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

In the Matter of:				Case Number:				
				Jud	lge:			
(Child's name)								
D.O.B.:								
Mother:						USTODY JURISDICTION		
Father:				AND ENFORCEMENT ACT (UCCJEA) AFFIDAVIT R.C. 3127.23				
Ι,		(Full logal namo)		_, being sworn	according to law	, certify that these proceedings		
involve the cus								
Insert the infor	mation	requested be	low. The resid	ence informati	on must be given	for the last <b>FIVE (5) years</b> .		
Child's Gender	:			Child's Place of Birth:				
	<u>Period of</u> <u>Residence</u>		<u>Address</u>			Person(s) with whom child lived & Relationship		
		_ to <u>present</u>						
	(Date)	<u>Date</u>	(Address)			(Name)		
			(City)	(State)	(Zip Code)	(Relationship to child)		
	(Date)	to (Date)	(Address)			(Name)		
			(City)	(State)	(Zip Code)	(Relationship to child)		
	(Date)	to (Date)	(Address)			(Name)		
			(City)	(State)	(Zip Code)	(Relationship to child)		
	(Date)	to (Date)	(Address)			(Name)		
			(City)	(State)	(Zip Code)	(Relationship to child)		
	(Date)	to (Date)	(Address)			(Name)		
			(City)	(State)	(Zip Code)	(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 state, concerning the custody of or visitation (parent	n any capacity in any other litigation, in this or any other ing time) with any child subject to this proceeding.
	capacity in any other litigation, in this or any other state, ne) 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)
proceeding related to custody, domestic violence or p	at could affect the current proceeding, including any protection orders, dependency, neglect or abuse allegations as been convicted of a sexually oriented offense or adoption
including any proceedings relating to custody, domes abuse allegations or that a parent or any member of	rning proceedings that could affect the current proceeding, stic violence or protections orders, dependency, neglect or their household has been convicted of a sexually oriented 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 the custody or visitation rights with respect to any child su	his proceeding who has physical custody or claims to have abject to this proceeding.
☐ I KNOW THAT THE FOLLOWING NAMED PERSON custody or claim(s) to have custody or visitation rights	
a. Name and address of person:	
has physical custody claims custod	ly rights
Name of child:	
b. Name and address of person:	<del></del>
has physical custody claims custod	ly rights
Name of child:	
c. Name and address of person:	<del></del>
has physical custody claims custod	ly rights
Name of child:	
6. Knowledge of prior child support proceeding:	(check only one)
The child described in this affidavit <b>is not</b> subject to support order(s) in this or any state or territory.	existing child
The child described in this affidavit <b>is</b> subject to the existing child support order(s).	following
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	1:

<b>7.</b> I acknowledge that I have a continuing duty to advise support, or guardianship proceeding (including dissolut concerning the child in this state or other state about which information	ition of marriage, child abuse, neglect, or dependency)
I,, swear or (Your printed name) best of my knowledge and belief, the facts and infor complete. I understand that if I do not tell the truth	rmation stated in this document are true, accurate and
	Applicant Signature
Sworn to and subscribed before me this _	day of 20
	Notary Public
Seal here	