

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 if not parent  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip

**RESPONDENT(S)**

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

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

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

**JUDGE LINDA TUCCI TEODOSIO**

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

**CONTEMPT MOTION AND AFFIDAVIT**

## Motion for Contempt of Court

\_\_\_\_\_, request an order for \_\_\_\_\_  
(Your Name) (Other Person's Name)  
to appear and show cause why he/she should not be held in contempt for violating a court order and to find contempt for violating the court order regarding the following: (Check all which apply)

\_\_\_\_\_ Interference with visitation;

\_\_\_\_\_ Child support arrearages in the amount of \$\_\_\_\_\_;\*

\_\_\_\_\_ Health care arrearages in the amount of \$\_\_\_\_\_;\*\*

\_\_\_\_\_ Failure to comply with Court orders.

All violations of court order alleged above are explained with specificity in the attached affidavit.

Attorney fees and costs and any other relief as necessary and proper are also requested.

Respectfully submitted,

\_\_\_\_\_  
Petitioner, (Signature)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Petitioner, (Signature)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\*You must subpoena CSEA to be present at the hearing and bring their records.

\*\*You must submit an Explanation of Medical Bills Form (available at Court or on the web site) and bring copies of insurance processing and recent bills.



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

IN RE: \_\_\_\_\_ )  
(d.o.b. \_\_\_\_\_) )  
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 )

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

**JUDGE LINDA TUCCI TEODOSIO**

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

**ORDER TO APPEAR AND SHOW CAUSE**

\_\_\_\_\_, is ordered to appear on \_\_\_\_\_  
(Date)  
at \_\_\_\_\_ before Magistrate \_\_\_\_\_, at the Summit County Juvenile  
Court, 650 Dan Street, Akron, Ohio, 44310, and show cause why he/she should not be held in contempt of court  
for failure to comply with prior orders of this Court as specified in the Motion and Affidavit.

IT IS SO ORDERED.

\_\_\_\_\_  
JUDGE LINDA TUCCI TEODOSIO

Pursuant to R.C. 2705.031, you are notified of the following:

1. Your failure to appear at the contempt hearing may result in the issuance an order of arrest.
2. You have the right to counsel and that, if you believe you are indigent, you must apply for a public defender or court appointed counsel within three business days after receipt of the summons.
3. The Court may refuse to grant a continuance at the time of the hearing or the purpose of your obtaining counsel, if you fail to make a good faith effort to retain counsel or to obtain a public defender.

If you are found guilty of contempt, you could be sentenced to:

1. For a first offense, a fine of not more than \$250.00, a definite term of imprisonment of not more than 30 days in jail or both;
2. For a second offense, a fine of not more than \$500.00, a definite term of imprisonment of not more than 60 days in jail or both; or
3. For a third offense, a fine of not more than \$1,000.00, a definite term of imprisonment of not more than 90 days in jail or both.

# 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: \_\_\_\_\_

SUMMIT COUNTY JUVENILE COURT, SUMMIT COUNTY OHIO  
**INSTRUCTIONS TO CLERK FOR SERVICE  
CONTEMPT MOTION AND AFFIDAVIT**

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

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

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

TO JUVENILE COURT CLERK

You are hereby requested to make PERSONAL service of this CONTEMPT MOTION AND AFFIDAVIT to the following persons:

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

Special Instructions for server:

\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_

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

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