

IN THE COURT OF COMMON PLEAS

DIVISION  
COUNTY, OHIO

IN THE MATTER OF:

A Minor

Name

Street Address

City, State and Zip Code

Case No.

Judge

Magistrate

Plaintiff/Petitioner 1

vs./and

Name

Street Address

City, State and Zip Code

Defendant/Petitioner 2/Respondent

**WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.**

**Instructions:** This form is used to request the enforcement of a Court order and hold the other party in contempt for violating the Court order. A proposed Show Cause Order and Notice (Uniform Domestic Relations Form 25/Uniform Juvenile Form 4) must be filed with this Motion. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

**MOTION FOR CONTEMPT, AFFIDAVIT, AND INSTRUCTIONS FOR SERVICE**

Now comes \_\_\_\_\_ (name), the Movant, and requests an order for \_\_\_\_\_ (other party's name) to appear and show cause why he/she should not be held in contempt for violating a Court order regarding the following: *(check all that apply)*

1.  Interference with parenting time or other parenting orders filed on \_\_\_\_\_ (date), as follows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
2.  Failure to pay child support as required by the order filed on \_\_\_\_\_ (date). The total arrearage owed is \$\_\_\_\_\_ as reflected in the attached printout from the County Child Support Enforcement Agency.
  
3.  Failure to pay spousal support as required by the order filed on \_\_\_\_\_ (date). The total arrearage owed is \$\_\_\_\_\_ as reflected in the attached printout from the County Child Support Enforcement Agency, if spousal support is paid through the agency.
  
4.  Failure to pay or reimburse health care expenses incurred for the minor child(ren) as required by the order filed on \_\_\_\_\_ (date). The total amount owed is \$\_\_\_\_\_ as reflected in the attached Explanation of Health Care Bills (Uniform Domestic Relations Form 29/Uniform Juvenile Form 8).
  
5.  Failure to comply with the Court's order(s) filed on \_\_\_\_\_ (date) regarding: *(check all that apply)*
  - Transfer of real estate, as follows: \_\_\_\_\_  
 \_\_\_\_\_
  - Payment of debt, as follows: \_\_\_\_\_  
 \_\_\_\_\_
  - Refinance of debt, as follows: \_\_\_\_\_  
 \_\_\_\_\_
  - Distribution of personal property, as follows: \_\_\_\_\_  
 \_\_\_\_\_
  - Other: *(specify)* \_\_\_\_\_  
 \_\_\_\_\_

Movant requests that the Court order the following: *(check all that apply)*

- Finding \_\_\_\_\_ (other party’s name) in contempt of Court;
- Assessing reasonable attorney fees;
- Assessing Court costs of the proceedings;  
and any further relief deemed proper.

\_\_\_\_\_  
Attorney or Self Represented Party Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

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

\_\_\_\_\_  
Fax Number

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

\_\_\_\_\_  
Supreme Court Reg No. (if any)

**OATH OR AFFIRMATION**  
*(Do not sign until Notary Public is present)*

I, \_\_\_\_\_ (name), 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.

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_ )  
  ) **SS**  
COUNTY OF \_\_\_\_\_ )

Sworn to or affirmed before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

Commission Expiration Date: \_\_\_\_\_

(Affix seal here)

## INSTRUCTIONS TO THE CLERK

To the Clerk of Courts:

Please serve the Motion for Contempt, Affidavit, Show Cause Order and Notice and Instructions to the Clerk on the following party as I have indicated below:

\_\_\_\_\_ Plaintiff/Defendant/Petitioner/Respondent/Other Party by:

- Certified Mail, Return Receipt Requested
- Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service
- Other: (*specify*) \_\_\_\_\_

\_\_\_\_\_  
Signature