

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

\_\_\_\_\_  
**Plaintiff**

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

\_\_\_\_\_  
**Defendant**

**IN THE MATTER OF:**

\_\_\_\_\_

**COMPLAINT FOR CUSTODY**

**For Custodial Determination under Section 2151.23 (A)(2) Ohio Revised Code**

The undersigned, after being first duly cautioned and sworn, says that the following persons are the parent(s) of \_\_\_\_\_ (DOB): \_\_\_\_\_

\_\_\_\_\_ (DOB) \_\_\_\_\_

FATHER: \_\_\_\_\_  
(Name) (Address) (City/State/Zip) (Phone)

MOTHER \_\_\_\_\_  
(Name) (Address) (City/State/Zip) (Phone)

There is no prior jurisdiction by any other Court by prior or pending divorce action or Juvenile Court proceedings; or jurisdiction has been certified to this Court by \_\_\_\_\_ Court on the \_\_\_\_\_ day of \_\_\_\_\_.

The name of the person or persons having custody or control, or with whom the child now resides, is/are \_\_\_\_\_

(Name) (Address)  
\_\_\_\_\_  
(City/State/Zip) (Phone) (Relationship to child)

The following facts concerning the present circumstances of the said child of which the Court should be informed are: \_\_\_\_\_

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

Custody is requested to be placed with \_\_\_\_\_

\_\_\_\_\_  
(Name) (Address) (Phone) (School District) (Relationship)

because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Custodial parent now lives in \_\_\_\_\_  
(School District)  
at the address listed above.

The proposed Custodian lives in \_\_\_\_\_  
(School District)  
at the address listed above.

Notice of this Complaint to each school district is requested.

\_\_\_\_\_  
(Complainant)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Phone)

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_

**KENNETH J. SPICER, JUDGE**

By \_\_\_\_\_  
(Deputy Clerk)

**CHILD CUSTODY AFFIDVIT IN ACCORDANCE WITH ORC 3127.23**

CASE NO. \_\_\_\_\_

**STATE OF OHIO  
COUNTY OF DELAWARE, SS:**

Now comes \_\_\_\_\_, having first been duly sworn,  
who states as follows:

1. The child(ren) involved in this proceeding:

Full Name \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

Full Name \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

Full Name \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

2. The child(ren) resided at the following addresses, with the following person(s)  
within the last five years during the approximate dates:

Date	Address	Person with whom child resided
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_____	_____	_____
-------	-------	-------

_____	_____	_____
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3. Have you participated as a party, a witness, or in any other capacity in any other  
litigation, in this or any other state, that concerned the allocation, between the  
parents of the children of parental rights and responsibilities for the care of the  
children, the designation of the residential parent of the children, the designation  
of the residential and legal custodian of the children or that otherwise concerned  
the custody of the same children?

Yes No

If answer is yes, identify the Court, Case Number and determination, if any \_\_\_\_\_

\_\_\_\_\_

4. Do you have information of any proceeding concerning the child that could affect the current proceeding, including proceedings for child support, proceedings related to Domestic Violence or Protection Orders, proceedings to adjudicate the minor child as abused, neglected or dependent, proceedings seeking termination of parental rights and/or adoption in a court of this or any other state?

Yes No

If answer is yes, identify the Court, Case Number and determination, if any \_\_\_\_\_

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5. Do you know of any other person who is not a party to the proceeding and has physical custody of the children or claims to be a parent of the children who is designated the residential parent and legal custodian of the children or have parenting time rights with respect to the children or to be a person other than a parent of the children who has custody or visitation rights with respect to the children?

Yes No

6. Have you previously been convicted of or pleaded guilty to any criminal offense involving any act that resulted in a child being an abused child or a neglected child or previously has been determined, in a case in which a child has been adjudicated an abused child or a neglected child, to be the perpetrator of the abusive or neglectful act that was the basis of the adjudication?

