

**PORTAGE COUNTY COMMON PLEAS COURT**  
**JUVENILE DIVISION**  
**JUDGE PATRICIA J. SMITH**

Prior to filing any pleading(s) in the Portage County Common Pleas Court, Juvenile Division, you must review the following information.

1. Please be advised that when filing a Complaint/Motion with this court, you must comply with the Ohio Revised Code (ORC) and the Juvenile and Civil Rules of Procedure. Failure to do so can result in the Complaint/Motion being Dismissed and the loss of any filing fees.
2. Statutes and Rules which may apply in your case are:  
*Allocation of Parental Rights and Responsibilities – ORC 3109.04*  
*Parenting Time/Companionship Rights – ORC 319.051/.12*  
*Grandparent/Relative Companionship or Visitation Rights – ORC 3109.11/312*  
*Parentage – ORC Chapter 3111*  
*Child Support – ORC Chapter 3119*  
*Contempt of Court – ORC 2705*  
*Process/Summons/Service – Civil Rules 4-4.6*
3. The above Statutes and Rules are examples only, other Statutes and Rules may apply.
4. **This Court cannot give you legal advice or instructions on how to prepare a legal document or legal advice regarding your rights, responsibilities and legal options.** Parties needing legal assistance should consult with an attorney or Community Legal Aid Services (330) 297-1569.
5. The Supreme Court of Ohio has established a website that may assist you with certain types of cases in properly preparing the necessary forms to address your legal issues.  
[www.supremecourt.ohio.gov/JCS/CFC/DRforms](http://www.supremecourt.ohio.gov/JCS/CFC/DRforms)

Case Number:

SETS #

**PORTAGE COUNTY JUVENILE COURT PARTY INFORMATION SHEET**

Please complete this form to the best of your ability, including middle initials, dates of birth and social security numbers, if available. Please check the correct identity for each party to the case.

☐ Plaintiff / ☐ Defendant / ☐ Complainant / ☐ Mother / ☐ Father / ☐ Other

First Name	Middle Initial	Last Name	Phone Number
Street Address		City	State Zip
D.O.B	SSN		

☐ Plaintiff / ☐ Defendant / ☐ Complainant / ☐ Mother / ☐ Father / ☐ Other

First Name	Middle Initial	Last Name	Phone Number
Street Address		City	State Zip
D.O.B	SSN		

☐ Plaintiff / ☐ Defendant / ☐ Complainant / ☐ Mother / ☐ Father / ☐ Other

First Name	Middle Initial	Last Name	Phone Number
Street Address		City	State Zip
D.O.B	SSN		

**Child**

First Name	Middle Initial	Last Name	Phone Number
Street Address		City	State Zip
D.O.B	SSN		

**Child**

First Name	Middle Initial	Last Name	Phone Number
Street Address		City	State Zip
D.O.B	SSN		

**IN THE COMMON PLEAS COURT  
JUVENILE DIVISION  
PORTAGE COUNTY, OHIO**

**IN THE MATTER OF:**

**CASE NO.**

**JUDGE PATRICIA J. SMITH**

**AFFIDAVIT (U.C.C.J.A.)**

Now comes \_\_\_\_\_, Petitioner in the above captioned matter and the affiant herein, being first duly sworn deposes and says:

1. That \_\_\_\_\_  
the minor child/ren who are the subject of this action is/are presently residing at:  
\_\_\_\_\_.

2. That the said minor child/ren has/have resided in the past five (5) years at the following addresses and with the following persons:

<u><b>DATE</b></u>	<u><b>ADDRESS</b></u>	<u><b>PERSON</b></u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. That the affiant has participated as a party, witness or in any other capacity in any other litigation concerning custody of the same child(ren) in this or any other state.  
YES \_\_\_\_\_ NO \_\_\_\_\_

4. That the affiant knows of any custody proceeding concerning the child(ren) pending in a Court of this or any other state. YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, state any information you have about any custody proceeding pending in a court of this state or any other state. Include the case number, name and address of the court:

