

**SHELBY COUNTY COMMON PLEAS COURT  
JUVENILE DIVISION**

**This Court does not accept oral motions or respond to personal letters.**

**If you wish to file a Motion with this Court, the following options are available to you:**

1. Retain Counsel for the preparation of your motion or action. A \$200 deposit for costs is required at the time of filing.
2. You can file a motion on your own behalf, however, it must be in proper format, and must include the following:
  - a. Complete Caption (parties' names & case number)
  - b. The action you are requesting--Juvenile Rule 19 states: "It [the motion] shall state with particularity the ground upon which it is made and shall set forth the relief or order sought."
  - c. Instructions for service upon the parties (Juvenile Rule 20)
  - d. Your signature with address and phone number
  - e. A \$200 deposit
3. You must file a Uniform Child Custody Jurisdictional Affidavit, as required by O.R.C. 3127.23. You can obtain this form from the Juvenile Clerk's Office.
4. You must file a Shelby County Juvenile Court Information Form. You can obtain this form from the Juvenile Clerk's Office.
5. You must file a IV-D application for child support services
6. You may contact Legal Aid at (888) 534-1432 for possible representation.

**The Juvenile Court Clerks are not attorneys. Therefore, they are not permitted to give legal advice or assist in preparing Motions.**



4. That I (do) (do not) have information of any parenting proceeding in a court of this or any other state concerning any child herein.
  
5. That I (do) (do not) know of any person not a party to the proceedings, who claims to be the residential parent of the child or who claims to have custody or visitation rights with respect to the child.
  
6. That I (have) (have not) been convicted of a criminal offense involving an act that resulted in a child being abused or neglected or have been determined to be the perpetrator of an act that was the basis of an adjudication of abuse or neglect.

I understand that I am swearing or affirming under oath to the truthfulness of the statements made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

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Signature of Party

Sworn to absolutely before me and subscribed in my presence this \_\_\_\_ day of  
\_\_\_\_\_, 200\_\_

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Notary Public

**SHELBY COUNTY JUVENILE COURT CURRENT INFORMATION FORM**

(Required to be filed in all support, custody and visitation cases after original orders)

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

**FATHER**

**MOTHER**

\_\_\_\_\_  
Mailing Address \_\_\_\_\_

\_\_\_\_\_  
Mailing Address \_\_\_\_\_

\_\_\_\_\_  
Phone No. \_\_\_\_\_

\_\_\_\_\_  
Phone No. \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age \_\_\_\_\_

Complete **IN FULL**: This Form Filled Out by: \_\_\_\_\_ Father \_\_\_\_\_ Mother

DATES OF : Last Child Support Order \_\_\_\_\_

HOW PAID? \_\_\_ Weekly \_\_\_ Bi-Weekly \_\_\_ Semi-Monthly \_\_\_ Monthly

AMOUNT PER PAYMENT: \$ \_\_\_\_\_ for \_\_\_\_\_ (number of) children

**PART I (PERSONAL HISTORY AFFIDAVIT)**

**FATHER**

Residence Address \_\_\_\_\_  
(if different from Mailing Address above)

Note any unusual mental or physical condition: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married Date of Present Marriage: \_\_\_\_\_

Are you currently living with or sharing expenses with someone? \_\_\_ Yes \_\_\_ No

Education \_1\_2\_3\_4\_5\_6\_7\_8\_9\_10\_11\_12 College \_1\_2\_3\_4 Post College \_1\_2\_3\_4

**MOTHER**

Residence Address \_\_\_\_\_  
(if different from Mailing Address above)

Note any unusual mental or physical condition: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married Date of Present Marriage: \_\_\_\_\_

Are you currently living with or sharing expenses with someone? \_\_\_ Yes \_\_\_ No

Education \_1\_2\_3\_4\_5\_6\_7\_8\_9\_10\_11\_12 College \_1\_2\_3\_4 Post College \_1\_2\_3\_4

**PART II (CHILDREN)**

**CHILDREN RELATED TO THIS CASE**

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Grade</u>	<u>Birthdate</u>	<u>Custodian</u>
1. _____					
2. _____					
3. _____					
4. _____					

**FATHER=S CHILDREN (not related to this case)**

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Grade</u>	<u>Birthdate</u>	<u>Is Father Custodian?</u>	<u>Does Father Pay Support?</u>
1. _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**MOTHER'S CHILDREN (not related to this case)**

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Grade</u>	<u>Birthdate</u>	<u>Is Mother Custodian?</u>	<u>Does Mother Pay Support?</u>
1. _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART III (INCOME)**

**EMPLOYMENT INCOME**

Father

Mother

Name & Address of Employer:

Name & Address of Employer:

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

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

Scheduled Paychecks Per Year:

Scheduled Paychecks Per Year:

12  24  26  52

12  24  26  52

Monthly Gross Income: \$ \_\_\_\_\_

Monthly Gross Income: \$ \_\_\_\_\_

Annual Gross Income: \$ \_\_\_\_\_

Annual Gross Income: \$ \_\_\_\_\_

(Attach copy of tax return & W-2 for previous year)

(Attach copy of tax return & W-2 for previous year)

