

**COURT OF COMMON PLEAS  
DIVISION OF DOMESTIC RELATIONS  
HAMILTON COUNTY, OHIO**

_____ <b>Petitioner</b>	:	<b>Case No.</b> _____
_____ <b>Respondent</b>	:	<b>Judge:</b> _____
v.		<b>INFORMATION FOR PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))</b>  <b>(Filed with Petition for Domestic Violence Civil Protection Order)</b>

**NOTE:** By law, an affidavit **must** be filed and served with the first pleading filed by each party in every parenting (custody/visitation) proceeding in this Court. Therefore, an affidavit must be filed with a Petition for Domestic Violence Civil Protection Order if children are involved. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the children in any other court in this or any other state. **If more space is needed, attach an additional page.**

I (full legal name) \_\_\_\_\_, being sworn according to law, certify these cases involve the custody of a child or children and the following statements are true:

1.  I am requesting the Court to not disclose my current address or that of the children. My address is confidential pursuant to R.C. 3127.23(D) and should be placed under seal in that the health, safety, or liberty of myself and/or the children would be jeopardized by the disclosure of the identifying information.
2. **(Number):** \_\_\_\_\_ **Minor Child(ren) are subject to this case as follows:**

(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name	Place of birth	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Period of residence	<input type="checkbox"/> Address Confidential	Person child lived with (name & address)	Relationship
_____ to present	<input type="checkbox"/> Address Confidential		
_____ to _____	<input type="checkbox"/> Address Confidential		
_____ to _____	<input type="checkbox"/> Address Confidential		
_____ to _____	<input type="checkbox"/> Address Confidential		

b. Child's name		Place of birth	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Period of residence	<input type="checkbox"/> Address Confidential	Person child lived with (name & address)		Relationship
_____ to _____	<input type="checkbox"/> Address Confidential			
_____ to _____	<input type="checkbox"/> Address Confidential			
_____ to _____	<input type="checkbox"/> Address Confidential			
_____ to _____	<input type="checkbox"/> Address Confidential			

  

c. Child's name		Place of birth	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Period of residence	<input type="checkbox"/> Address Confidential	Person child lived with (name & address)		Relationship
_____ to _____	<input type="checkbox"/> Address Confidential			
_____ to _____	<input type="checkbox"/> Address Confidential			
_____ to _____	<input type="checkbox"/> Address Confidential			
_____ to _____	<input type="checkbox"/> Address Confidential			

e. Additional children are listed on Attachment 2(d). (Provide requested information for additional children on an attachment labeled 2d.)

3. **Participation in custody case(s): (check only one)**

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): \_\_\_\_\_

4. **Information about custody case(s): (check only one)**

I **HAVE NO INFORMATION** of any cases that could affect the current case, 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 any child subject to this case, other than listed in Paragraph 3.

Explain:

- a. Name of each child \_\_\_\_\_
- b. Type of case \_\_\_\_\_
- c. Court and state \_\_\_\_\_
- d. Date of court order or judgment (if any): \_\_\_\_\_

5. 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 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/STATE/COUNTY	CHARGE

6. **Persons not a party to this case: (check only one)**

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

Name and address of person

a. \_\_\_\_\_

- has physical custody       claims custody rights       claims visitation rights

Name of each child

\_\_\_\_\_

Name and address of person

b. \_\_\_\_\_

- has physical custody       claims custody rights       claims visitation rights

Name of each child

\_\_\_\_\_

Name and address of person

c. \_\_\_\_\_

- has physical custody       claims custody rights       claims visitation rights

Name of each child

\_\_\_\_\_

7. **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 from domestic violence case concerning the child(ren) in this state or any other state about which information is obtained during this case.**

**OATH OF AFFIANT**

I hereby swear or affirm that the answers above are true, complete and accurate to the best of my knowledge. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury under Ohio Revised Code 2921.11.

**DO NOT SIGN THE FORM UNLESS YOU ARE IN FRONT OF THE PERSON WHO WILL NOTARIZE THE PARENTING PROCEEDING AFFIDAVIT FOR YOU.**

\_\_\_\_\_  
AFFIANT

Sworn to and subscribed before me on this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of

\_\_\_\_\_, 2020.

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

**Aftab Pureval**

Clerk of the Common Pleas of Hamilton County, Ohio

By \_\_\_\_\_  
Deputy Clerk