

MIAMI COURT OF COMMON PLEAS

JUVENILE COUNTY, OHIO

_____	Case No. _____	_____
Plaintiff/Petitioner	Judge _____	_____
v./and	Magistrate _____	_____

Defendant/Petitioner/Respondent		

Instructions: Check local court rules to determine when this form must be filed.
 By law, an affidavit must be filed and served with the first pleading filed by each party in every parenting (custody/visitation) proceeding in this Court, including Dissolutions, Divorces and Domestic Violence Petitions. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, add additional pages.**

PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))

Affidavit of _____
 (Print Your Name)

Check and complete ALL THAT APPLY:

1. I request that the court not disclose my current address or that of the child(ren). My address is confidential pursuant to R.C. 3127.23(D) and should be placed under seal to protect the health, safety, or liberty of myself and/or the child(ren).
2. Minor child(ren) are subject to this case as follows:

Insert the information requested below for all minor or dependent children of this marriage. You must list the residences for all places where the children have lived for the last **FIVE** years.

a. Child's Name:		Place of Birth:
Date of Birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)
_____ to present	<input type="checkbox"/> Address Confidential?	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____

b. Child's Name:

Place of Birth:

Date of Birth:

Sex: Male Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>		<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____	to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____

c. Child's Name:

Place of Birth:

Date of Birth:

Sex: Male Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>		<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____	to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CHILDREN, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

3. Participation in custody case(s): (Check only one box.)

- I **HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case.
- I **HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case. For each case in which you participated, give the following information:

- a. Name of each child: _____
- b. Type of case: _____
- c. Court and State: _____
- d. Date and court order or judgment (if any): _____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CUSTODY CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

4. Information about other civil case(s) that could affect this case: (Check only one box.)

- I **HAVE NO INFORMATION** about any other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this case.
- I **HAVE THE FOLLOWING INFORMATION** concerning other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning a child subject to this case. Do not repeat cases already listed in Paragraph 3. Explain:

- a. Name of each child: _____
- b. Type of case: _____
- c. Court and State: _____
- d. Date and court order or judgment (if any): _____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

5. Information about criminal case(s):

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

<u>Name</u>	<u>Case Number</u>	<u>Court/State/County</u>	<u>Convicted of What Crime?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

6. Persons not a party to this case who has physical custody or claims to have custody or visitation rights to children subject to this case: (Check only one box.)

- I **DO NOT KNOW OF ANY PERSON(S)** not a party to this case who has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.
- I **KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

a. Name/Address of Person <input type="checkbox"/> Has physical custody Name of each child: _____ _____	_____ <input type="checkbox"/> Claims custody rights _____ <input type="checkbox"/> Claims custody rights _____ <input type="checkbox"/> Claims custody rights _____	_____ <input type="checkbox"/> Claims visitation rights _____ <input type="checkbox"/> Claims visitation rights _____ <input type="checkbox"/> Claims visitation rights _____
b. Name/Address of Person <input type="checkbox"/> Has physical custody Name of each child: _____ _____	_____ <input type="checkbox"/> Claims custody rights _____ <input type="checkbox"/> Claims custody rights _____ <input type="checkbox"/> Claims custody rights _____	_____ <input type="checkbox"/> Claims visitation rights _____ <input type="checkbox"/> Claims visitation rights _____ <input type="checkbox"/> Claims visitation rights _____
c. Name/Address of Person <input type="checkbox"/> Has physical custody Name of each child: _____ _____	_____ <input type="checkbox"/> Claims custody rights _____ <input type="checkbox"/> Claims custody rights _____ <input type="checkbox"/> Claims custody rights _____	_____ <input type="checkbox"/> Claims visitation rights _____ <input type="checkbox"/> Claims visitation rights _____ <input type="checkbox"/> Claims visitation rights _____

OATH

(Do Not Sign Until Notary is Present)

I, (print 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.

Your Signature

Sworn before me and signed in my presence this _____ day of _____, _____.

Notary Public
My Commission Expires:
