

## **Thank you for using Ohio Legal Help!**

This page will walk you through the process of filling out and filing these forms.

### **What this file contains**

This file contains the forms you will need to file for a **modification in custody** in Ohio. You can only use these forms if you have an existing custody order. In addition, **go to your court's website** to see if there are any additional local forms you should file.

These forms should be filed in the court where the existing custody order was made. In the case of divorced parents this is typically the domestic relations court and in the case of parents that were never married this is typically the juvenile court.

**Please note:** Filing fees depend on your county. If you can't afford to pay them, you might be able to get them waived. **You can use the [Poverty Affidavit Form Assistant](#)** to create an additional form to file with your packet of documents. This form asks that you be allowed to file without paying a fee upfront. You may still be responsible for paying the fee at the end of the case.

Here's what to do next.

### **Step 1. Set aside enough time**

These forms can be filled out on your phone, but they are easier to fill out on a computer, especially since you can save them when you need a break and come back later.

### **Step 2. Check to see if your Domestic Relations Court has a self-help center**

If they do, go there first. They can answer questions, review your forms or help you complete the forms.

### **Step 3. Make photocopies**

After you sign your documents, **make five photocopies.**

### **Step 4. File**

Take the forms and copies to the Clerk's office at the court where the original order was filed. Clerk staff can help make sure you have all the forms but will not be able to answer questions about the forms or help you fill out anything.

IN THE COURT OF COMMON PLEAS

Division

COUNTY, OHIO

IN THE MATTER OF:

A Minor

Name

Case No.

Street Address

Judge

City, State and Zip Code

Plaintiff/Petitioner

Magistrate

vs.

Name

Street Address

City, State and Zip Code

Defendant/Petitioner

**Instructions:** This form is used to request a change in a shared parenting plan or a change in the designation of the sole residential parent and legal custodian. A Request for Service (Uniform Domestic Relations Form 28) and a Parenting Proceeding Affidavit (Uniform Domestic Relations Form – Affidavit 3) must be filed with this Motion.

**MOTION FOR CHANGE OF PARENTAL RIGHTS AND RESPONSIBILITIES (CUSTODY)  
AND MEMORANDUM IN SUPPORT**

1. I, \_\_\_\_\_ (name), request this Court change the allocation of parental rights and responsibilities (custody) Order filed on this date \_\_\_\_\_ (filed date) regarding the following minor child(ren): \_\_\_\_\_

**Name of Child**

**Date of Birth**

Supreme Court of Ohio

Uniform Domestic Relations Form – 24

Uniform Juvenile Form – 6

**MOTION FOR CHANGE OF PARENTAL RIGHTS AND RESPONSIBILITIES (CUSTODY)  
AND MEMORANDUM IN SUPPORT**

Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46

Effective Date: 7/1/2013

2. Select one:

☐ \_\_\_\_\_ (name) is currently designated as the residential parent and/or legal custodian of the children and resides in the \_\_\_\_\_ School District.

☐ The parents now have a Shared Parenting Plan.

3. The circumstances have changed since the Court issued the existing order. The change in circumstances and any other reason for the requested change are as follows:

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4. I request that the Court change the existing order in the following way:

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5. I believe that the changes I am requesting are in the child(ren)'s best interests.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Telephone number at which the Court may reach you  
or at which messages may be left for you

**COURT OF COMMON PLEAS**

                     **COUNTY, OHIO**

\_\_\_\_\_  
Plaintiff/Petitioner

v./and

\_\_\_\_\_  
Defendant/Petitioner/Respondent

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

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

**Instructions:** Check local court rules to determine when this form must be filed.

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, including Dissolutions, Divorces and Domestic Violence Petitions. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, add additional pages.**

**PARENTING PROCEEDING STATEMENT (R.C. 3127.23(A))**

Statement of \_\_\_\_\_

(Print Your Name)

**Check and complete ALL THAT APPLY:**

1. ☐ I request that the court not disclose my current address or that of the child(ren). 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(ren).
2. ☐ Minor child(ren) are subject to this case as follows:

Insert the information requested below for all minor or dependent children of this marriage. You must list the residences for all places where the children have lived for the last **FIVE** years.

**a. Child's Name:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:** ☐ Male ☐ Female

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

b. Child's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female

☐ Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

c. Child's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female

☐ Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CHILDREN, ATTACH A SEPARATE PAGE AND CHECK THIS BOX ☐.

3. **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 any 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 any child subject to this case. For each case in which you participated, give the following information:

- a. Name of each child: \_\_\_\_\_
- b. Type of case: \_\_\_\_\_
- c. Court and State: \_\_\_\_\_
- d. 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 ☐.

4. **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 any 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 a child subject to this case. Do not repeat cases already listed in Paragraph 3. Explain:

- a. Name of each child: \_\_\_\_\_
- b. Type of case: \_\_\_\_\_
- c. Court and State: \_\_\_\_\_
- d. Date and court order or judgment (if any): \_\_\_\_\_

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX ☐.

