

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

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
CHILD SUPPORT
R.C. 2151.231**

Motion for Child Support

_____, _____, requests that an
Petitioner(s) Relationship to Child

Order of Support for _____ be made in this matter.
Child

1. The child is in the legal custody of _____. The child now lives with _____
_____ at the following address _____
_____, and has lived there since _____.

2. The Mother of the child is _____.
She lives at _____.
The (Alleged) Father of the child is _____.
He lives at _____.

3. An order of child support for the child to the Petitioner(s) is in the best interests of the child because: _____

The Petitioner(s) ask this court to issue an order of child support for the child to be paid to Petitioner(s).

Respectfully submitted,

Petitioner, (Signature)

Printed Name

Address

City, State, Zip

Phone

Petitioner, (Signature)

Printed Name

Address

City, State, Zip

Phone

CHILD SUPPORT INFORMATION GATHERING SHEET

Information must be provided by each party to the case

Supporting documentation must be provided for each item

1. Annual Gross Income \$ _____

*Examples of supporting documentation:

- Most recent W-2
- Final pay-stub of most recent calendar year
- Pay-stubs from previous 3 months
- Social security, worker's compensation, unemployment compensation, or other benefit voucher
- If income has varied over previous 3 years final paystubs or W-2 from last 3 years

2. Child Support Received \$ _____

3. Child Support Paid for Other Children \$ _____

4. Child care expenses that are work or education related for the child \$ _____

5. Out-of-Pocket health insurance costs \$ _____

*How to calculate:

- a. How much is the out-of-pocket cost for family health insurance?
- b. How much is the out-of-pocket cost for individual health insurance?
- c. How many dependents are covered by the plan?

6. Non-means tested benefits (i.e. social security or veteran's benefits received due to death, disability or retirement of parent) paid to the child or received on behalf of child?

\$ _____

Failure to provide complete information will result in the Court being unable to accurately calculate child support and may result in a minimum child support order.

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: _____