

**COURT OF COMMON PLEAS  
JUVENILE DIVISION  
CUYAHOGA COUNTY, OHIO**

In the matter of:

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

\_\_\_\_\_  
(Child's Name)

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

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

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

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

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

City State Zip Code

City State Zip Code

Phone: ( ) \_\_\_\_\_  
(Area Code)

Phone: ( ) \_\_\_\_\_  
(Area Code)

**APPLICATION TO DETERMINE**

**CUSTODY**

**SHARED PARENTING**

**PARENTING TIME**

Now comes, \_\_\_\_\_, \_\_\_\_\_, pursuant to R.C. 2151.23(A)(2)  
(Your name) (Relationship to child)

and makes application to this Honorable Court to  determine the custody  establish an order of shared parenting  establish parenting time of the above named child. In addition, the undersigned prays this Honorable Court grant an order of support, including an order regarding health insurance or cash medical support for the child. The reasons for this request are more fully explained in the attached affidavit and Uniform Child Custody Jurisdiction Enforcement Act (UCCJEA) Affidavit made a part hereof.

\_\_\_\_\_  
Printed Applicant Name, *Pro Se*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

City State Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail address

AFFIDAVIT

I, \_\_\_\_\_, the applicant in the above captioned matter, duly sworn deposes and states  
(Your name)

the following:

1. The child's  last known or  present address in Cuyahoga County is \_\_\_\_\_.
2. The last time the child resided at that address was \_\_\_\_\_.  
(Date)
3. Paternity was established by:  
 Cuyahoga Job and Family Services, Office of Child Support Services in Case Number \_\_\_\_\_.  
 The Cuyahoga County Court of Common Pleas, Juvenile Court Division in Case Number \_\_\_\_\_.  
 A voluntary acknowledgement of paternity signed and on file with the Central Paternity Registry in CPR Number \_\_\_\_\_.
4. The parents of the child that is subject of this application  are married  are **not** married.
5. Child support has been ordered to be paid by \_\_\_\_\_ to \_\_\_\_\_ or assigns by the  Cuyahoga Job and Family Services, Office of Child Support Services  Cuyahoga County Court of Common Pleas, Juvenile Court Division  Cuyahoga County Court of Common Pleas, Division of Domestic Relations.  
 The current child support order for this child is attached as Exhibit \_\_\_\_\_.
6. That I desire custody, parenting time, or shared parenting with the child because (be specific):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. That it is in the best interest of the child for this Honorable Court to determine the child's custody, parenting time, or shared parenting.
8. That the child **is not** a ward of another state and **does not** have a court case relative to their custody in another court of this state.
9. That there  **is** a protection order  **is not** a protection order in effect preventing me from having contact with the child.
10. That I have attached a Uniform Child Custody Jurisdiction and Enforcement Act Affidavit (UCCJEA) to this pleading and it is incorporated herein as though fully rewritten.

*The undersigned hereby affirms that the statements made in the foregoing affidavit are true.*

\_\_\_\_\_  
Applicant Signature

*Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.*

\_\_\_\_\_  
Notary Public

**COURT OF COMMON PLEAS  
JUVENILE DIVISION  
CUYAHOGA COUNTY, OHIO**

In the Matter of: \_\_\_\_\_  
(Child's name)

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

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

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

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

**UNIFORM CHILD CUSTODY JURISDICTION  
AND ENFORCEMENT ACT (UCCJEA) AFFIDAVIT  
R.C. 3127.23**

I, \_\_\_\_\_, being sworn according to law, certify that these proceedings  
(Full legal name)  
involve the custody of a child, and the following statements are true:

Insert the information requested below. The residence information must be given for the last **FIVE (5) years**.

Child's Gender: \_\_\_\_\_

Child's Place of Birth: \_\_\_\_\_

**Period of  
Residence**

**Address**

**Person(s) with whom  
child lived & Relationship**

\_\_\_\_\_ to present  
(Date) Date

\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Relationship to child)

\_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Relationship to child)

\_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Relationship to child)

\_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Relationship to child)

\_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Relationship to child)

**For each of the following items numbered 3-6:**

- ✓ Check **the first box if you DO NOT have** information regarding the topic requested and proceed to the next numbered item.
- ✓ Check the **second box if you DO have** information and complete all follow up fields.

**3. Participation in custody proceeding(s): (check only one)**

**I HAVE NOT** participated as a party, witness, or in any capacity in any other litigation, in this or any other state, concerning the custody of or visitation (parenting time) with any child subject to this proceeding.

**I HAVE** participated as a party, witness, or in any capacity in any other litigation, in this or any other state, concerning the custody of or visitation (parenting time) with any child subject to this proceeding. Explain:

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

**4. Information about custody proceeding(s): (check only one)**

**I HAVE NO INFORMATION** of any proceedings that could affect the current proceeding, including any proceeding related to custody, domestic violence or protection orders, dependency, neglect or abuse allegations, or that a parent or any member of their household has been convicted of a sexually oriented offense or adoptions concerning any child subject to these proceedings.