5. **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 ☐.

**6. Persons not a party to this case who has physical custody or claims 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 any 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 any child subject to this case.

a. Name/Address of Person

☐ Has physical custody

☐ Claims custody rights

☐ Claims visitation rights

Name of each child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Name/Address of Person

☐ Has physical custody

☐ Claims custody rights

☐ Claims visitation rights

Name of each child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Name/Address of Person

☐ Has physical custody

☐ Claims custody rights

☐ Claims visitation rights

Name of each child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.**

\_\_\_\_\_  
Your Signature

**COURT OF COMMON PLEAS**  
**COUNTY, OHIO**

_____ Plaintiff/Petitioner 1  v./and  _____ Defendant/Petitioner 2	Case No. _____  Judge _____  Magistrate _____
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**Instructions:** Check local court rules to determine when this form must be filed.  
This affidavit is used to make complete disclosure of income, expenses and money owed. It is used to determine child and spousal support amounts. Do not leave any category blank. Write "none" where appropriate. If you do not know exact figures for any item, give your best estimate and put "EST." **If you need more space, add additional pages.**

**STATEMENT OF INCOME AND EXPENSES**

This is a statement by \_\_\_\_\_  
(Print Your Name)

Date of marriage \_\_\_\_\_ Date of separation \_\_\_\_\_

**SECTION I - INCOME**

	_____ Your Name	_____ Spouse's Name
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	_____	_____
Payroll address	_____	_____
Payroll city, state, zip	_____	_____
Scheduled paychecks per year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52

**A. YEARLY INCOME, OVERTIME, COMMISSIONS AND BONUSES FOR PAST THREE YEARS**

	_____ Your Name	_____ Spouse's Name
Base yearly income	\$ _____ 3 years ago 20 _____	\$ _____
	\$ _____ 2 years ago 20 _____	\$ _____
	\$ _____ Last year 20 _____	\$ _____
Yearly overtime, commissions and/or bonuses	\$ _____ 3 years ago 20 _____	\$ _____
	\$ _____ 2 years ago 20 _____	\$ _____
	\$ _____ Last year 20 _____	\$ _____



B. COMPUTATION OF CURRENT INCOME

	_____ Your Name _____	_____ Spouse's Name _____
Base yearly income	\$ _____	\$ _____
Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Disability benefits		
<input type="checkbox"/> Workers' Compensation		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Retirement benefits		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Spousal support received	\$ _____	\$ _____
Interest and dividend income (source)		
_____	\$ _____	\$ _____
Other income (type and source)		
_____	\$ _____	\$ _____
<b>TOTAL YEARLY INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>
Supplemental Security Income (SSI) or public assistance	\$ _____	\$ _____
Court-ordered child support that you receive for minor and/or dependent child(ren) not of the marriage or relationship	\$ _____	\$ _____

## SECTION II – CHILDREN AND HOUSEHOLD RESIDENTS

Minor and/or dependent child(ren) who are from this marriage or relationship:

Name	Date of birth	Living with

In addition to the above children there is/are in your household:

\_\_\_\_\_ adult(s)  
\_\_\_\_\_ other minor and/or dependent child(ren).

## SECTION III – EXPENSES

List monthly expenses below for your present household.

### A. MONTHLY HOUSING EXPENSES

Rent or first mortgage (including taxes and insurance)	\$	
Real estate taxes (if not included above)	\$	
Real estate/homeowner's insurance (if not included above)	\$	
Second mortgage/equity line of credit	\$	
Utilities		
o Electric	\$	
o Gas, fuel oil, propane	\$	
o Water and sewer	\$	
o Telephone	\$	
o Trash collection	\$	
o Cable/satellite television	\$	
Cleaning, maintenance, repair	\$	
Lawn service, snow removal	\$	
Other:	\$	
	\$	
<b>TOTAL MONTHLY :</b>		<b>\$</b> _____

**B. OTHER MONTHLY LIVING EXPENSES**

Food	
○ Groceries (including food, paper, cleaning products, toiletries, other)	\$ _____
○ Restaurant	\$ _____
Transportation	
○ Vehicle loans, leases	\$ _____
○ Vehicle maintenance (oil, repair, license)	\$ _____
○ Gasoline	\$ _____
○ Parking, public transportation	\$ _____
Clothing	
○ Clothes (other than children's)	\$ _____
○ Dry cleaning, laundry	\$ _____
Personal grooming	
○ Hair, nail care	\$ _____
○ Other _____	\$ _____
Cell phone	\$ _____
Internet (if not included elsewhere)	\$ _____
Other _____	\$ _____
<b>TOTAL MONTHLY</b> \$ _____	

