



HOW TO FILE A MOTION FOR MODIFICATION OF LEGAL CUSTODY

1. A Motion for Modification of Legal Custody is appropriate when there has been a prior custody case regarding the child(ren).
2. Completely fill out the enclosed packet including a Motion for Modification of Legal Custody, UCCJEA Form, and Instruction for Service Form.
3. You must notify all parties of your Motion. You must also complete service upon all parties. Complete addresses must be included on the Instruction for Service Form. The hearing on your motion cannot go forward unless all parties have received proper service. You will be notified of your hearing by mail.
4. You must be prepared to pay the filing fee. Fees must be paid by cash, certified check, money order or credit/debit cards.
 - a. \$90 = To reopen an old case and file
 - b. \$85 = To file on a case that is already open
5. If a parent cannot be located, service by Publication, Posting, or another accepted method must be completed. If you choose to serve by Publication, there is a \$45 fee which cannot be waived.

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 Family 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. An Attorney Help Desk service is also available on a first come first serve basis at the Juvenile Court on Wednesdays. More information about Attorney Help Desk can be found on the Summit County Juvenile website.

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(s))
_____)
Address)
_____)
City, State, Zip)

RESPONDENT(S)

IN RE: _____

Child's Name

D.O.B.: _____

Case Number: _____

JUDGE LINDA TUCCI TEODOSIO

MAGISTRATE _____

**MOTION FOR
MODIFICATION OF
LEGAL CUSTODY
R.C. 2151.42**

Motion for Change of Legal Custody

_____, _____, alleges the following:
Petitioner(s) Relationship to child

1. The child is in the legal custody of _____. The child now lives with _____ at the following address _____, and has lived there since _____. Custody, visitation or support of the child was previously determined by this court in case number _____.

2. The Mother of the child is _____. She lives at _____.

3. Paternity:

a. Has been established through (circle one)

i. Genetic testing.

ii. An Acknowledgement of Paternity signed by the parents.

iii. Court Order.

iv. Presumption due to the parents' marriage at birth of child.

The Father of the child is _____. He lives at _____.

b. Has not been established. (circle one)

i. The Alleged Father of the child is _____. He lives at _____.

ii. The Father of the child is unknown.

c. Is unknown to the Petitioner.

4. The following change has occurred in the circumstances of the child or the person who was granted legal custody of the child: _____

_____.

5. It is in the best interest of the child to be placed in the legal custody of Petitioner(s) because _____

_____.

The Petitioner(s) respectfully requests that the Court grant legal custody of the child to Petitioner(s) and make a determination of residual parental rights and responsibilities including but not limited to visitation and child support.

Respectfully submitted,

Petitioner, (Signature)

Printed Name

Address

City, State, Zip

Phone

Petitioner, (Signature)

Printed Name

Address

City, State, Zip

Phone

**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 _____

**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 (name & address)</u>	<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: _____

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
---	---------------------------------------	-----------------------------------	------------------------------------

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: _____