Hamilton County Juvenile Court (www.juvenile-court.org)

INSTRUCTIONS FOR COMPLETION OF A MOTION PACKET

Filing Fees: **$100.00** - Motions filed on Paternity or Support cases.
$150.00 - Filing for Contempt of Support.
$150.00 - Filing for Custody or Visitation Contempt, Motions or Modifications.

A filing fee is not necessary if your motion or contempt filing qualifies to be applied to a pending court date.

Please use **Black** ink and type or **neatly** print on the forms to prepare your filing documents. Your forms must be completed properly before they can be filed. Your filing will contain a minimum of three forms for motions and contempt filings but motions to modify visitation will require completion of six separate forms. (Ask the Clerk for these forms) Almost every form has a **(Case Caption)** at the top that is identified as **(In Re :)**. For Custody and Visitation issues, list the child or children's names next to **(In Re:)**. For Paternity and Support issues, list the Plaintiff – vs – Defendant **(In Re:)**. Example:

Jane Doe		John Doe
-vs-	or	-vs-
John Doe		Jane Doe

It is usually best to keep the caption the same as when the case was first filed.
Case Numbers, already assigned by the court need to be placed in the upper right corner of each form. Be sure you have the correct case number including the letter (X) or (Z) at the end that designates the assigned judge.

* (1) The **Motion** (Form 583) has the **(In Re :)** and **Case Number** at the top, a title line at the top right under the Case Number and an open area for your narrative complaint or petition. Your title line might be "Modify Support", "Modify Visitation", "Contempt of Support" or "Visitation" etc. **In the open area, specify what you are requesting the Court to consider and support your request with your reason for the request to be considered**. Be **complete** and **specific** as you address your request.

** (2) **Request and Instructions for Ordinary Mail** (Form 755) (Instructions to Clerk) Please be sure your Case Caption, **(In Re :)** and Case Number is completed. **Type** or **Print** your name on the line indicated for "Petitioner or Attorney". **Sign** with your legal Signature and **Date** the lower line and the form is completed.

*** (3) **Service Request** (Form 1397), whenever a motion or complaint is filed on a case, **all parties to the case must be informed of the filing and hearing date**. You have the responsibility of conducting any research necessary to identify the parties and their Complete Addresses including Zip Codes. Make sure the Case Caption **(In Re:)** and Case Number is completed properly. If a future pending court date already exists, complete the day, month, year and time of the hearing and identify the Judge or Magistrate. Leave these lines blank if a pending court date does not exist.

Designate the type of service **(Summons** to a party in the case) **(Notice** to attorneys or parties on support issues) **(Subpoena** to non parties as witnesses at trial) Designate the form of service (Usually **Certified Mail)** Neatly list the complete name and complete address including the zip code for each party to be notified. List your complete name and complete address including zip code and telephone number at the bottom where it says "Requested by". Any other forms to be included must be completed in a similar format with a complete response to all questions.

After completing your original documents, you are responsible for making copies to be included in your filing.

* **Motion** (Form 583) – Original and a minimum of three (3) copies plus one (1) additional copy for each person to be summoned or notified. (Usually 4 – 5 copies)
** **Request and Instructions for Ordinary Mail** (Form 755) – Original plus a minimum of two (2) copies.
*** **Service Request** (Form 1397) – Original plus a minimum of three (3) copies.
**** **Motion/Affidavit For Waiver of Filing Fee** (Form 581) – Original plus two copies plus two copies of your supporting documentation of income qualifications. (Must be **Notarized**) (This form is separate from the packet.)

Deputy Clerks are available to assist with filing questions and accept your filing however they are not attorneys and can not provide answers to legal questions or act as your legal representative. If you do have questions, you may speak to a Deputy Clerk at the Issue Desk or call one of the following telephone numbers: 513-946-9200 or 513-946-9400, and ask for a Deputy Clerk.

INSTRUCTIONS AND INFORMATION FOR WRITTEN REQUESTS FOR SERVICE

One of the most important procedures which takes place at the onset of any legal action is the service of process. Unless service is quickly and properly executed, the legal proceedings could be disrupted, delayed or even dismissed. To insure that all parties are properly served, you are charged with the responsibility of using all resources to obtain a correct and complete address as well as requesting proper service of all related parties in a timely fashion.

