



**FILING A**  
**MOTION FOR EMERGENCY TEMPORARY CUSTODY**

1. This motion should be filed when there is an **emergency** that requires **immediate** removal of the child.
2. Motions for Emergency Temporary Custody must be filed with an accompanying Complaint for Legal Custody or Motion for Modification of Legal Custody.
3. To ask the Court for emergency temporary custody, *completely* fill out *all* sections of the required forms.

After filing a motion for Emergency Temporary Custody, you will be taken to a reception area on the 2<sup>nd</sup> or 3<sup>rd</sup> floor. A Magistrate will review your motion (including the Affidavit within this packet) and determine whether granting emergency temporary custody is appropriate. You may or may not get to speak directly with the Magistrate. The Magistrate may do any of the following things or a combination of them:

- Grant you emergency temporary custody,
- Set the matter for a hearing for the next day or the day after,
- Deny your motion.

**Remember:** Legal matters are often complicated and involve issues that are best handled by an attorney. We advise all litigants coming before our court to retain an attorney. If you do not know an attorney that you wish to retain the Akron Bar Association's Lawyer Referral Service can provide you with the name of a Juvenile Law practitioner who will do an initial one-half hour consultation with you for \$30.00. The Lawyer Referral Service can be reached by telephone at **(330) 253-5038** or e-mail at [iris@akronbar.org](mailto:iris@akronbar.org). An Attorney Help Desk service is also available on a first come first serve basis here at the Juvenile Court on Wednesdays from 9:00-12:00 and 1:00-4:00. Brochures with additional information about this service are available in the lobby.

**IN THE COURT OF COMMON PLEAS  
JUVENILE DIVISION  
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(s) )  
\_\_\_\_\_)  
Address )  
\_\_\_\_\_)  
City, State, Zip )

**RESPONDENT(S)**

**IN RE:** \_\_\_\_\_  
                  Child's Name

**D.O.B.:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**JUDGE LINDA TUCCI TEODOSIO**

**MAGISTRATE** \_\_\_\_\_

**MOTION FOR  
EMERGENCY TEMPORARY CUSTODY  
BEFORE HEARING  
R.C. 2151.33(D), Juv.R. 6, and Juv.R. 7**





# PARTY INFORMATION FORM

CASE NO: \_\_\_\_\_

1. NAME OF CHILD: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_

2. MOTHER'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS/CITY/ZIP: \_\_\_\_\_

SSN: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HAS PATERNITY BEEN ESTABLISHED? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF SO, HOW?

\_\_\_\_\_ GENETIC TESTING

\_\_\_\_\_ ACKNOWLEDGEMENT

\_\_\_\_\_ PRESUMED BY MARRIAGE

3. FATHER'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS/CITY/ZIP: \_\_\_\_\_

SSN: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

4. NAME OF PERSON FILING: \_\_\_\_\_ DOB: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS/CITY/ZIP: \_\_\_\_\_

SSN: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

5. CURRENT ADDRESS OF CHILD: \_\_\_\_\_

6. PERSON CURRENTLY PROVIDING CARE AND SUPERVISION FOR CHILD:

\_\_\_\_\_

ADDRESS/CITY/ZIP: \_\_\_\_\_

COURT OF COMMON PLEAS, COUNTY OF SUMMIT, STATE OF OHIO  
**INSTRUCTIONS TO CLERK FOR SERVICE**

IN RE: \_\_\_\_\_

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

DOB: \_\_\_\_\_

TO JUVENILE COURT CLERK

You are hereby requested to make the following type of service: **(check one)**

<input type="checkbox"/> CERTIFIED MAIL	<input type="checkbox"/> REGULAR MAIL	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> RESIDENCE
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To serve the following persons:

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

WITH: **(check one)**

<input type="checkbox"/> COMPLAINT with SUMMONS	<input type="checkbox"/> MOTION	<input type="checkbox"/> SUBPOENA	<input type="checkbox"/> NOTICE
<input type="checkbox"/> OTHER _____			

Special Instructions for server:

\_\_\_\_\_

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

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signed By: \_\_\_\_\_