**C. MONTHLY CHILD-RELATED EXPENSES**  
(for children of the marriage or relationship)

Work/education-related child care	\$ _____
Other child care	\$ _____
Unusual parenting time travel	\$ _____
Special and unusual needs of child(ren) (not included elsewhere)	\$ _____
Clothing	\$ _____
School supplies	\$ _____
Child(ren)'s allowances	\$ _____
Extracurricular activities, lessons	\$ _____
School lunches	\$ _____
Other _____	\$ _____
<b>TOTAL MONTHLY</b> \$ _____	

D. INSURANCE PREMIUMS

Life	\$	
Auto	\$	
Health	\$	
Disability	\$	
Renters/personal property (if not included in part A above)	\$	
Other _____	\$	
<b>TOTAL MONTHLY</b>		\$ _____

E. MONTHLY EDUCATION EXPENSES

Tuition		
o Self	\$	
o Child(ren)	\$	
Books, fees, other	\$	
College loan repayment	\$	
Other _____	\$	
_____	\$	
<b>TOTAL MONTHLY:</b>		\$ _____

F. MONTHLY HEALTH CARE EXPENSES  
(not covered by insurance)

Physicians	\$	
Dentists	\$	
Optometrists/opticians	\$	
Prescriptions	\$	
Other _____	\$	
_____	\$	
<b>TOTAL MONTHLY:</b>		\$ _____

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren)	\$	
Child support for children who were not born of this marriage or relationship and were not adopted of this marriage	\$	
Spousal support paid to former spouse(s)	\$	
Subscriptions, books	\$	
Entertainment	\$	

Charitable contributions	\$	
Memberships (associations, clubs)	\$	
Travel, vacations	\$	
Pets	\$	
Gifts	\$	
Bankruptcy payments	\$	
Attorney fees	\$	
Required deductions from wages (excluding taxes, Social Security and Medicare) (type) _____	\$	
Additional taxes paid (not deducted from wages) (type) _____	\$	
Other _____	\$	
	\$	
<b>TOTAL MONTHLY:</b>	\$	

H. MONTHLY INSTALLMENT PAYMENTS

(Do not repeat expenses already listed.)

Examples: car, credit card, rent-to-own, cash advance payments

To whom paid	Purpose	Balance due	Monthly payment
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		<b>TOTAL MONTHLY:</b>	\$

**GRAND TOTAL MONTHLY EXPENSES (Sum of A through H):** \$

**The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.**

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Your Signature

**COURT OF COMMON PLEAS  
COUNTY, OHIO**

Plaintiff/Petitioner 1		Case No.	
		Judge	
v./and		Magistrate	

Defendant/Petitioner 2

**Instructions:** Check local court rules to determine when this form must be filed.  
This affidavit is used to disclose health insurance coverage that is available for children. It is also used to determine child support. It must be filed if there are minor children of the relationship. **If more space is needed, add additional pages.**

**STATEMENT OF HEALTH INSURANCE**

**This statement is made by** \_\_\_\_\_  
(Print Your Name)

\_\_\_\_\_ **Your Name** \_\_\_\_\_ **Spouse's Name**

Are your child(ren) currently enrolled in a low-income government-assisted health care program (Healthy Start/Medicaid)?

☐ Yes ☐ No

☐ Yes ☐ No

Are you enrolled in an individual (non-group or COBRA) health insurance plan?

☐ Yes ☐ No

☐ Yes ☐ No

Are you enrolled in a health insurance plan through a group (employer or other organization)?

☐ Yes ☐ No

☐ Yes ☐ No

If you are not enrolled, do you have health insurance available through a group (employer or other organization)?

☐ Yes ☐ No

☐ Yes ☐ No

Does the available insurance cover primary care services within 30 miles of the child(ren)'s home?

☐ Yes ☐ No

☐ Yes ☐ No

Your Name

Spouse's Name

Under the available insurance, what would be the annual premium for a plan covering you and the child(ren) of this relationship (not including a spouse)?

\$

\$

Under the available insurance, what would be the annual premium for a plan covering you alone (not including children or spouse)?

\$

\$

If you are enrolled in a health insurance plan through a group (employer or other organization) or individual insurance plan, which of the following people is/are covered:

Yourself?

☐ Yes
☐ No

☐ Yes
☐ No

Your spouse?

☐ Yes
☐ No

☐ Yes
☐ No

Minor child(ren) of this relationship?

☐ Yes
☐ No

☐ Yes
☐ No

Number

Number

Other individuals?

☐ Yes
☐ No

☐ Yes
☐ No

Number

Number

Name of group (employer or organization) that provides health insurance

Address

Phone number

The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.

Your Signature



\_\_\_\_\_  
Division  
COUNTY, OHIO

## A Minor

:  
:  
: Case No.

: Judge \_\_\_\_\_

:  
:  
: Magistrate

Instructions: The Parenting Time Schedule must be attached to this Plan. Parents are urged to consult the Planning for Parenting Time Guide: Ohio's Guide for Parents Living Apart available at <http://www.supremecourt.ohio.gov/Publications/JCS/parentingGuide.pdf>.

