

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

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

\_\_\_\_\_

Street Address

Judge \_\_\_\_\_

\_\_\_\_\_

City, State and Zip Code

Plaintiff/Petitioner

Magistrate \_\_\_\_\_

vs.

\_\_\_\_\_

Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State and Zip Code

Defendant/Petitioner

**Instructions:** This form is used to request a change in the child support or child support-related matters. A  
 Precipe / Request for Service must be filed with this Motion.

**MOTION FOR CHANGE OF CHILD SUPPORT, MEDICAL SUPPORT,  
TAX EXEMPTION, OR OTHER CHILD-RELATED EXPENSES  
AND MEMORANDUM IN SUPPORT**

I, \_\_\_\_\_ (name), request this Court change my obligation to  
 provide support or my right to receive support for the minor child(ren) as follows (check all that apply):

1.  The amount of child support to be paid each month. The change I want the Court to order is:

\_\_\_\_\_

\_\_\_\_\_

2.  The person responsible for providing health insurance for the child(ren). The change I want the Court to order is:

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3.  The amount of non-insured health care expenses of the minor child(ren) that I have to pay. The change I want the Court to order is:

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4.  The person who can claim the child(ren) as tax dependents. The change I want the Court to order is:

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5.  Other child-related expenses. The change I want the Court to order is:

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6. The circumstances have changed since the Court issued the existing order. The change in circumstances and any other reason for the requested change are as follows:

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7. I believe that the requested changes are in the child(ren)'s best interests.

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Your Signature

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

**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