

## **Seneca County Juvenile Court**

Judge Jay A. Meyer  
108 Jefferson St.  
Tiffin, Ohio 44883  
Juvenile (419) 447-4912  
FAX (419) 448-5060

### ***Instruction Sheet for Pro Se Filing***

1. Whether you are filing a new complaint or a motion in an existing case you must complete all forms in their entirety and to the best of your ability. Failure to complete and file all attached documents will result in your filing being returned to you with no action being taken. If this is a new case, a case number will be assigned. You must type or print your responses in blue or black ink.
2. If you are filing a new complaint or a motion in an existing case regarding custody and/or visitation you must also complete a child custody affidavit. **The paperwork must be notarized prior your bringing it to the court for filing.**
3. If you are filing a new complaint or a motion in an existing case you must also complete a request for service. Once your paperwork has been processed, you will be notified by mail of the date and time of your hearing. If your hearing notice is returned marked “undeliverable as addressed” and you have not notified the Court of your new address, in writing, the complaint/motion may be dismissed without further action.
4. **If you are requesting a Temporary, or Emergency Order, you must complete the required Motion and affidavit.**
5. If you are filing for Shared Parenting you must also file a Shared Parenting Plan (an additional form) with the Court and serve all parties with it no later than 30 days prior to the Court Hearing or my request may be denied. (A sample form for Shared Parenting Plans may be found on the Courts Website at: [senecajpcourt.com](http://senecajpcourt.com))
6. If you are filing a new complaint, the filing fee will be \$178.00 per child at the time you file the complaint. If there is an existing case the fee is \$163.00 per child.
7. If the parents were not married when the child was born, paternity must be established. If paternity has been established, attach a copy of the order, acknowledgment, or birth certificate. If paternity has not been established, indicate that in the space provided on the complaint/motion.
8. The complaint/motion shall be set for hearing by the Court. You shall receive a hearing notice in the mail. If your hearing notice is returned as undeliverable as addressed and you have not notified the Court of your new address, in writing, the complaint/motion shall be dismissed without further action.
9. If the hearing notice for another party is returned as undeliverable as addressed, you will be contacted for a new address. It is your responsibility to supply a good address in writing to the Court as soon as possible. If you do not do so, and the complaint/motion is not served at the time of the hearing and the other party does not appear at the hearing, the motion/complaint will be dismissed without further action. All complaints shall be served on the parties by certified mail, unless service by the sheriff or process server is requested in writing. If you request personal service by the sheriff, additional costs will be assessed. If you want personal service by a process server, it is your responsibility to make those arrangements.
10. If you are unable to supply the address because the other party’s location is unknown to you, and cannot be found out with reasonable diligence, service by publication is provided for you in Juvenile Rule 16 (A). Because of the technical requirements and cost involved, the Court suggests that you consult with an attorney before pursuing this action.
11. *Ohio Revised Code 4705.01 prohibits the Juvenile Court from giving legal advice or from helping you prepare legal papers in a new or pending case in this or any Court.*
12. Please read the brochure provided by the Court titled: “If you decide to represent yourself”.

IN THE COURT OF COMMON PLEAS, SENECA COUNTY, OHIO  
JUVENILE DIVISION  
JUDGE JAY A. MEYER

In the Matter of:

\_\_\_\_\_  
TO BE FILLED IN BY THE COURT

Case No: \_\_\_\_\_  
TO BE FILLED IN BY THE COURT  
SETS No. \_\_\_\_\_

\_\_\_\_\_  
TO BE FILLED IN BY THE COURT

Plaintiff

vs.

Case No: \_\_\_\_\_  
TO BE FILLED IN BY THE COURT  
SETS No. \_\_\_\_\_

\_\_\_\_\_  
TO BE FILLED IN BY THE COURT

Defendant

**MOTION/COMPLAINT FOR PATERNITY, CUSTODY, VISITATION OR  
SUPPORT MODIFICATION** (Mark through any that DO NOT apply)

\*\*\*\*\*

**Party Information:** Circle party filing request:

FATHER MOTHER GRANDPARENT AUNT UNCLE

OTHER: (describe relationship) \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN:XXX-XX-\_\_\_\_\_ (Last 4 digits only)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number(\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number(\_\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN:XXX-XX-\_\_\_\_\_ (Last 4 digits only)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number(\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number(\_\_\_\_\_) \_\_\_\_\_

Child's Name: \_\_\_\_\_ (Attach copy of Birth Certificate)

Date of Birth: \_\_\_\_\_ Resides with: {\_\_}Father {\_\_}Mother {\_\_}Other

If other, please specify: \_\_\_\_\_

Child's Name: \_\_\_\_\_ (Attach copy of Birth Certificate)