5. That the affiant knows of any person not a party to the proceeding who has physical custody of the child or who claims to have custody of or visitation rights with respect to the child(ren). YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, state the name and address of any such person(s):

6. That the affiant or any party to this action has ever been convicted of or pled guilty to any criminal offense involving any act that resulted in a child being an abused or neglected child, or been determined to be the perpetrator of an abusive or neglectful act that was the basis for a child being adjudicated an abused or neglected child. YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, state the name of the court, case number and date of conviction:

7. That the affiant fully understands that he or she may be required by this Court to give additional information under oath concerning affirmative answers given above.

8. That the affiant fully understands that he or she has a continuing duty to inform the Court of any custody proceedings concerning the child/ren in this or any other state of which he or she obtains information during the pendency of this proceeding.

DATE \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
AFFIANT

STATE OF OHIO                    )  
  )SS:  
COUNTY OF PORTAGE    )

Before me, a Notary Public in and for said county and state, did personally appear the Petitioner, \_\_\_\_\_, in the above captioned matter, who, after being first duly sworn, did subscribe her/his name to the within Affidavit and did acknowledge that the same was of his/her own free will and deed.

SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_, at \_\_\_\_\_, Ohio

\_\_\_\_\_  
NOTARY PUBLIC

**IN THE COURT OF COMMON PLEAS, JUVENILE DIVISION  
PORTAGE COUNTY, OHIO  
JUDGE PATRICIA J. SMITH**

CASE NO. \_\_\_\_\_

IN RE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INSTRUCTIONS FOR SERVICE**

To the Clerk:

Please serve: \_\_\_\_\_

With: \_\_\_\_\_

By: \_\_\_\_\_

At: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Attorney For: \_\_\_\_\_

**IN THE COURT OF COMMON PLEAS, JUVENILE DIVISION  
PORTAGE COUNTY, OHIO  
JUDGE PATRICIA J. SMITH**

CASE NO. \_\_\_\_\_

PLAINTIFF \_\_\_\_\_

VS

DEFENDANT \_\_\_\_\_

**INSTRUCTIONS FOR SERVICE**

To the Clerk:

Please serve: \_\_\_\_\_

With: \_\_\_\_\_

By: \_\_\_\_\_

At: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Attorney For: \_\_\_\_\_

**IN THE COMMON PLEAS COURT  
JUVENILE DIVISION  
PORTAGE COUNTY, OHIO**

IN THE MATTER OF:

CASE NO: \_\_\_\_\_

JUDGE PATRICIA J. SMITH

**ANSWER AND  
WAIVER OF SERVICE**

1. \_\_\_\_\_ states that he/she is more than eighteen (18) years of age, that he/she is not under disability, that he/she has received a copy of the Petition for Child Custody, and that he/she waives service of summons in this proceeding as authorized in Civil Rule 4 (D).
2. In Answer to that Petition, he/she admits that the matters stated therein are true and that he/she consents to the granting of the Petition and the award of legal custody of his/her child/ren to the Petitioner(s) subject to the further order and continuing jurisdiction of this Court.

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**STATE OF OHIO            )**  
                                     **)SS:**  
**COUNTY OF PORTAGE    )**

Before me, a Notary Public in and for said county and state, did personally appear \_\_\_\_\_, in the above captioned matter, who, after being first duly sworn, did subscribe her/his name to the within Affidavit and did acknowledge that the same was of his/her own free will and deed.

SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, Ohio.

\_\_\_\_\_  
NOTARY PUBLIC

## APPLICATION FOR CHILD SUPPORT SERVICES NON-PUBLIC ASSISTANCE APPLICANT/RECIPIENT

**IMPORTANT:** If you are receiving ADC or Medicaid, do not complete this application because you became eligible for child support services when you signed the ADC/Medicaid application.