We, the parents, \_\_\_\_\_, “ (name) Plaintiff/Petitioner 1”, and \_\_\_\_\_, “ (other parent’s name) Defendant/Petitioner 2”, have \_\_\_\_\_ (number) child(ren) from the marriage or relationship. Of the child(ren), \_\_\_\_\_ (number) is/are emancipated adult(s) and not under any disability, and the following \_\_\_\_\_ (number) child(ren) are minor child(ren) and/or mentally or physically disabled child(ren) incapable of supporting or maintaining themselves (name and date of birth of each child):

The parents agree to the care, parenting, and control of their child(ren) as provided in this Parenting Plan.

## **FIRST: PARENTS' RIGHTS**

We, the parents, shall have, unless limited:

- A. The right to reasonable telephone contact with the child(ren) when they are with the other parent.
- B. The right to be notified in case of an injury to or illness of the minor child(ren).
- C. The right to inspect and receive the minor child(ren)'s medical and dental records and the right to consult with any treating physician, dentist and/or other health care provider, including but not limited to psychologists and psychiatrists.
- D. The right to consult with school officials concerning the minor child(ren)'s welfare and educational status, and the right to inspect and receive the child(ren)'s student records to the extent permitted by law.
- E. The right to receive copies of all school reports, calendars of school events, notices of parent-teacher conferences, and school programs.
- F. The right to attend and participate in parent-teacher conferences, school trips, school programs, and other school activities in which parents are invited to participate.
- G. The right to attend and participate with the child(ren) in athletic programs and other extracurricular activities.

## **SECOND: ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES**

### **A. General Responsibilities**

Each parent shall take all measures necessary to foster respect and affection between the child(ren) and the other parent. Neither parent shall do anything that may estrange the child(ren) from the other parent, or impair the child(ren)'s high regard for the other parent.

### **B. Medical Responsibilities**

The parents shall notify the other parent promptly if a child experiences a serious injury, has a serious or chronic illness, or receives treatment in an emergency room or hospital. The notification shall include the emergency, the child's status, locale, and any other pertinent information as soon as practical, but in any event within 24 hours.

The parents shall consult with each other about the minor child(ren)'s medical care needs and the residential parent shall immediately notify the other parent about all major non-emergency medical decisions before authorizing a course of treatment. Parents have a right to know the necessity for treatment, proposed cost, and proposed payment schedule. Each parent may also secure an independent evaluation at the parent's expense to determine the necessity for treatment. If the parties cannot agree regarding a course of treatment, the residential parent's decision shall control. The parents shall provide the other with the names and telephone numbers of all health care providers for the child(ren).

### **C. Residential Parent and Legal Custodian**

☐ Plaintiff/Petitioner 1 shall be the residential parent and legal custodian of the following child(ren):

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☐ Defendant/Petitioner 2 shall be the residential parent and legal custodian of the following child(ren):

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D. Parenting Time Schedule

Unless otherwise agreed, the parents shall have parenting time with the child(ren) according to the attached Parenting Time Schedule that shows the times that the child(ren) shall be with each parent on weekdays, weekends, holidays, and vacation times.

(The Parenting Time Schedule must be attached to this Plan.)

E. Transportation (select one):

☐ Each parent shall be responsible for providing transportation for the child(ren) at the beginning of the parent's parenting period. Each parent shall be responsible for providing transportation for the child(ren) to and from school and activities during the parent's parenting period.

☐ We agree to the following arrangements for providing transportation for our child(ren) at the beginning, during, or end of a parenting period: \_\_\_\_\_

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F. Current Address and Telephone Number

Plaintiff's/Petitioner 1's current home address and telephone number, including cellular telephone number:

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Defendant's/Petitioner 2's current home address and telephone number, including cellular telephone number:

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G. Relocation Notice

Pursuant to section 3109.051(G) of the Revised Code:

If the residential parent intends to move to a residence other than the residence specified in the court order, the parent shall file a notice of intent to relocate with this Court. Except as provided in divisions (G)(2), (3), and (4) of section 3109.051 of the Revised Code, the Court shall send a copy of the notice to the parent who is not the residential parent. Upon receipt of the notice, the Court, on

its own motion or the motion of the parent who is not the residential parent, may schedule a hearing with notice to both parents to determine whether it is in the best interests of the child(ren) to revise the parenting time schedule for the child(ren).

☐ The non-residential parent shall inform in writing the Court and the other parent of changes in address and telephone, including cellular telephone number, unless otherwise provided by court order.

The relocation notice must be filed with the Court granting the allocation of parental rights and responsibilities (name and address of the Court): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

H. Records Access Notice

Pursuant to sections 3109.051(H) and 3319.321(B)(5)(a) of the Revised Code:

Subject to sections 3125.16 and 3319.321(F) of the Revised Code, the parent who is not the residential parent is entitled to access to any record that is related to the child(ren), and to which the residential parent is legally provided access under the same terms and conditions as the residential parent. Any keeper of a record who knowingly fails to comply with any record access order is in contempt of court.