Bonuses Anticipated/Received

Bonuses Anticipated/Received

This Year: \$ \_\_\_\_\_

This Year: \$ \_\_\_\_\_

Bonuses Received Last Year: \$ \_\_\_\_\_

Bonuses Received Last Year: \$ \_\_\_\_\_

Bonuses Received Year Before

Bonuses Received Year Before

Last Year: \$ \_\_\_\_\_

Last Year: \$ \_\_\_\_\_

Overtime Anticipated/Received

Overtime Anticipated/Received

This Year: \$ \_\_\_\_\_

This Year: \$ \_\_\_\_\_

Overtime Received Last Year: \$ \_\_\_\_\_

Overtime Received Last Year: \$ \_\_\_\_\_

Overtime Received Year Before

Overtime Received Year Before

Last Year: \$ \_\_\_\_\_

Last Year: \$ \_\_\_\_\_

**PART III (Continued)**

**SELF-EMPLOYED INCOME**

Self-employed Person: \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

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

In Business since 19\_\_\_\_ No. of Employees \_\_\_\_\_ Employer I.D. # \_\_\_\_\_

The business filed the following tax return(s):

Individual (Schedule C) \_\_\_\_\_ Partnership \_\_\_\_\_

1. Attach a copy of your last year's business federal income tax return.

Year \_\_\_\_\_

2. If not in business for all of last year, or significant change in income or expenses expected this year, attach worksheet of projected income and expenses for this year.

3. Estimated current year's net income: \$ \_\_\_\_\_

Add estimated current year's depreciation: \$ \_\_\_\_\_

Total income subject to support: \$ \_\_\_\_\_

If you owe more than 10% of a corporation, show percentages of ownership and attach most recent balance sheet and Corporate Tax Return.

Percentage \_\_\_\_\_%

**OTHER INCOME (MONTHLY)**

Father

Mother

Unemployment: \$ \_\_\_\_\_

Unemployment: \$ \_\_\_\_\_

Worker's Compensation: \$ \_\_\_\_\_

Worker's Compensation: \$ \_\_\_\_\_

SSI / SSD: \$ \_\_\_\_\_

SSI / SSD: \$ \_\_\_\_\_

Retirement/Pension/Annuities: \$ \_\_\_\_\_

Retirement/Pension/Annuities: \$ \_\_\_\_\_

Interest: \$ \_\_\_\_\_

Interest: \$ \_\_\_\_\_

Dividends: \$ \_\_\_\_\_

Dividends: \$ \_\_\_\_\_

Rentals: \$ \_\_\_\_\_

Rentals: \$ \_\_\_\_\_

Spousal Support Received: \$ \_\_\_\_\_

Spousal Support Received: \$ \_\_\_\_\_

Public Assistance: \$ \_\_\_\_\_

Public Assistance: \$ \_\_\_\_\_

Miscellaneous Income: \$ \_\_\_\_\_

Miscellaneous Income: \$ \_\_\_\_\_

(Source): \_\_\_\_\_

(Source): \_\_\_\_\_

Secondary Employment: \_\_\_\_\_

Secondary Employment: \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART V (MONTHLY EXPENSES)**

(To be completed ONLY in actions where child support is to be established AND a deviation from the Court guidelines is sought, OR in actions where a modification in spousal support is requested.

This form shows: \_\_\_\_\_ expenses of myself and spouse based on past experience  
 \_\_\_\_\_ expenses of myself only based on past experience  
 \_\_\_\_\_ my estimated future expenses

Living Expenses

Rent, Mortgage(Including Taxes)	_____	Heat (average)	_____
Food, Cosmetics & Toiletries	_____	Electric (average)	_____
Clothing-Self	_____	Water/Sewer	_____
Clothing-Children	_____	Cable T.V.	_____
Child Care	_____	Telephone	_____
School Tuition	_____	Trash Pickup	_____
School Supplies, Lunches & Activities	_____	Home maintenance	_____
Auto Gas, Repair & Transportation	_____	Medical Insurance	_____
Prescription Medication	_____	Property Insurance	_____
Unreimbursed Medical, Dental	_____	Auto Insurance	_____
Hair Care	_____	Life Insurance (self)	_____
Laundry, Dry Cleaning	_____	Life Insurance (children)	_____
Entertainment, incidentals	_____	Other	_____

A. Total Monthly Living Expenses \$ \_\_\_\_\_

Debts

	<u>Creditor</u>	<u>Security</u>	<u>Balance</u>	<u>Monthly Payment</u>
Car Payment	_____			\$ _____
Car Payment	_____			\$ _____
Charge Account	_____			\$ _____
Charge Account	_____			\$ _____
Charge Account	_____			\$ _____
Student Loan	_____			\$ _____
Other	_____			\$ _____
Other	_____			\$ _____

B. Total Monthly Debts \$ \_\_\_\_\_

Total Monthly Expenses \$ \_\_\_\_\_

**PART VI (ACKNOWLEDGMENT)**

This information is complete and accurate to the best of my belief.

\_\_\_\_\_  
 Father

\_\_\_\_\_  
 Mother

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_ .

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