I, \_\_\_\_\_, request child support services from the \_\_\_\_\_ CSEA (Child Support Enforcement Agency). I understand and agree to the following:

- A. I am a resident of the county in which services are requested and no other Ohio county has jurisdiction over support – OR – I am requesting services from the Ohio county of jurisdiction.
- B. The only fee that can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).
- D. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

The Child Support Enforcement Agency can assist you in providing the following services:

- 1. Location of Absent Parents.**  
The agency can assist in finding where an absent parent is currently living, in what city, town, or state. The applicant can request 'Location Only Services', if the sole need is to find the whereabouts of the absent parent.
- 2. Establishment or Adjustment of Child Support and Medical Support.**  
The CSEA can assist you to obtain an order for support if you are separated, have been deserted, or need to establish paternity (fatherhood). The CSEA can also assist you in changing the amount of support orders (adjustment), and to establish a medical support order.
- 3. Enforcement of Existing Orders.**  
The CSEA can help you collect current and past-due child support.
- 4. Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.**  
The agency can collect past-due support (arrearages) by intercepting a payor's federal and state income tax refunds in some cases.
- 5. Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.**  
The agency can help you get payroll deductions for current and past-due child support and can intercept unemployment compensation to collect child support.
- 6. Establishment of Paternity.**  
The agency can obtain an order for the establishment of paternity (fatherhood), if you were not married to the father of the child. An absent parent may request paternity services.
- 7. Collection and Disbursement of Payments.**  
The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Past-due support collected will be paid to you until all of the past-due support you are owed is paid.
- 8. Interstate Collection of Child Support.**  
The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.



## APPLICANT INFORMATION

Name:	_____	Date of Birth:	_____
Home Address:	_____	Mailing Address:	_____
	_____		_____
	_____		_____
Home Phone #:	_____		
Social Security #:	_____	Sex:	_____
Race:	_____	<input type="checkbox"/> Single	<input type="checkbox"/> Married
Relationship to Children:	_____	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
Military Service	_____	Ever been on	
(Branch, Dates):	_____	Public Assistance?	_____
	_____	(When and Where)	_____
	_____		_____

## EMPLOYER INFORMATION

Employer Name:	_____	Employer Phone #:	_____
Employer	_____	Is Medical Insurance Available?	_____
Address:	_____		_____
	_____		_____
	_____		_____

	CHILD 1	CHILD 2	CHILD 3
Name:	<div></div>	<div></div>	<div></div>
Sex:	<div></div>	<div></div>	<div></div>
Race:	<div></div>	<div></div>	<div></div>
Social Security #:	<div></div>	<div></div>	<div></div>
Date of Birth:	<div></div>	<div></div>	<div></div>
Home Address:	<div></div>	<div></div>	<div></div>

Location of Birth: (Country, State, City)			
Has Paternity (Fatherhood) been Established?			
Name(s) of Absent Parent(s):			
Is there an Order for Support?			
Is the Child covered by Medical Insurance?			

### ABSENT PARENT INFORMATION

	PARENT 1	PARENT 2	PARENT 3
Name (and alias):			
Home Address:			
Mailing Address:			
Social Security #:			
Date of Birth:			
Location of Birth (Country, State, City):			
Race:			
Sex:			
Height / Weight:			
Hair / Eye Color:			
Identifying Marks (Tattoos, scars, etc.):			
Names of Children:			
Name and Address of Employer:			

Employer Phone #:			
Medical Insurance Provided?			
Support Order #:			
Date of Support Order:			
Amount of Support:	\$	\$	\$
Order Frequency:	Per	Per	Per
Location where Order was issued:			
Military Service (Branch, Dates):			
Ever Incarcerated? (Location, Dates):			
Arrest Record (Location, Dates):			
Name, Address Current Spouse:			
Father's Name:			
Mother's Name (Maiden):			
Ever been on Public Assistance? (Location, Dates)			

Type(s) of Service(s) Requested:

- ☐ All services listed
- ☐ Location of absent parent only
- ☐ Other (please explain)

I understand that the Child Support Agency within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support services (IV-D Services).

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_