Date of Birth: \_\_\_\_\_ Resides with: {\_\_}Father {\_\_}Mother {\_\_}Other

If other, please specify: \_\_\_\_\_

Child's Name: \_\_\_\_\_ (Attach copy of Birth Certificate)

Date of Birth: \_\_\_\_\_ Resides with: {\_\_}Father {\_\_}Mother {\_\_}Other

If other, please specify: \_\_\_\_\_

**-Attach additional sheet if necessary-**

**-If a person other than a parent is filing this request:**

Name of person filing: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN:XXX-XX-\_\_\_\_\_ (Last 4 digits only)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number(\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number(\_\_\_\_\_) \_\_\_\_\_

Relationship to the Child(ren) \_\_\_\_\_

I have the right and standing to present this request to the Court and a right to the requested relief because: \_\_\_\_\_

\_\_\_\_\_

**Regarding the above listed child(ren):**

1) Who has legal (Court Ordered) Custody of the child(ren)? \_\_\_\_\_

2) What County and in what Court was Legal custody established? \_\_\_\_\_

3) Who has physical possession of the child(ren) at this time? \_\_\_\_\_

4) Were the parents of the child(ren) ever married to each other? \_\_\_\_\_

5) Was Paternity established? \_\_\_\_\_ (if yes provide a copy of the Administrative Order)

6) Have you ever been to this Court before for any matters concerning the child(ren), and if so please explain when and under what circumstances: \_\_\_\_\_

\_\_\_\_\_

7) It would be in the best interests and welfare of the child(ren) to grant the requested relief because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

(Attach additional sheet if necessary)

- 8) Has the Mother:  Abandoned the child(ren)  
 Contractually relinquished custody  
 Been totally unable to provide care and support  
 Been unfit or unsuited to parent the child(ren)  
 Other: \_\_\_\_\_

Based upon the following facts: \_\_\_\_\_

---

(Attach additional sheet if necessary)

- 9) Has the Father:  Abandoned the child(ren)  
 Contractually relinquished custody  
 Been totally unable to provide care and support  
 Been unfit or unsuited to parent the child(ren)  
 Other: \_\_\_\_\_

Based upon the following facts: \_\_\_\_\_

---

(Attach additional sheet if necessary)

**I am requesting that the Seneca County Juvenile Court hold a hearing to determine and Order the following: (Check all that apply)**

- Custody  
 An initial designation of Residential Parent, no existing Order is in place  
 A Modification of the current Residential Parent. The following change has occurred in the circumstances of the child or the person who was granted legal custody of the child since the existing Order was issued: \_\_\_\_\_

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A request for Shared Parenting. *I understand that if I am filing for Shared Parenting that I must file a Shared Parenting Plan with the Court and serve all parties with it no later than 30 days prior to the Court Hearing or my request may be denied.*

- Visitation  
 Establish visitation for non-residential parent  
 Modification of existing Visitation  
 To establish Grandparent Visitation

- Child Support  
 That a child support Order be issued  
 Objections to CSEA Administrative Order of Support  
 A request for Modification of existing Child Support  
 Tax Dependency Exemption Award  
 Other-Please Specify \_\_\_\_\_

\_\_\_\_\_Parentage (ORC 3111.04)

{\_\_} That \_\_\_\_\_ is the natural Father of the child(ren)

{\_\_} That the parties submit to Genetic Testing/DNA

{\_\_} That a new birth certificate be issued

\_\_\_\_\_Other: (Describe in detail what you are asking the Court to do)\_\_\_\_\_

Reasons I am requesting a Hearing:\_\_\_\_\_

(Attach additional sheet if necessary)

I, being duly sworn, depose and state that I have read the forgoing document and that all the information and allegations contained herein are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Notary Public  
My commission expires\_\_\_\_\_

Return the above with appropriate filing fee between the hours of 8:30 & 4:30 M-F in person to: Seneca County Juvenile Court; 108 Jefferson St.; Tiffin, Ohio 44883-(419) 447-4912

Make sure to include:

- Child Custody Affidavit
- Motion for Temporary or Emergency Order if requested
- Request for Service Form
- Don't forget Filing Fee

**-Forms must be Notarized prior to filing with the Court.**

***Ohio Revised Code 4705.01 prohibits the Juvenile Court from giving legal advise or from helping you prepare legal papers in a new or pending case in this or any Court.***

IN THE COURT OF COMMON PLEAS, SENECA COUNTY, OHIO  
JUVENILE DIVISION  
JUDGE JAY A. MEYER

In the Matter of:

\_\_\_\_\_  
TO BE FILLED IN BY THE COURT

Case No: \_\_\_\_\_  
TO BE FILLED IN BY THE COURT  
SETS No. \_\_\_\_\_

-----

\_\_\_\_\_  
TO BE FILLED IN BY THE COURT  
Plaintiff  
vs.

