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

_____)
Mother   )
)
_____)
Address   )
)
_____)
City, State, Zip   )
)
AND/OR   )
)
)
_____)
Father   )
)
_____)
Address   )
)
_____)
City, State, Zip   )
)
AND/OR   )
)
_____)
Other (relationship)   )
)
_____)
Address   )
)
_____)
City, State, Zip   )
)
PETITIONER(S)   )
VS.   )
)
_____)
Legal 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
VISITATION

Motion for Modification of Visitation

_____, _____, requests that an
           Petitioner(s)   Relationship to Child
Order for Visitation between _____ and Petitioner(s) be made.
                                        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 Modifying Visitation between the child and the Petitioner(s) is in the best interests of the child because:

   _____

   _____

   _____

   _____

   _____

   _____

   _____

The Petitioner(s) ask this court to issue an order modifying visitation between the child and Petitioner(s) in the

following way: _____

_____

_____

_____

_____.

                                        Respectfully submitted,

_____   _____
Petitioner, (Signature)   Petitioner, (Signature)

_____   _____
Printed Name   Printed Name

_____   _____
Address   Address

_____   _____
City, State, Zip   City, State, Zip

_____   _____
Phone   Phone

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)*

□ CERTIFIED MAIL   □ REGULAR MAIL   □ PERSONAL   □ RESIDENCE

To serve the following persons:

Name:_____   Name:_____

Address:_____   Address:_____

_____   _____

Name:_____   Name:_____

Address:_____   Address:_____

_____   _____

WITH: *(check one)*

□ COMPLAINT with SUMMONS   □ MOTION   □ SUBPOENA   □ NOTICE
□ OTHER_____

Special Instructions for server:

_____

Name:_____

Address:_____

_____

Telephone Number:_____

Signed By:_____