

COURT OF COMMON PLEAS  
PROBATE & JUVENILE DIVISIONS  
HURON COUNTY

**TIMOTHY L. CARDWELL JUDGE**

2 East Main Street  
Norwalk, OH 44857

**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.
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 affidavit must be notarized prior to 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 precipe for service.
4. The form entitled Consent to Custody and Waiver of Service is optional and is only to be completed by the responding party in the action if that party is in agreement regarding the change of custody. The consent must be notarized prior to your bringing it to the court for filing.
5. Type or print your responses in blue or black ink.
6. If you are filing a new complaint, the filing fee will be \$175.00 at the time you file the complaint.
7. If you are filing a motion in an existing case, the filing fee will be \$100.00 at the time you file the 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 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 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.

# *HURON COUNTY JUVENILE COURT*

## Personal Identifiers Omission Form

*Effective 1 July 2009*

**In the Matter of** \_\_\_\_\_  
**Case Number** \_\_\_\_\_

Pursuant to Rule 45(D)(2) of the Ohio Rules of Superintendence, when personal identifiers are omitted from a case document submitted to the Court for filing, the party who submitted the case document shall submit the omitted information on this form. This form is not a public record.

### **Plaintiff**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **Defendant**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **Child**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Mother's Address: \_\_\_\_\_  
Mother's Phone Number: \_\_\_\_\_  
Mother's SSN: \_\_\_\_\_ Mother's DOB: \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Father's Address: \_\_\_\_\_  
Father's Phone Number: \_\_\_\_\_  
Father's SSN: \_\_\_\_\_ Father's DOB: \_\_\_\_\_

**Child**

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

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

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

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

Mother's Address: \_\_\_\_\_

Mother's Phone Number: \_\_\_\_\_

Mother's SSN: \_\_\_\_\_ Mother's DOB: \_\_\_\_\_

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

Father's Address: \_\_\_\_\_

Father's Phone Number: \_\_\_\_\_

Father's SSN: \_\_\_\_\_ Father's DOB: \_\_\_\_\_

**Child**

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

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

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

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

Mother's Address: \_\_\_\_\_

Mother's Phone Number: \_\_\_\_\_

Mother's SSN: \_\_\_\_\_ Mother's DOB: \_\_\_\_\_

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

Father's Address: \_\_\_\_\_

Father's Phone Number: \_\_\_\_\_

Father's SSN: \_\_\_\_\_ Father's DOB: \_\_\_\_\_

**Other Personal Identifiers** (including requested information above for additional children, and financial account numbers, employer and employee identification numbers):

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

**IN THE COURT OF COMMON PLEAS  
JUVENILE DIVISION  
HURON COUNTY, OHIO**

IN THE MATTER OF:

A Minor	:	
Name	:	
Street Address	:	Case No. _____
City, State and Zip Code	:	Judge _____
Plaintiff/Petitioner	:	
vs.	:	Magistrate _____
Name	:	
Street Address	:	
City, State and Zip Code	:	
Defendant/Petitioner	:	

**Instructions:** This form is used to request the enforcement of a court order and hold the other party in contempt for violating the court order. A Precipe / Request for Service must be filed with this Motion. Check local court procedures.

**MOTION FOR CONTEMPT AND AFFIDAVIT**

I, \_\_\_\_\_ (name), request an order for  
\_\_\_\_\_ (other party's name) to appear and show cause  
why he/she should not be held in contempt for violating a court order and a finding of contempt for violating  
the court order regarding the following (check all that apply):

1.  Interference with parenting time or other parenting orders filed on \_\_\_\_\_ (date).
  
2.  Failure to pay child support, as required by the order filed on \_\_\_\_\_ (date)  
and the total arrearage owed is \$ \_\_\_\_\_
  
3.  Failure to pay spousal support, as required by the order filed on \_\_\_\_\_ (date)

and the total arrearage owed is \$ \_\_\_\_\_

4.  Payment or reimbursement of health care expenses incurred for the minor child(ren). Attach an Explanation of Health Care Bills (Uniform Domestic Relations Form 26) and bring to the hearing the following documents:
- a. Copies of each bill for which you seek reimbursement;
  - b. Proof of payment by you. Proof of payment may include a receipt for payment signed by the health care provider, a copy of a cancelled check, or a copy of a credit card statement verifying the amount paid; and
  - c. Explanation of Benefits forms showing payment made by the health insurance carrier.
5.  Failure to comply with the Court's orders of \_\_\_\_\_ (date) regarding (check all that apply):
- Transfer of real estate, as follows: \_\_\_\_\_
  - Payment of debt, as follows: \_\_\_\_\_
  - Refinance of debt, as follows: \_\_\_\_\_
  - Distribution of personal property, as follows: \_\_\_\_\_
  - Other (specify): \_\_\_\_\_
6. Costs and any other relief as necessary and proper are also requested.

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

\_\_\_\_\_  
Telephone number at which the Court may reach you or  
at which messages may be left for you

**OATH**

(Do not sign until Notary is present.)

I, \_\_\_\_\_ (name), swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

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

Sworn before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**HURON COUNTY COMMON PLEAS COURT  
JUVENILE DIVISION  
NORWALK, OHIO**

\_\_\_\_\_  
Plaintiff

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

Vs.

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

\_\_\_\_\_  
Defendant

**PRECIPE**

To the Clerk:

Please issue summons to:

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

at the addresses shown in the caption by:

Certified mail

The Sheriff of \_\_\_\_\_ County, Ohio

Regular US Mail

Publication

**X** \_\_\_\_\_  
Plaintiff