Restrictions or limitations:

☐ None

☐ Restrictions or limitations to non-residential parents regarding records access are as follows:

\_\_\_\_\_

\_\_\_\_\_

I. Day Care Access Notice

Pursuant to section 3109.051(I) of the Revised Code:

In accordance with section 5104.11 of the Revised Code, the parent who is not the residential parent is entitled to access to any day care center that is or will be attended by the child(ren) with whom parenting time is granted, to the same extent that the residential parent is granted access to the center.

Restrictions or limitations:

☐ None

☐ Restrictions or limitations to non-residential parents regarding day care access are as follows:

\_\_\_\_\_

\_\_\_\_\_

J. School Activities Access Notice

Pursuant to section 3109.051(J) of the Revised Code:

Subject to section 3319.321(F), the parent who is not the residential parent is entitled to access to any student activity that is related to the child(ren) and to which the residential parent is legally provided access, under the same terms and conditions as the residential parent. Any school employee or official who knowingly fails to comply with this school activities access order is in contempt of court.

Restrictions or limitations:

☐ None

☐ Restrictions or limitations to non-residential parents regarding school activities access are as follows: \_\_\_\_\_

### THIRD: HEALTH INSURANCE COVERAGE

As required by law, the parties have completed a Child Support Worksheet, which is attached to and incorporated in this Agreement.

Select one:

A. ☐ Health Insurance Coverage Available to at Least One Parent

1. Private health insurance coverage is accessible and reasonable in cost through a group policy, contract, or plan to: ☐ Plaintiff/Petitioner 1 ☐ Defendant/Petitioner 2 ☐ Both parents.  
☐ Plaintiff/Petitioner 1 ☐ Defendant/Petitioner 2 ☐ Both parents shall provide private health insurance coverage for the benefit of the child(ren).
2. If both parents are ordered to provide private health insurance coverage for the benefit of the child(ren), ☐ Plaintiff's/Petitioner 1's ☐ Defendant's/Petitioner 2's health insurance plan shall be considered the primary health insurance plan for the child(ren).
3. The parent required to provide private health insurance coverage shall provide proof of insurance to the \_\_\_\_\_ County Child Support Enforcement Agency (CSEA) and the other parent.
4. Both parents shall cooperate in the preparation of insurance forms to obtain reimbursement or payment of expenses, as applicable. A copy of medical bills must be submitted to the party holding the insurance and responsible for payment or the other parent within 30 days of receipt.
5. Should the health insurance coverage be cancelled for any reason, the parent ordered to maintain insurance shall immediately notify the other parent and take immediate steps to obtain replacement coverage. Unless the cancellation was intentional, the uncovered expenses shall be paid as provided above. If the cancellation was intentionally caused by the parent ordered to maintain insurance coverage, that parent shall be responsible for all medical expenses that would have been covered had the insurance been in effect.

B. ☐ Health Insurance Coverage Unavailable to Either Parent

1. Private health insurance coverage is **not** accessible and reasonable in cost through a group policy, contract, or plan to either parent.

2. If private health insurance coverage becomes available to either parent at reasonable cost, the parent will immediately obtain the insurance, notify the other parent and the \_\_\_\_\_ County CSEA, and submit to the other parent proof of insurance, insurance forms, and an insurance card. The CSEA shall determine whether the cost of the insurance is of sufficient amount to justify an administrative review of the amount of child support payable. In the event an administrative review is warranted, one shall be conducted.

C. Division of Uninsured Expenses

1. The cost of any uninsured medical expenses, incurred by or on the behalf of the child(ren) not paid by a health insurance plan, and exceeding \$100 per child per year, including co-payments and deductibles, shall be paid by the parents as follows:

\_\_\_\_\_ % by Plaintiff/Petitioner 1 \_\_\_\_\_ % by Defendant/Petitioner 2.

The first \$100 per child per year of uninsured expenses shall be paid by the residential parent.

Other orders regarding payment of uninsured medical expenses: \_\_\_\_\_

2. The parent incurring the expenses shall provide the other parent the original or copies of all medical bills, and Explanation of Benefits (EOB), if available, within 30 days of the date on the bill or EOB, whichever is later, absent extraordinary circumstances. The other parent shall, within 30 days of receipt of the bill, reimburse the parent incurring the expenses or pay directly to the health care provider that parent's percentage share of the bill as shown above.

D. Other Important Information about Medical Records and Expenses

1. Each party shall have access to all medical records of the child(ren) as provided by law.

2. The term "medical expense" or "medical records" shall include but not be limited to medical, dental, orthodontic, optical, surgical, hospital, major medical, psychological, psychiatric, outpatient, doctor, therapy, counseling, prosthetic, and/or all other expenses/records including preventative health care expenses/records related to the treatment of the human body and mind.