Case No: \_\_\_\_\_  
TO BE FILLED IN BY THE COURT  
SETS No. \_\_\_\_\_

\_\_\_\_\_  
TO BE FILLED IN BY THE COURT  
Defendant

REQUEST FOR SERVICE

\*\*\*\*\*

TO THE CLERK:

Please serve the foregoing Complaint on the following:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please issue service by certified mail, return receipt requested, at the address above in accordance with Rule 4.1 of the Ohio Rules of Civil of Civil Procedure.

If the same should be returned "unclaimed" or "refused", please cause a true copy to be served at the above address by regular mail pursuant to Rule 4.6 of the Ohio Rules of Civil Procedure. Please also serve Notice of hearing.

Your Signature: \_\_\_\_\_

**SENECA COUNTY JUVENILE COURT INFORMATION SHEET  
EFFECTIVE JULY 1, 2009**

Please complete the following information. This will allow the court to have needed demographic information without it being released to the other parties on your case.

Please provide complete Social Security numbers, financial account numbers, debit/credit/charge numbers, or employer and/or employee identification numbers are necessary, since they are also considered personal identifiers which must be omitted prior to submission or filing. On all filling(s), you must place the last four digits of the Social Security number (in each area required). It should appear in this format: xxx-xx-1234. **YOU MUST COMPLETE A SEPARATE INFORMATION SGHEET FOR EACH CASE NUMBER.**

**THE FOLLOWING INFORMATION MUST BE TYPED:**

Juvenile Court Case # \_\_\_\_\_

Sets# \_\_\_\_\_

**COMPLAINANT/PETITIONER/Plaintiff**

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

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Respondent/Petitioner/Defendant**

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

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Child's Name**

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's

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

**Additional Party**

Circle the party's role:      Petitioner/Plaintiff      OR      Respondent/Defendant

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

Address: \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

IN THE COURT OF COMMON PLEAS SENECA COUNTY, OHIO  
 JUVENILE DIVISION  
 JUDGE JAY A. MEYER

**IN THE MATTER OF:**

\_\_\_\_\_  
 TO BE FILED IN BY THE COURT

CASE NO. \_\_\_\_\_  
 TO BE FILED IN BY THE COURT

SETS NO. \_\_\_\_\_

\_\_\_\_\_  
 TO BE FILED IN BY THE COURT  
 Plaintiff

Vs.

CASE NO: \_\_\_\_\_  
 TO BE FILED IN BY THE COURT

SETS NO. \_\_\_\_\_

\_\_\_\_\_  
 TO BE FILED IN BY THE COURT  
 Defendant

**DECLARATION UNDER UNIFORM CHILD CUSTODY  
 JURISDICTION AND ENFORCEMENT ACT (UCCJEA)  
 CHILD CUSTODY AFFIDAVIT (ORC 3127.23)**

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

1. One **Minor Child** is subject to this proceeding 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
Period of residence	Address	Person child lived with	Relationship



_____ To Present		(name & address)	
to			
to			
to			
to			

2. **Participation in custody proceeding(s): (check only one)**

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

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

Explain:

a. Name of each child \_\_\_\_\_

b. Type of proceeding

---

c. Court and state

---

d. Date of court order or judgment (if any):

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3. **Information about custody proceeding(s): (check only one)**

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

\_\_\_\_\_ **I HAVE THE FOLLOWING INFORMATION** concerning proceedings that could affect the current proceeding, including any proceedings relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this proceeding, other than set out in item 3.

Explain:

a. Name of each child

---

b. Type of proceeding

---

c. Court and state

---

d. Date of court order or judgment (if any):

---

4. **Persons not a party to this proceeding: (check only one)**

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

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

a. Name and address of person \_\_\_\_\_

has physical custody       claims custody rights       claims visitation rights

Name of each child \_\_\_\_\_

b. Name and address of person \_\_\_\_\_

has physical custody       claims custody rights       claims visitation rights

Name of each child \_\_\_\_\_

5. **Knowledge of prior child support proceedings: (check only one)**

\_\_\_\_\_ The child described in this affidavit is NOT subject to existing child support order(s) in this or any state or territory.

\_\_\_\_\_ The child described in this affidavit IS subject to the following existing child support order(s):

a. Name of each child \_\_\_\_\_

b. Type of proceeding \_\_\_\_\_

c. Court and address \_\_\_\_\_

d. Date of court order or judgment (if any): \_\_\_\_\_

e. Amount of child support paid and by whom: \_\_\_\_\_

f. SETS number: \_\_\_\_\_

6. I acknowledge that I have a continuing duty to advise this Court of any custody, visitation, child support, or guardianship proceeding (including dissolution of marriage, child neglect, or dependency) concerning the child (ren) in this state or any other state about which information is obtained during this proceeding.

