____, per month, plus two percent (2%) processing charge through the Child Support Enforcement Agency. (*Line 27 Sole/Shared Parenting Child Support Computation Worksheet*, or *Line 29 Split Parenting Child Support Computation Worksheet*)

Plaintiff/Petitioner 1 shall pay _____% and Defendant/Petitioner 2 shall pay _____% of the health care expenses incurred for a child during a calendar year that exceed $_____, the parents' total combined annual cash medical support obligation, as determined by the applicable worksheet. (*Line 23a Child Support Computation Worksheet*)

– OR –

☐ The cash medical support obligation is deviated.

Obligor shall pay cash medical support in the amount of $_____ per child, per month, for ____(number) child(ren) for a total of $_____, per month, plus two percent (2%) processing charge through the Child Support Enforcement Agency. (*Line 29 Sole/Shared Parenting Child Support Computation Worksheet*, or *Line 31 Split Parenting Child Support Computation Worksheet*)

Obligee's cash medical support obligation is deviated to $_____ per month. (*Line 29, Sole/Shared Parenting Child Support Computation Worksheet* or *Line 31 Split Parenting Child Support Computation Worksheet*) Obligee's cash medical support obligation is not subject to collection by the Child Support Enforcement Agency.

Plaintiff/Petitioner 1 shall pay _____% and the Defendant/Petitioner 2 shall pay _____% of the health care expenses incurred for a child during a calendar year that exceed $_____, the parents' total combined annual deviated cash medical support obligation, as determined by the applicable worksheet. (*Line 29* amounts added together and multiplied by twelve *Sole/Shared Child Support Computation Worksheet*, *Line 31* amounts added together and multiplied by twelve *Split Parenting Child Support Computation Worksheet*)

SIXTH: TAX DEPENDENCY

A. ☐ Plaintiff/Petitioner 1 shall be entitled to claim the following minor child(ren) as (a) dependent(s) for all tax purposes for ☐ even-numbered tax years ☐ odd-numbered tax years ☐ all eligible tax years, so long as Plaintiff/Petitioner 1 is substantially current in any child support Plaintiff/Petitioner 1 is required to pay as of December 31 of the tax year in question: _____

☐ Defendant/Petitioner 2 shall be entitled to claim the following minor child(ren) as (a) dependent(s) for all tax purposes for ☐ even-numbered tax years ☐ odd-numbered tax years ☐ all eligible tax years, so long as Defendant/Petitioner 2 is substantially current in any child support Defendant/Petitioner 2 is required to pay as of December 31 of the tax year in question:_____

B. ☐ Other orders regarding tax dependency: (*specify*)

_____

_____

If a parent who has a child less than half of the time is entitled to claim the child, the other parent shall execute and deliver Internal Revenue Service Form 8332, or its successor, together with any other required forms as set out in section 152 of the Internal Revenue Code, as amended, on or before February 15th of the year following the tax year in question.

SEVENTH: MODIFICATION

This Shared Parenting Plan may be modified by agreement of the parties or by the Court.

EIGHTH: OTHER

_____

_____

_____

Upon approval by the Court, this Shared Parenting Plan shall be incorporated in the Judgment Entry.

Plaintiff/Petitioner 1 Signature	Defendant/Petitioner 2 Signature
Printed Name	Printed Name
Plaintiff/Petitioner 1 Attorney Signature	Defendant/Petitioner 2 Attorney Signature
Printed Name	Printed Name
Supreme Court Reg No.	Supreme Court Reg No.