### PRO SE MOTION INSTRUCTIONS FOR JUVENILE COURT

This packet is to help you in filing a Pro Se Motion. There are certain things that you must do when you are acting as your own attorney.

- 1. You must fill out all forms according to how your case was originally filed. Anything you leave blank could result in your motion not being filed or heard in Court.
- 2. After filling out the forms, you must file them with the Juvenile Court. You must pay a \$200.00 filing fee at the time of filing.
- 3. Your motion will be set on a date two to six weeks from the time of filing.
- 4. You must check with the Juvenile Clerk within two weeks of filing to be sure that service has been completed.
- 5. If service by certified mail has not been obtained you must request personal service through the Juvenile Clerk.

PLEASE NOTE: THIS IS NOT LEGAL ADVICE, BUT A PROCEDURE THAT MUST BE FOLLOWED. BY LAW WE CANNOT AND WILL NOT GIVE LEGAL ADVICE. IF YOU NEED LEGAL QUESTIONS ANSWERED. PLEASE SEE AN ATTORNEY.

		CASE NO	
	Plaintiff		
	Plaintiff		
vs			
	Defendant		
ADDRESSES OF A	ALL INTERESTED PERSONS		
Mother			
		Last (4) SS#	_
		Dob	
************		Phone #	
Father		I ass (4) 90#	
11		Last (4) SS#	-
12 <del></del>		Dob	
		Phone #	
-		Last (4) SS#	
		Dob	
-		Phone #	

Plaintiff	CASE NO
Defendant	
Now comes Court to schedule a hearing for the purpose	e of and hereby requests the
Court grant a hearing on the motion at its	requests that due to this change of circumstances the earliest convenience.
Amor	mey Pro-Se

Plaintiff	CASE NO	(E)
Defendant		
то		_
YOU ARE HERBY REQUESTED TO	O MAKE	
SERVICE UPON		
AT		
SPECIAL INSTRUCTIONS FOR SERVER		
ATTOR	NEY PRO-SE	

IN THE MATTER OF.			CASE NO	
filed and served with a responsibilities, parenting	iny Complaint, itime, custody, o y parenting proc	Petition or Motion or visitation. Each pa eeding concerning the	form must be filed. By law regarding the allocation of ty has a continuing duty whe e child(ren) in any other co	of parental rights and nile this case is pending
P	ARENTING PR Affidavit of	OCEEDING AFFI	DAVIT (R.C. 3127.23(A))	
		(Print t	lame)	-
jeopardized by the disc address be placed und be sealed.	HILD(REN) WOLL MATION. YOU FOR YOUR RE 7.23(D), I alleg closure of identify ler seal. I have Minor child(re	ULD BE JEOPARDIA ACKNOWLEDGE TEQUEST.  The that my health, saying information to marked the correspondent is/are subject to the sall minor or dependent.	THAT THE COURT MAY Of the public. The public of the case as follows:	E OF YOUR ADDRESS CONDUCT A HEARING my child(ren) would be erefore, I request that my dress I am requesting to
a. Child's name		Place of birth	Date of birth	Sex M F
Date of residence	Address Confidential	Person child lived	with (name and address)	Relationship
to				3 <del></del>
to		-		

Su preme Court of Ohio
Uniform Domestic Relations Form - Affidavit 3
PARENTING PROCEEDING AFFIDAVIT Approved
under Ohio Civil Rule 84
Amended: June 1, 2021

to				
to				
b. Child's name		Place of birth	Date of birth	Sex M F
b. Ciniu's name		riace of birth	Date of birth	Jex Jill F
Check this box if the	information be	elow is the same as in	Section 1(a). Skip to 1	the next question.
Date of residence	Address Confidential	Person child lived with	h (name and address)	Relationship
to present				
to				
to				

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Child's name		Place of birth	Date of birth	Sex M F
Check this box if the	information be	elow is the same a	s in Section 1(a). Skip to	the next question.
Date of residence	Address Confidential	Person child lived	with (name and address)	Relationship
to present				
Participation in cus I HAVE NOT par state, concerning HAVE participate	tody case(s): ticipated as a postody of the custody of ed as a party, w	(Check only one bo party, witness, or in a f or visitation (parenti vitness, or in any cap	requested information for x) ny capacity in any other cang time), with any child su acity in any other case, in vith any child subject to thi	ise, in this or any othe bject to this case. I this or any other state

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	b.	Type of case:					
	C.	Court and State:					
	d.	Date and court of	order or judgment (if any):				
3.	_	I HAVE NO INFOR	stody case(s): (Check or RMATION of any cases th nestic violence or protect ming any child subject to	at could affect the current case, tion orders; dependency, negle	including any cases relating ct, or abuse allegations; or		
		any cases relating	ng to custody; domestic v doptions concerning a chi	concerning cases that could affe iolence or protection orders; dep ld subject to this case, other tha	pendency, neglect, or abuse		
	a.	Name of each ch	nild:				
	b.	Type of case:					
	C.						
	d.						
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c	. Name/Address of Person: _	
	has physical custody   clair	ms custody rights 🔲 claims visitation rights
	Name of each child:	
t	ime, divorce, dissolution of moreontage, termination of pare	nuing duty to advise this Court of any custody, visitation, parenting narriage, separation, neglect, abuse, dependency, guardianship, ental rights, or protection order from domestic violence case thom information is obtained during this case.
		OATH OR AFFIRMATION
	(Do no	ot sign until Notary Public is present)
best of n	ny knowledge and belief, the facts	, swear or affirm that I have read this Affidavit and, to the and information stated in this Affidavit are true, accurate, and complete hay be subject to penalties for perjury.
		Your Signature
STATE	OF)	
	) \$	SS
COUNT	ry of)	
Sworn f	to or affirmed before me by	tthisday of
		Signature of Notary Public
		Printed Name of Notary Public
		Commission Expiration Date:
		(Affix seal here)

Plaintiff	20022000	
	CASE NO	
Defendant		
YOU ARE HERBY REQUESTED TO	) MAKE	
RVICE UPON		
ECIAL INSTRUCTIONS FOR SERVER _		

ATTORNEY PRO-SE

# IN THE COURT OF COMMON PLEAS OF GALLIA COUNTY, OHIO JUVENILE DIVISION

		CASE NO	
Vs,	Plaintiff,	¥ ¥	E
	Defendant.	MOTION/AFFIDAVIT FOR WAIVER OF FILI	
¥	- 10	*	
100	comes	_after having filed a compl	
or:	<u> </u>	, this day of	
acts and I ha	ve attached documentation in s  I currently receive needs basein supp	we sit ,	v.
<u>:</u>	My annual household income other family members current	y living in my home. I have	
<del></del>	Other documentation attach	ed is	
		X Petitioner	
Sworn	n to and signed in my presence t	hisday of	, 20
4-1			rous -

#### COMPLAINTANT:

#### OTHER INVOLED PARTIES

NAME:	NAME:
ADDRESS:	ADDRESS
CITY/STATE/ZIP:	CITY/STATE/ZIP:
DATE OF BIRTH:	DATE OF BIRTH
S.S. NO	S.S. NO
PHONE NO	PHONE NO.
MOTHER:	CHILD/CHILDREN
NAME:	NAME
ADDRESS:	ADDRESS
CITY/STATE/ZIP:	CITY/STATE/ZIP:
DATE OF BIRTH:	DATE OF BIRTH
S.S. NO	S.S. NO
PHONE NO	PHONE NO
FATHER	CHILD/CHILDREN
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
DATE OF BIRTH:	DATE OF BIRTH:
S.S. NO	S.S. NO
PHONE NO.	PHONE NO