I certify that a copy of this document was (check only one) ( ) mailed ( ) faxed and mailed

( ) hand delivered to the person(s) listed below on (date)

\_\_\_\_\_

Other party or his/her attorney:

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

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax Number: \_\_\_\_\_

\_\_\_\_\_

**I understand that I am swearing or affirming under oath to the truthfulness of the statements made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Dated: \_\_\_\_\_  
\_\_\_\_\_

Signature of Party

Printed name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_

Fax Number: \_\_\_\_\_

\_\_\_\_\_

STATE OF OHIO

COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_

by \_\_\_\_\_

Date

Notary

**IN THE COMMON PLEAS COURT, SENECA COUNTY, OHIO  
JUVENILE DIVISION  
JUDGE JAY A. MEYER**

\_\_\_\_\_  
Plaintiff

Case No. \_\_\_\_\_

vs.

Judge Jay A. Meyer  
Magistrate Donald S. Bennett

\_\_\_\_\_  
Defendant.

**Shared Parenting Plan**

The parties, \_\_\_\_\_, father and  
\_\_\_\_\_, mother of the minor child(ren),  
\_\_\_\_\_, *DOB:* \_\_\_\_\_  
\_\_\_\_\_, *DOB:* \_\_\_\_\_  
\_\_\_\_\_, *DOB:* \_\_\_\_\_,

agree that it is in the best interests of their minor child(ren) that they both share in the parenting of their child(ren). Both parties agree that it is in the best interest of their child(ren) that they continue to foster the relationship that the other parent has with the child(ren). The parties acknowledge that each is a caring and appropriate parent, with the ability to provide guidance, concern and a proper home life for the minor child. It is with these factors in mind that the parties agree to the following shared parenting plan:

1. The child(ren)'s residence will be with each parent on an approximately equal basis, **OR** as follows:

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

with due consideration for the work schedule of each parent and in order to provide the least disturbance to the child(ren) and scheduled activities.

2. For school purposes, the residence of the child(ren) will be with MOTHER / FATHER. The parties are presently operating under this type of arrangement, and the intention is to continue.

3. The parties agree that neither party shall pay child support to the other based

on the parties' equal income and the equal time the parties spend with the child(ren) **OR** child support shall be according to the Ohio Child Support Guidelines, O.R.C. 3119.02– 3119.24. A copy of the child support worksheet is attached.

4. Each party shall pay their own childcare expenses for the time the child(ren) is in their care and shall continue to use the same child care provider(s). **OR** the child care expenses are included in child support amount.

5. Open and free communication, by telephone and otherwise, shall be permitted with the parent with whom the child(ren) is not then residing.

6. Arrangements shall be made for holiday and birthday celebrations to be shared or alternated to provide the child with a balance of involvement by each parent. In the event there is no agreement, the parties shall follow parenting time rules of Seneca County Juvenile Court (Local Rule 8), a copy of which has been provided to each parent.

7. Each parent shall be permitted to have access to the school and medical records of the child(ren). Each parent will advise the other of all school events, appointments, conferences, etc. regarding their child. Each parent agrees to consult with the other concerning the education, health and other problems that might involve the child(ren).

8. Mother/ Father shall continue to maintain present health insurance coverage on the minor child(ren) so long as it continues to be available through employment or other group plan as long as it is approximately the same reasonable cost. The uncovered medical, dental, orthodontic and optometric and prescription drug expenses of the minor child not covered by Mother/Father 's medical insurance shall be paid according to the following percentage of income: Mother \_\_\_\_\_ % Father \_\_\_\_\_ %. This provision shall cover the child until each is eighteen and out of high school, **OR** as long as the insurance can remain in effect.

9. The appropriateness and need for special expenditures for the child(ren), such as, but not limited to special lessons, activities, outfits and uniforms, musical instruments, sporting equipment, etc., shall be discussed between the parties and the cost of such items deemed necessary shall be equally shared between the parties **OR** shall be paid as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Each parent shall be entitled to have the child(ren) at least two consecutive weeks at least once a year, with thirty days' notice to the other parent **OR**  
\_\_\_\_\_  
\_\_\_\_\_

11. Mother shall have the right to claim the IRS dependency deduction for \_\_\_\_\_ every \_\_\_\_\_ year. Father shall have the right to claim

the IRS dependency deduction for \_\_\_\_\_ every \_\_\_\_\_ year.  
The parties agree to execute all documents necessary to accomplish this.

12. Other agreements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Each party has reviewed this document prior to signing, and by their signature acknowledge that this Shared Parenting Plan is in the best interest of their child(ren).

\_\_\_\_\_  
Mother / Date

\_\_\_\_\_  
Father / Date

**Cross out all sections that do not apply.**