

IN THE COURT OF COMMON PLEAS  
 JUVENILE DIVISON  
 SUMMIT COUNTY, OHIO

\_\_\_\_\_)  
 Proposed Legal Custodian(s) )  
 \_\_\_\_\_) )  
 Address )  
 \_\_\_\_\_) )  
 City, State, Zip )

PETITIONER(S)

VS.

\_\_\_\_\_)  
 Mother )  
 \_\_\_\_\_) )  
 Address )  
 \_\_\_\_\_) )  
 City, State, Zip )

AND

\_\_\_\_\_)  
 Father )  
 \_\_\_\_\_) )  
 Address )  
 \_\_\_\_\_) )  
 City, State, Zip )

AND

\_\_\_\_\_)  
 Current Custodian if not parent )  
 \_\_\_\_\_) )  
 Address )  
 \_\_\_\_\_) )  
 City, State, Zip )

RESPONDENT(S)

IN RE: \_\_\_\_\_  
 Child's Name  
 D.O.B.: \_\_\_\_\_  
 Case Number: \_\_\_\_\_

JUDGE LINDA TUCCI TEODOSIO

MAGISTRATE \_\_\_\_\_

UCCJEA AFFIDAVIT  
 R.C. 3127.23

**Instructions:** By law, an affidavit must be filed and served with the first pleading filed by each party in every parenting (custody/visitation) proceeding in this Court. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child in any other court in this state or any other state. If more space is needed, add additional pages.

**PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23)**

**Check and complete ALL THAT APPLY:**

- I request that the court not disclose my current address or that of the child. My address is confidential pursuant to R.C. 3127.23(D) and should be placed under seal to protect the health, safety or liberty of myself and/or the child.

**1. Minor child subject to this case is as follows:**

Child's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

You must list the residences for all places where the child has lived for the last **FIVE** years.

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____ to present	<input type="checkbox"/>	_____	_____
_____ to _____	<input type="checkbox"/>	_____	_____
_____ to _____	<input type="checkbox"/>	_____	_____
_____ to _____	<input type="checkbox"/>	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL RESIDENCES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

**2. Participation in custody case(s): (Check only one box.)**

- I **HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with the child subject to this case.
- I **HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with the child subject to this case. For each case in which you participated, give the following information:

- a. Type of case: \_\_\_\_\_
- b. Court and State: \_\_\_\_\_
- c. Date and court order or judgment (if any): \_\_\_\_\_

IF MORE SPACE IS NEEDED FOR ADDITIONAL CUSTODY CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

**3. Information about other civil case(s) that could affect this case:** (Check only one box.)

I HAVE NO INFORMATION about any other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning the child subject to this case.

I HAVE THE FOLLOWING INFORMATION concerning other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect, or abuse allegations or adoptions concerning the child subject to this case. Do not repeat cases already listed in paragraph 2. Explain:

a. Type of case: \_\_\_\_\_

b. Court and State: \_\_\_\_\_

c. Date and court order or judgment (if any): \_\_\_\_\_

\_\_\_\_\_

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

**4. Information about criminal case(s):**

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

<u>Name</u>	<u>Case Number</u>	<u>Court/State/County</u>	<u>Convicted of What Crime?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

**5. Persons not a party to this case who have physical custody or claim to have custody or visitation rights to children subject to this case:** (Check only one box.)

I DO NOT KNOW OF ANY PERSON(S) not a party to this case who has/have physical custody or claim(s) to have custody or visitation rights with respect to the child subject to this case.

I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to the child subject to this case.

a. Name/Address of Person: \_\_\_\_\_  
\_\_\_\_\_

Has Physical Custody     Claims Custody Right     Claims Visitation Right

b. Name/Address of Person: \_\_\_\_\_  
\_\_\_\_\_

Has Physical Custody     Claims Custody Right     Claims Visitation Right

c. Name/Address of Person: \_\_\_\_\_  
\_\_\_\_\_

Has Physical Custody     Claims Custody Right     Claims Visitation Right

IF MORE SPACE IS NEEDED FOR ADDITIONAL PERSON(S), ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

**OATH**

(Do Not Sign Until Notary is Present)

I, (print 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:  
\_\_\_\_\_