**FOURTH: CHILD SUPPORT**

As required by law, the parties have completed a Child Support Worksheet, which is attached to and incorporated in this Agreement.

A. Child Support with Private Health Insurance Coverage

When private health insurance coverage is being provided for the child(ren), ☐ Plaintiff/Petitioner 1  
☐ Defendant/Petitioner 2, the Obligor, shall pay child support in the amount of \$ \_\_\_\_\_  
per child per month, for \_\_\_\_\_ (number) of child(ren) for a total \$ \_\_\_\_\_  
per month.

B. Child Support without Private Health Insurance Coverage

When private health insurance coverage is **not** available for the child(ren), ☐ Plaintiff/Petitioner 1  
☐ Defendant/Petitioner 2, the Obligor, shall pay child support in the amount of \$ \_\_\_\_\_  
per child per month and \$ \_\_\_\_\_ per child per month as cash medical support. The  
total child support and cash medical support for \_\_\_\_\_ (number) of child(ren) is  
\$ \_\_\_\_\_ per month.

C. Child Support Payment

Child support payment (including cash medical support, if any) plus a 2% processing charge shall  
commence on \_\_\_\_\_ and shall be paid to the Ohio Child Support Payment Center,  
P. O. Box 182372, Columbus, Ohio 43218-2372, as administered through the \_\_\_\_\_  
County Child Support Enforcement Agency (CSEA) by income withholding at Obligor's place of  
employment or from nonexempt funds on deposit at a financial institution.

D. Deviation of Child Support Amount

The child support amount agreed upon is different than the amount calculated on the attached  
Child Support Worksheet, because the amount calculated on the Worksheet would be unjust or  
inappropriate and would not be in the best interests of the child(ren) for the following reason(s) as  
provided in R.C. 3119.22, 3119.23, and 3119.24 and shall be adjusted as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Special and unusual needs of the child(ren) as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Extraordinary obligations for minor child(ren) or obligations for handicapped child(ren) who is/are  
not stepchild(ren) and who are not offspring from the marriage or relationship that is the basis of the  
immediate child support determination as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Other court-ordered payments as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ The Obligor obtained additional employment after a child support order was issued to support  
a second family as follows: \_\_\_\_\_

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☐ Extended parenting time or extraordinary costs associated with parenting time, provided that this division does not authorize and shall not be construed as authorizing any deviation from the schedule and the applicable worksheet, through the line establishing the actual annual obligation, or any escrowing, impoundment, or withholding of child support because of a denial of or interference with a right of parenting time granted by court order as follows: \_\_\_\_\_

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☐ The financial resources and the earning ability of the child(ren) as follows: \_\_\_\_\_

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☐ Disparity in income between parents or households as follows: \_\_\_\_\_

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☐ Benefits that either parent receives from remarriage or sharing living expenses with another person as follows: \_\_\_\_\_

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☐ The amount of federal, state, and local taxes actually paid or estimated to be paid by a parent or both of the parents as follows: \_\_\_\_\_

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☐ Significant, in-kind contributions from a parent, including, but not limited to, direct payment for lessons, sports equipment, schooling, or clothing as follows: \_\_\_\_\_

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☐ The relative financial resources, other assets and resources, and needs of each parent as follows: \_\_\_\_\_

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☐ The standard of living and circumstances of each parent and the standard of living the child(ren) would have enjoyed had the marriage continued or had the parents been married as follows: \_\_\_\_\_

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☐ The physical and emotional condition and needs of the child(ren) as follows: \_\_\_\_\_

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☐ The need and capacity of the child(ren) for an education and the educational opportunities that would have been available to the child(ren) had the circumstances requiring a court order for support not arisen as follows: \_\_\_\_\_

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☐ The responsibility of each parent for the support of others as follows: \_\_\_\_\_

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☐ Any other relevant factor: \_\_\_\_\_

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E. Duration of Child Support.

The child support order will terminate upon the child's 18<sup>th</sup> birthday unless one of the following circumstances applies:

- The child is mentally or physically disabled and incapable of supporting or maintaining himself or herself.
- The parents have agreed to continue child support beyond the date it would otherwise terminate as set out below.
- The child continuously attends a recognized and accredited high school on a full-time basis so long as the child has not, as yet, reached the age of 19 years old. (Under these circumstances, child support will end at the time the child ceases to attend a recognized and accredited high school on a full-time basis or when he or she reaches the age of 19, whichever occurs first.)

This Support Order will remain in effect during seasonal vacation periods until the order terminates.

The parents agree that child support will extend beyond when it would otherwise end. The terms and conditions of that agreement are as follows: \_\_\_\_\_

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The parents have (a) child(ren) who is/are mentally or physically disabled and incapable of supporting or maintaining themselves. The name of the child and the nature of the mental or physical disability are as follows: \_\_\_\_\_

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F. Important Child Support Orders and Information.