Yes No

**FURTHER AFFIANT SAYETH NAUGHT.**

\_\_\_\_\_  
**Signed**

Sworn to before me and subscribed to in my presence on this \_\_\_\_\_ day of  
\_\_\_\_\_ 2006

\_\_\_\_\_  
Notary Public or Deputy Clerk

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

\_\_\_\_\_  
Plaintiff

-vs-

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

\_\_\_\_\_  
Defendant

INSTRUCTIONS FOR PERSONAL-CERTIFIED-REGULAR  
MAIL SERVICE

To: \_\_\_\_\_

You are instructed to make personal service \_\_\_\_ certified mail  
service \_\_\_\_ regular mail service \_\_\_\_ upon:

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

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

Special Instructions for server: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed

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

\_\_\_\_\_  
Plaintiff

\_\_\_\_\_  
Defendant

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

JUDGE KENNETH J. SPICER

Magistrate Sharon F. McCollister

**MAGISTRATE'S ORDER**

On the Motion/Complaint filed by the Plaintiff/Defendant/Other for

- |   |                                       |
|---|---------------------------------------|
| ____ Custody                              | ____ Change of Custody                |
| ____ Establishment of Child Support       | ____ Modification of Child Support    |
| ____ Termination of Child Support/Arrears | ____ Establishment of Medical Support |
| ____ Paternity                            | ____ Genetic Testing                  |
| ____ Visitation                           | ____ Modification of Visitation       |
| ____ Tax Exemption                        | ____ Name Change                      |
| ____ Contempt of _____                    | ____ Other _____                      |

Hearing shall be assigned for \_\_\_\_\_ 200\_\_\_\_\_ at \_\_\_\_\_ m.

\_\_\_\_\_  
**SHARON F. MCCOLLISTER, MAGISTRATE**

PC:  
Plaintiff  
Defendant  
CSEA

mk

**DELAWARE COUNTY PROBATE/JUVENILE COURT**

**Criminal Background Check Consent Form**

As a party to Case No. \_\_\_\_\_ in the matter of \_\_\_\_\_ I, \_\_\_\_\_, do hereby authorize Delaware County Probate/Juvenile Court to conduct and obtain a criminal background check to be used for the purpose of determining temporary or permanent custody in the matter listed above. I hereby waive any privileges and release Delaware County Probate/Juvenile Court and all referring entities from any liability involved in providing this information.

I further authorize Delaware County Probate/Juvenile Court to make any lawful examination of my criminal conviction record, and I release any police or law enforcement agency, and all individuals connected therewith, from all liability in providing such information. I authorize Delaware County Probate/Juvenile Court to forward my fingerprints to the Bureau of Criminal Identification and Investigation and the Federal Bureau of Investigation for the purpose of obtaining any criminal records maintained on me.

\_\_\_\_\_  
Party's Name (please print)

\_\_\_\_\_  
Party's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please list maiden name/aliases

\_\_\_\_\_  
Address (Street/Apartment/Unit)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

(Please Contact Melanie at 740-833-2667 to schedule your appointment)

MEDIATION SERVICES INFORMATION FORM

PLEASE COMPLETE THIS INFORMATION FORM. YOUR RESPONSES WILL NOT BE SHARED WITH THE OTHER PARTIES OR THE COURT.

PLEASE PRINT CLEARLY

1. Indicate if either of the following are **CONFIDENTIAL**:  Address  Home phone

Your name \_\_\_\_\_

Social Security number \_\_\_\_\_

Mailing address: (Street or P.O. Box) \_\_\_\_\_

Home telephone number \_\_\_\_\_

City State Zip Code \_\_\_\_\_

Work or cell telephone number \_\_\_\_\_

2. \_\_\_\_\_  
Name of other parent

Telephone number of other parent \_\_\_\_\_

3. May we share information and agreements with your attorney?  No  Yes

4. What type of legal action is this?

Divorce  Custody/Parenting time  Other

5. Is mediation court ordered?  No  Yes

6. Do you have a court date scheduled?  No  Yes When? \_\_\_\_\_

7. Name and birth dates of minor child(ren) in this case are:

Name Birth Date \_\_\_\_\_

Name Birth Date \_\_\_\_\_

Name Birth Date \_\_\_\_\_

Name Birth Date \_\_\_\_\_

8. With whom are the child(ren) living? \_\_\_\_\_

9. Who has legal custody of the child(ren)? \_\_\_\_\_

10. Has Children's Services been involved with the family?  No  Yes

11. Parents were:

Married, Date of marriage \_\_\_\_\_  Date of separation \_\_\_\_\_  Date of Divorce \_\_\_\_\_

Never married, Paternity Established by  Affidavit  Court  Child support  Other

12. Is there a Civil Protection Order or Temporary Protection Order currently in effect?

No  Yes, issued by? \_\_\_\_\_

