

Seneca County Juvenile Court

Judge Jay A. Meyer
103 E Market Street
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)
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: _____

 ☐ 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; 103 E. Market 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

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

vs.

TO BE FILLED IN BY THE COURT

Defendant

MOTION FOR TEMPORARY OR EMERGENCY ORDERS

Petitioner(s): _____

Relationship to child: _____

1. The Court should place the child in the temporary custody of the Petitioner(s) because: _____

attach separate sheet if necessary.

2. Choose one:

_____The parties agree to placement of the child in the temporary custody of the Petitioner(s). The Petitioner(s) ask this Court to issue an Order of Temporary Custody of the child to the Petitioner(s) and set a pretrial hearing.

_____The Petitioner(s) have possession of the child and ask this Court to issue an Order of Temporary Custody to the Petitioner(s). Petitioner(s) understand that this matter be set for expedited hearing to be held within 14 days.

_____The Petitioner(s) are asking this Court to issue an emergency Order of Temporary Custody (*ex parte*) without a hearing. Petitioner(s) understand a review hearing will be held within 72 hours.

Your Signature:_____

3. If you are requesting an emergency (ex parte) Order you must complete the following affidavit.

AFFIDAVIT SUPPORTING REQUEST FOR EMERGENCY CUSTODY

I have reason to believe, and, personally swear or affirm, that the child is in immediate danger from the child's surrounding's, and the child's removal is necessary to prevent immediate or threatened physical or emotional harm because:_____

_____Attach additional sheet if necessary

Further, I personally swear or affirm that I have made reasonable efforts to notify the child's parent or custodian by:_____

OR, I personally swear or affirm that notification would jeopardize the physical or emotional safety of the child because:_____

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_____

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 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

CASE NO: _____
TO BE FILED IN BY THE COURT

SETS NO. _____

Vs.

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 (name & address)	Relationship

_____ To Present			
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):

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