Obligee must immediately notify and Obligor may notify the CSEA of any reason for which the support order should terminate. A willful failure to notify the CSEA as required is contempt of court. The following are reasons for termination of the Order:

- Child's attainment of the age of majority if the child no longer attends an accredited high school on a full-time basis and the support order does not provide for the duty of support to continue past the age of majority

- Child stops attending an accredited high school on a full-time basis after attaining the age of majority
- Child's death
- Child's marriage
- Child's emancipation
- Child's enlistment in the Armed Services
- Child's deportation
- Change of legal custody of the child

All support payments must be made through the CSEA or the office of child support in the Ohio Department of Job and Family Services (Child Support Payment Central). Any payment of money not made through the CSEA will be presumed to be a gift, unless the payment is made to discharge an obligation other than support.

All support under this Order shall be withheld or deducted from the income or assets of the Obligor pursuant to a withholding or deduction notice or appropriate order issued in accordance with Chapters 3119., 3121., 3123., and 3125. of the Revised Code or a withdrawal directive issued pursuant to sections 3123.24 to 3123.38 of the Revised Code and shall be forwarded to the Obligee in accordance with Chapters 3119., 3121., 3123., and 3125. of the Revised Code.

The Obligor and/or Obligee required under this Order to provide private health insurance coverage for the child(ren) is also required to provide the other party within 30 days after the issuance of the Order, the following:

- Information regarding the benefits, limitations, and exclusions of the health insurance coverage
- Copies of any insurance form necessary to receive reimbursement, payment, or other benefits under the coverage
- A copy of any necessary health insurance cards

The Health Plan Administrator that provides the private health insurance coverage for the child(ren) may continue making payment for medical, optical, hospital, dental, or prescription services directly to any health care provider in accordance with the applicable private health insurance policy, contract, or plan.

The Obligor and/or Obligee required to provide private health insurance for the child(ren) must designate said child(ren) as dependents under any private health insurance policy, contract, or plan for which the person contracts.

The employer of the person required to provide private health insurance coverage is required to release to the other parent, any person subject to an order issued under section 3109.19 of the Revised Code, or the CSEA, upon written request, any necessary information regarding health insurance coverage, including the name and address of the health plan administrator and any policy, contract, or plan number, and the employer will otherwise comply with all orders and notices issued.

If the person required to obtain private health insurance coverage for the child(ren) subject to this Support Order obtains new employment, the agency shall comply with the requirements of section 3119.34 of the Revised Code, which may result in the issuance of a notice requiring the new employer to take whatever action is necessary to enroll the child(ren) in private health insurance coverage provided by the new employer.

Upon receipt of notice by the CSEA that private health insurance coverage is not available at a reasonable cost, cash medical support shall be paid in the amount as determined by the child support computation worksheets in section 3119.022 or 3119.023 of the Revised Code, as applicable. The CSEA may change the financial obligations of the parties to pay child support in accordance with the terms of the court or administrative order and cash medical support without a hearing or additional notice to the parties.

An Obligor that is in arrears in the Obligor's child support obligation is subject to having any federal, state and/or local income tax refund to which the Obligor may be entitled forwarded to the CSEA for payment toward these arrears. Such refunds will continue to be forwarded to the CSEA for payment until all arrears owed are paid in full. If the Obligor is married and files a joint tax return, the Obligor's spouse may contact the CSEA about filing an "Injured Spouse" claim after the Obligor is notified by the Internal Revenue Service that the Obligor's refund is being forwarded to the CSEA.

Pursuant to section 3121.29 of the Revised Code, the parties are notified as follows:

**EACH PARTY TO THIS SUPPORT ORDER MUST NOTIFY THE CHILD SUPPORT AGENCY IN WRITING OF HIS OR HER CURRENT MAILING ADDRESS, CURRENT RESIDENCE ADDRESS, CURRENT RESIDENCE TELEPHONE NUMBER, CURRENT DRIVER'S LICENSE NUMBER AND OF ANY CHANGES IN THAT INFORMATION. EACH PARTY MUST NOTIFY THE AGENCY OF ALL CHANGES UNTIL FURTHER NOTICE FROM THE COURT. IF YOU ARE THE OBLIGOR UNDER A CHILD SUPPORT ORDER AND YOU FAIL TO MAKE THE REQUIRED NOTIFICATIONS, YOU MAY BE FINED UP TO \$50.00 FOR A FIRST OFFENSE, \$100.00 FOR A SECOND OFFENSE, AND \$500.00 FOR EACH SUBSEQUENT OFFENSE. IF YOU ARE AN OBLIGOR OR OBLIGEE UNDER ANY SUPPORT ORDER AND YOU WILLFULLY FAIL TO MAKE THE REQUIRED NOTIFICATIONS YOU MAY BE SUBJECTED TO FINES OF UP TO \$1,000.00 AND IMPRISONMENT FOR NOT MORE THAN 90 DAYS.**