Some suggested resources to determine the mailing address of a party include but are not limited to:

Contact with known associates, relatives and friends, neighbors and employers as well as Family Records. Internet Locator Services, Professional Investigators, Public Court Records including Domestic Relations Court, Small Claims, Municipal and Civil Litigation Records, Criminal Records, Bureau of Prisons, Probate Court Records, Public Library Archives, Telephone and Criss Cross Directories, U. S. Postal Service, Federal Court Records, Bankruptcy Records.

The following are guidelines for determining the most appropriate method of service. You may want to consult Civil Rule 4 and your attorney is an appropriate resource concerning this topic.

Regular Mail: Requires a complete and accurate address but does not provide any assurance or proof of delivery unless it is returned by the U.S. Postal Service as "Undeliverable".

Certified Mail: Requires a complete and accurate address and the hearing is not set for at least 28 days to allow ample response time for the return verification. If the certified mail is returned as refused or unclaimed and you did not sign a Waiver of Service, you must request in writing that Ordinary Mail be sent to the same address or provide additional information in writing so service can be resent.

Personal Service: Is one of the quickest ways to obtain service for a hearing as long as you are sure of the residential address or employment address. It is helpful to indicate the times the party is most likely to be present during the daytime hours at the indicated address. Personal Service requires the Sheriff or other approved Process Server to serve the Summons and a copy of the Complaint or Petition only to the named individual (s).

Residential Service: Is also one of the quickest ways to obtain service for a hearing as long as you have a correct and complete address. The Sheriff or an approved Process Server is required to serve the Summons and a copy of the Complaint or Petition to any household member of suitable age.

Publication: Is only appropriate when all other resources are exhausted to identify a correct and deliverable address or all diligent attempts for service have failed. This process requires additional cost and completion of Form 15, in addition to the Service Request, Form 1397.

Please note that actual notice of a hearing is not a substitute for legal Service of Process. You as a party cannot Serve Process, however it may be effective to give actual notice of the hearing by telling the person or party of the hearing date, time and place of the hearing. You might give them a copy of the Summons along with a copy of the Complaint or Petition.

OTHER RESOURCES

A copy of a Birth Certificate for each child will be required for filing parenting actions. If the petitioner does not have a copy of a birth certificate, they must obtain one by first determining when and where the child was born. Each State and County will have an agency such as Vital Statistics or a Health Department. Local agencies for this court will include:

(Births within the City of Cincinnati)
Cincinnati Health Department
Office of Vital Records
1525 Elm Street
Cincinnati, Ohio 45210
513-352-3120

(Births in Hamilton County-Not Cincinnati)
Hamilton County General Health District
250 William Howard Taft Road
Cincinnati, Ohio 45219
513-946-7804

(State of Ohio Births)
The Ohio Department of Health
P. O. Box 118
Columbus, Ohio 43216-0118
614-466-2531

This sheet is informative only and should be removed prior to your filing.

HAMILTON COUNTY JUVENILE COURT

PERSONAL IDENTIFICATION FORM

CASE NUMBER: _____

1. Name and Date of Birth of child or children:

   Name:_____ Initials: _____ DOB:_____ Sex:____ Soc. Sec.: _____

   Name:_____ Initials: _____ DOB:_____ Sex:____ Soc. Sec.: _____

   Name:_____ Initials: _____ DOB:_____ Sex:____ Soc. Sec.: _____

   Name:_____ Initials: _____ DOB:_____ Sex:____ Soc. Sec.: _____

2. Biological Father's Name: _____(Alias Name)_____DOB:_____

   Complete Address: _____ Zip Code:_____

   Social Security Number: _____ Phone Number: (_____)_____

   Employer & Address: _____

3. Biological Mother's Name: _____(Maiden/Alias Name)_____DOB: _____

   Complete Address: _____ Zip Code:_____

   Social Security Number: _____ Phone Number: (_____)_____

   Employer & Address: _____

4. Petitioner (s) Name: _____ DOB: _____

   Complete Address: _____ Zip Code:_____

   Social Security Number: _____ Phone Number: (_____)_____

   Employer & Address: _____

5. Relationship to the child or children: _____

6. Current Address of child or children: _____Zip Code:_____

7. Name of person (s) currently providing care and supervision: _____

   Phone Number: (___)_____

8. Was Child Custody Affidavit, mandated by § 3127.23 -O.R.C., filed? (*Form 551 Included with packet*) ☐ Yes ☐ No

9. Has an Affidavit for Publication been filed (When address can't be identified) ☐ Yes ☐ No

10. Has the Father of the child or children been ordered to pay Child Support? ☐ Yes ☐ No

11. Does any other person (s), excluding the biological parents, have any Court Ordered Custody or Visitation Rights concerning this child or these children? ☐ Yes ☐ No If so, please list: Name: _____