**I HAVE THE FOLLOWING INFORMATION** concerning proceedings that could affect the current proceeding, including any proceedings relating to custody, domestic violence or protections orders, dependency, neglect or abuse allegations or that a parent or any member of their household has been convicted of a sexually oriented offense or adoptions concerning any child subject to this proceeding, other than set out in item 3. Explain:

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

**5. Persons not a party to this proceeding: (check only one)**

**I DO NOT KNOW OF ANY PERSON** not a party to this proceeding who has physical custody or claims to have custody or visitation rights with respect to any child subject to this proceeding.

**I KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this proceeding has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this proceeding:

a. Name and address of person: \_\_\_\_\_

has physical custody       claims custody rights       claims visitation rights

Name of child: \_\_\_\_\_

b. Name and address of person: \_\_\_\_\_

has physical custody       claims custody rights       claims visitation rights

Name of child: \_\_\_\_\_

c. Name and address of person: \_\_\_\_\_

has physical custody       claims custody rights       claims visitation rights

Name of child: \_\_\_\_\_

**6. Knowledge of prior child support proceeding: (check only one)**

The child described in this affidavit **is not** subject to existing child support order(s) in this or any state or territory.

The child described in this affidavit **is** subject to the following existing child support order(s).

a. Name of child:  
\_\_\_\_\_

b. Type of proceeding:  
\_\_\_\_\_

c. Court/Agency Name and Address:  
\_\_\_\_\_

d. Date of court order or judgment (if any):  
\_\_\_\_\_

e. Amount of child support paid and by whom:  
\_\_\_\_\_

7. I acknowledge that I have a continuing duty to advise this Honorable Court of any custody, visitation, child support, or guardianship proceeding (including dissolution of marriage, child abuse, neglect, or dependency) concerning the child in this state or other state about which information is obtained during this proceeding.

I, \_\_\_\_\_, 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 printed name)

\_\_\_\_\_  
Applicant Signature

*Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.*

\_\_\_\_\_  
Notary Public

Seal here

## CUSTODY INTAKE INFORMATION SHEET

**1.) CHILD'S INFORMATION - PLEASE PRINT ALL INFORMATION NEATLY WITHIN EACH BOX**

Child's Name	Date of Birth	Age	Sex	Race

**2.) HOW WAS PATERNITY ESTABLISHED?**

<b>Central Paternity Registry (CPR) Phone Number: 1-888-810-6446</b>
<input type="checkbox"/> Genetic/DNA Testing <input type="checkbox"/> Voluntary Affidavit <input type="checkbox"/> OCSS Administrative Order <input type="checkbox"/> Court Order, Marriage Certificate, Default Judgement <input type="checkbox"/> CPR# _____ or Other # _____ <input type="checkbox"/> Paternity has <b>NOT BEEN ESTABLISHED</b>

**3.) PARENT'S INFORMATION - PLEASE PRINT ALL INFORMATION NEATLY WITHIN EACH BOX**

Last Name,	First Name	MI	Street Address	City	State	Zip Code	Date of Birth	Phone #	Relationship to child

**4.) LEGAL CUSTODIAN'S INFORMATION (other than parents) - PLEASE PRINT ALL INFORMATION NEATLY WITHIN EACH BOX**

Last Name,	First Name	MI	Street Address	City	State	Zip Code	Date of Birth	Phone #	Relationship to child

**5.) Have the above noted parents ever been married to each other?** YES  NO   
 If YES, please specify the date of marriage \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Are they divorced?** YES  NO   
 If YES, when was the divorce final \_\_\_\_/\_\_\_\_/\_\_\_\_

**6.) Applicant:** Relationship to the child \_\_\_\_\_  
 \_\_\_\_\_  
 Last Name, First Name MI  
 \_\_\_\_\_  
 Street Address Apt #  
 \_\_\_\_\_  
 City State Zip Code  
 \_\_\_\_\_  
 Phone # Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

<b><u>COURT USE ONLY</u></b>
Judge: _____
Case #: _____
Paternity Case #: _____
Checked By: _____ Reviewed By: _____
Application __ Motion __ Date of Order ____
Paternity BC DC MC PO

## APPLICANT/MOVANT FILING CHECKLIST

Check the box for each item below and place your initials on the line.

Custody Intake Information Sheet \_\_\_\_\_

Reviewed and initialed by Court Staff

Completed Application or Motion \_\_\_\_\_

Page 2 notarized

Page 6 notarized

Proof of paternity  On file with the Court \_\_\_\_\_

Copy of order or Central Paternity Registry (CPR) number and method of paternity establishment (i.e. genetic testing, voluntary affidavit, default judgement or judicial finding)

Photocopy of birth certificate  On file with the Court \_\_\_\_\_

Photocopy of child support order  On file with the Court \_\_\_\_\_

Instructions for Service \_\_\_\_\_

Affidavit for publication (if applicable)

Other necessary documents (if applicable) \_\_\_\_\_

i.e. death certificate, copy of Civil Protection Order, copy of Temporary Protection Order, copy of prior order

You are encouraged to make a photocopy of your entire filing packet for your own records prior to filing the original in the Clerk of Court.

Submitting incomplete paperwork to the Court shall result in a delay in the processing of your case and **may result in a dismissal.**

If you have specific questions regarding how to complete forms, court staff cannot provide you with legal advice. You are urged to seek assistance on your own by either hiring an attorney or contacting the Cleveland Metropolitan Bar Association (216-696-3532) or Legal Aid Society (216-687-1900).