**IF YOU ARE AN OBLIGOR AND YOU FAIL TO MAKE THE REQUIRED NOTIFICATIONS, YOU MAY NOT RECEIVE NOTICE OF THE FOLLOWING ENFORCEMENT ACTIONS AGAINST YOU: IMPOSITION OF LIENS AGAINST YOUR PROPERTY; LOSS OF YOUR PROFESSIONAL OR OCCUPATIONAL LICENSE, DRIVER'S LICENSE, OR RECREATIONAL LICENSE; WITHHOLDING FROM YOUR INCOME; ACCESS RESTRICTIONS AND DEDUCTIONS FROM YOUR ACCOUNTS IN FINANCIAL INSTITUTIONS; AND ANY OTHER ACTION PERMITTED BY LAW TO OBTAIN MONEY FROM YOU AND TO SATISFY YOUR SUPPORT OBLIGATION.**

G. Payment shall be made in accordance with Chapter 3121. of the Revised Code.

H. Arrearage

- ☐ Any temporary child support arrearage will survive this judgment entry.  
☐ Any temporary child support arrearage will not survive this judgment entry.  
☐ Other: \_\_\_\_\_
- 

#### **FIFTH: TAX EXEMPTIONS**

Income tax dependency exemptions (check all that apply):

- A. ☐ The Plaintiff/Petitioner 1 shall be entitled to claim the following minor child(ren) for all tax purposes for ☐ even-numbered tax years ☐ odd-numbered tax years ☐ all eligible tax years, so long as Plaintiff/Petitioner 1 is substantially current in any child support Plaintiff/Petitioner 1 is required to pay as of December 31 of the tax year in question: \_\_\_\_\_

☐ The Defendant/Petitioner 2 shall be entitled to claim the following minor child(ren) for all tax purposes for ☐ even-numbered tax years ☐ odd-numbered tax years ☐ all eligible tax years, so long as Defendant/Petitioner 2 is substantially current in any child support Defendant/Petitioner 2 is required to pay as of December 31 of the tax year in question: \_\_\_\_\_

- B. ☐ Other orders regarding tax exemptions (specify): \_\_\_\_\_
- 

If a non-residential parent is entitled to claim the child(ren), the residential parent is required to execute and deliver Internal Revenue Service Form 8332, or its successor, together with any other required forms as set out in section 152 of the Internal Revenue Code, as amended, on or before February 15<sup>th</sup> of the year following the tax year in question, to allow the non-residential parent to claim the minor child(ren).

#### **SIXTH: MODIFICATION**

This Parenting Plan may be modified by agreement of the parties or by the Court.

#### **SEVENTH: OTHER**

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Upon approval by the Court, this Parenting Plan shall be incorporated in the Judgment Entry.

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Signature (Plaintiff/Petitioner 1)

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Signature (Defendant/Petitioner 2)

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Date

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Date

IN THE COURT OF COMMON PLEAS

Division

COUNTY, OHIO

IN THE MATTER OF:

A Minor

Name

Case No.

Street Address

Judge

City, State and Zip Code

Plaintiff/Petitioner

Magistrate

vs./and

Name

Street Address

City, State and Zip Code

Defendant/Petitioner

**Instructions:** This form is used when you want to request documents to be served on the other party. You must indicate the requested method of service by marking the appropriate box.

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Please serve the following documents on the following parties as I have indicated below:

☐ Defendant/Petitioner at the address shown above.

☐ Certified Mail, Return Receipt Requested

☐ Issuance to Sheriff of \_\_\_\_\_ County, Ohio for ☐ Personal or ☐ Residence service

☐ Other (specify) \_\_\_\_\_

Supreme Court of Ohio

Uniform Domestic Relations Form – 28

Uniform Juvenile Form – 10

REQUEST FOR SERVICE

Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46

Effective Date: 7/1/2013

☐ Plaintiff/Petitioner at the address shown above.

☐ Certified Mail, Return Receipt Requested

☐ Issuance to Sheriff of \_\_\_\_\_ County, Ohio for ☐ Personal or ☐ Residence service

☐ Other (specify) \_\_\_\_\_

☐ \_\_\_\_\_ County Child Support Enforcement Agency (provide address below):

☐ Certified Mail, Return Receipt Requested

☐ Issuance to Sheriff of \_\_\_\_\_ County, Ohio for ☐ Personal or ☐ Residence service

☐ Other (specify) \_\_\_\_\_

☐ Other (address): \_\_\_\_\_

☐ Certified Mail, Return Receipt Requested

☐ Issuance to Sheriff of \_\_\_\_\_ County, Ohio for ☐ Personal or ☐ Residence service

☐ Other (specify) \_\_\_\_\_

SPECIAL INSTRUCTIONS TO SHERIFF:

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\_\_\_\_\_  
Your Signature