

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

In the Matter of: _____
(Child's name)

Case Number: _____

Judge: _____

D.O.B.: _____

MOTION TO MODIFY

- CUSTODY**
- SHARED PARENTING**
- PARENTING TIME**
- COMPANIONSHIP TIME**

Now comes, _____, _____, and moves this Honorable Court,
(Your name) (Relationship to child)
to modify its order of custody shared parenting parenting time companionship time that was
ordered on _____.
(Date of order)

- The movant is requesting that the child be placed in his or her custody.
- The movant is requesting that he or she be granted an order of shared parenting.
- The movant is requesting a modification of the parenting time schedule.
- The movant is requesting companionship time with the child or a modification of the companionship time schedule.
- The movant is requesting that he or she be designated the residential parent for school purposes.

In addition, the undersigned prays this Honorable Court grant an order modifying 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.

Mother: _____

Movant Name, *Pro Se*

Address: _____

Signature

City State Zip Code

Address

Phone: (_____) _____
(Area Code)

City State Zip Code

Father: _____

Phone Number

Address: _____

City State Zip Code

E-mail address

Phone: _____
(_____) _____
(Area Code)

AFFIDAVIT

I, _____, the movant in the above captioned matter, duly sworn deposes and states
(Your name)
the following:

1. I am the _____ of the above named child.
(Relationship to child)
2. The child's last known or present address in Cuyahoga County is _____.
3. The last time the child resided at that address was _____.
(Date)
4. The current legal custodian of the child is _____.
5. The parents of the child that is subject of this application are married are **not** married.
6. I am seeking modification of the Court's _____ order.
(Date of prior order)
7. I am seeking:
 a change in custody because a change of circumstance has occurred for the child and/or the legal custodian, and the change(s) of circumstance that has/have occurred is/are as follows: (be specific)

 a change in parenting/companionship time, the reasons for change(s) and the change(s) I am requesting are as follows: (be specific)

_____.
8. That it is in the best interest of the child for this Honorable Court to modify its previous order.
9. 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.
10. That there **is** a protection order **is not** a protection order in effect preventing me from having contact with the child.
11. 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

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

In the Matter of: _____ Case Number: _____
(Child's name)
 Pending Court Date (if applicable): _____ Judge: _____

INSTRUCTIONS FOR SERVICE

Pursuant to Juvenile Rule 16 and Civil Rule 4.1, for all first requests for service, the Clerk of Court will serve a copy of your filing to the parties listed by certified mail, unless an alternate service method is selected from the options provided. Service requests by other methods, or additional service requests on parties, may incur further fees. Upon subsequent requests for service the Clerk of Court will only serve by the method selected below.

Choose ONE service type per name and address:

Certified Mail (Check box if primary address) Name: _____
 Ordinary Mail Address: _____
 Personal Service _____
 Residential Service (City) (State) (Zip Code)
 Publication (affidavit required)

Certified Mail (Check box if primary address) Name: _____
 Ordinary Mail Address: _____
 Personal Service _____
 Residential Service (City) (State) (Zip Code)
 Publication (affidavit required)

Certified Mail (Check box if primary address) Name: _____
 Ordinary Mail Address: _____
 Personal Service _____
 Residential Service (City) (State) (Zip Code)
 Publication (affidavit required)

Certified Mail (Check box if primary address) Name: _____
 Ordinary Mail Address: _____
 Personal Service _____
 Residential Service (City) (State) (Zip Code)
 Publication (affidavit required)

PLEASE BE ADVISED THAT IF YOU INCLUDE MULTIPLE ADDRESSES FOR THE SAME PERSON, THE ADDRESS WILL NOT BE UPDATED IN OUR SYSTEM. YOU MUST COMPLETE A CHANGE OF ADDRESS FORM, WHICH CAN BE FOUND IN THE CLERK'S OFFICE OR ON THE COURT'S WEBSITE: <https://juvenile.cuyahogacounty.gov/>

PLEASE IDENTIFY THE COMPLAINT OR MOTION THAT YOU WISH TO HAVE SERVED IN THE SPACE BELOW OR ATTACH A COPY TO THIS FORM.



Petitioner Name-Printed

Attorney Name-Printed

Signature Date

Signature Date

Address

Address

City State Zip Code

City State Zip Code

Phone Number

Phone Number

E-mail address

E-mail address