    Complete Address: _____ Zip Code: _____

    Social Security Number: _____ Phone Number: (_____)_____

    Relationship to the child or children: _____

12. Are any Social Service Agencies currently involved with this child or these children? ☐ Yes ☐ No If so list Agency:

    Name: _____ Caseworker: _____

13. Attorney's Name: _____ Address: _____

    City: _____ State: _____ Phone: (_____)_____

JUVENILE COURT HAMILTON COUNTY, OHIO

Plaintiff:_____ **CASE NUMBER:** _____

Defendant:_____

COMPLAINT FOR ORDER OF CHILD SUPPORT

Child:_____ **DOB** _____ **Child:**_____ **DOB** _____

Child:_____ **DOB** _____ **Child:**_____ **DOB** _____

Pursuant to Section 2151.231 of the O.R.C., the undersigned Plaintiff requests this Court to order the Defendant to provide support for the indicated child(ren) commencing on the date of _____, based on the following facts:

Please be on notice that the within motion will be heard on the ____day of_____20____, by Judge / Magistrate _____ at the Hamilton County Juvenile Court located at 800 Broadway in Cincinnati, Ohio 45202-1332. Floor # _____.

_____
Name

_____
Address

_____
City State Zip Code

(_____)_____
Area Code Telephone Number

Certificate of Service

I, _____, certify that I served a copy of the foregoing on the Plaintiff by _____ at _____.

_____ _____
Date Signature

Form 1398 REV 12/06

HAMILTON COUNTY JUVENILE COURT
SERVICE REQUEST

☐ **WRITTEN REQUEST FOR SERVICE** (Civil)
☐ **PRAECIPE** (Delinquent/Criminal)

IN RE: _____ CASE NUMBER: _____

_____

Case Type: _____ Reason for Hearing: _____

Charges: _____ _____ _____

A hearing is scheduled on the _____ day of _____ 20____, at ____ : ____ AM / PM.

Judge / Magistrate: _____ Case Manager: _____

Type of Form: (Summons) (Subpoena) or (Notice) *(List one of these selections for each address listed below.)*
(Parties) *(Witnesses)* *(Attorney/Parties)*

Type of Service: (Regular Mail) (Certified Mail) (Personal Service)
(Usual Service)
(Residential Service) or (Publication) *(List one of these selections for each address listed below.)*

	Type of Form	Type of Service	Name and Complete Address and Zip Code
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Requested by: _____ Phone: ( ) _____

Address: _____
City State Zip

Form 1397 Revised 12/2006

HAMILTON COUNTY JUVENILE COURT

HAMILTON COUNTY, OHIO

REQUEST AND INSTRUCTIONS FOR ORDINARY MAIL SERVICE

INSTRUCTIONS TO CLERK

IN RE: _____ CASE NUMBER: _____

_____

IF SERVICE OF PROCESS BY CERTIFIED MAIL IS RETURNED BY THE POSTAL AUTHORITIES WITH AN ENDORSMENT OF "REFUSED" OR "UNCLAIMED", AND IF THE CERTIFICATE OF MAILING CAN BE DEEMED COMPLETE, NOT LESS THAN FIVE (5) DAYS BEFORE ANY SCHEDULED HEARING, THE UNDERSIGNED WAIVES NOTICE OF THE FAILURE OF SERVICE BY THE CLERK AND REQUESTS ORDINARY MAIL SERVICE IN ACCORDANCE WITH CIVIL RULE 4.6 (C) OR (D) AND CIVIL RULE 4.6 (E).

Date: _____

_____

_____
Petitioner (s) Name (s) or Attorney (Type or Print)

X _____

X _____
Signature (s)