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 Updated 6/1/2021

Today's Date:	
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.

Email:	
Date of Birth:	
Email:	
Date of Birth:	
Date of Birth:	
Father's DOB:	
	Email: Date of Birth: Email: Date of Birth: Date of Birth: Date of Birth:

<u>Child</u>

Name:		
Address:		
	Date of Birth:	
Mother's Name:		
Mother's Phone Number:		
Mother's SSN:	Mother's DOB:	
Father's Name:		
Address:		
Father's Phone Number:		
	Father's DOB:	
<u>Child</u>		
Name:		
Address:		
Social Security Number:	Date of Birth:	
Mother's Name:		
Address:		

Mother's SSN: _____ Mother's DOB: _____ Father's Name: _____

Mother's Phone Number:

Address:

<u>Other Personal Identifiers</u> (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	
	Case No.
Name	معدادا
Street Address	Judge
	Magistrate
City, State and Zip Code	
Plaintiff/Petitioner 1	
vs./and	
Name	
Street Address	
City, State and Zip Code	
Defendant/Petitioner 2/Respondent	
WARNING: This form is not a substitute for It is highly recommended that y	

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. YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.

MOTION FOR CONTEMPT, AFFIDAVIT

Now comes ______ (name), the Movant, and requests 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 regarding the following: (*check all that apply*)

1. 🗌	Interference	with parenting	time or oth	ner parenting	orders filed o	n	(date),
	as follows:						

- 2. Failure to pay child support as required by the order filed on ______ (date). The total arrearage owed is \$______ as reflected in the attached printout from the County Child Support Enforcement Agency.
- 3. Failure to pay spousal support as required by the order filed on_____ (date). The total arrearage owed is \$______ as reflected in the attached printout from the County Child Support Enforcement Agency, if spousal support is paid through the agency.
- 4. Failure to pay or reimburse health care expenses incurred for the minor child(ren) as required by the order filed on ______ (date). The total amount owed is \$_____ as reflected in the attached Explanation of Health Care Bills (Uniform Domestic Relations Form 29/Uniform Juvenile Form 8).

- 5. Failure to comply with the Court's order(s) filed on _____ (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)

Movant requests that the Court order the following: (*check all that apply*)

Finding _____ (other party's name) in contempt of Court;

Assessing reasonable attorney fees;

Assessing Court costs of the proceedings;

and any further relief deemed proper.

Printed Name		
Address		
City, State, Zip	 	
Phone Number	 	
Fax Number	 	
E-mail	 	

OATH OR AFFIRMATION

(Do not sign until Notary Public 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.

	Signature
STATE OF)	
) SS COUNTY OF)	
Sworn to or affirmed before me by	thisday of,
	Signature of Notary Public

Printed Name of Notary Public

Commission Expiration Date: _____

(Affix seal here)

Name of Child:

Case No.

Instructions: This form is used when you are claiming the other party has not paid health care bills. Use a separate form for each child. A Motion for Contempt and Affidavit (Uniform Domestic Relations Form 24/Uniform Juvenile Form 3) and a Show Cause Order and Notice to the Clerk (Uniform Domestic Relations Form 25/Uniform Juvenile Form 4) must be filed. You must bring copies of health care bills, Explanation of Benefits forms, and proof of payment to the hearing. Be prepared to indicate the amount owed to you, service providers, collection agencies, or other entities. If more space is needed, add additional pages. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file.

EXPLANATION OF HEALTH CARE BILLS

<u>Date of</u> Treatment	Name of Service Provider (e.g., Doctor, Dentist, Therapist, Hospital) & Services Provided	<u>Total Bill</u>	Date Bill Sent to Other Party	<u>Amount</u> Insurance Paid	<u>Amount</u> You Paid	<u>Amount</u> <u>Paid by</u> <u>Other Party</u>	<u>Amount</u> of Unpaid <u>Bill</u>	<u>Amount</u> <u>Due from</u> <u>Other Party</u>

Your Signature

Date

Total Amount of Claim \$

HURON COUNTY COMMON PLEAS COURT JUVENILE DIVISION NORWALK, OHIO

	Case No
Plaintiff 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