

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.

**IN THE COURT OF COMMON PLEAS, GALLIA COUNTY,
OHIO JUVENILE COURT**

Plaintiff

vs

Defendant

CASE NO. _____

ADDRESSES OF ALL INTERESTED PERSONS

Mother

Last (4) SS# _____

Dob _____

Phone # _____

Father

Last (4) SS# _____

Dob _____

Phone # _____

Last (4) SS# _____

Dob _____

Phone # _____

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

Plaintiff

CASE NO. _____

Defendant

Now comes _____ and hereby requests the
Court to schedule a hearing for the purpose of _____

_____ requests that due to this change of circumstances the
Court grant a hearing on the motion at its earliest convenience.

Attorney Pro-Se

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

Plaintiff

CASE NO. _____

Defendant

TO _____

YOU ARE HERBY REQUESTED TO MAKE _____

SERVICE UPON _____

AT _____

SPECIAL INSTRUCTIONS FOR SERVER _____

ATTORNEY PRO-SE

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

IN THE MATTER OF: _____

CASE NO. _____

Instructions: Check local court rules to determine when this form must be filed. By law, this affidavit must be filed and served with any Complaint, Petition or Motion regarding the allocation of parental rights and responsibilities, parenting time, custody, or visitation. 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 Name)

ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OR YOUR CHILD(REN) WOULD BE JEOPARDIZED BY THE DISCLOSURE OF YOUR ADDRESS OR IDENTIFYING INFORMATION. YOU ACKNOWLEDGE THAT THE COURT MAY CONDUCT A HEARING REGARDING THE BASIS FOR YOUR REQUEST.

Pursuant to R.C. 3127.23(D), I allege that my health, safety, or liberty or that of my child(ren) would be jeopardized by the disclosure of identifying information to my spouse or the public. Therefore, I request that my address be placed under seal. I have marked the corresponding box next to each address I am requesting to be sealed.

1. (Number): _____ Minor child(ren) is/are subject to this case as follows:

Insert the information requested below for all minor or dependent children of the parties. 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"/> M <input type="checkbox"/> F
_____		_____	_____	
Date of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	<input type="checkbox"/>	_____		_____
_____ to _____	<input type="checkbox"/>	_____		_____

to _____ _____	<input type="checkbox"/>	_____ _____ _____	_____
to _____ _____	<input type="checkbox"/>	_____ _____ _____	_____

b. Child's name _____	Place of birth _____	Date of birth _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F
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Check this box if the information below is the same as in Section 1(a). Skip to the next question.

Date of residence	Address Confidential	Person child lived with (name and address)	Relationship
_____ to present	<input type="checkbox"/>	_____ _____	_____
to _____ _____	<input type="checkbox"/>	_____ _____	_____
to _____ _____	<input type="checkbox"/>	_____ _____	_____
to _____ _____	<input type="checkbox"/>	_____ _____	_____

c. Child's name		Place of birth	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Check this box if the information below is the same as in Section 1(a). Skip to the next question.				
Date of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	<input type="checkbox"/>	_____		_____
_____ to _____	<input type="checkbox"/>	_____		_____
_____ to _____	<input type="checkbox"/>	_____		_____
_____ to _____	<input type="checkbox"/>	_____		_____

d. Additional children are listed on Attachment 1(d). (Provide requested information for additional children on an attachment labeled 1(d).)

2. **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.

Explain: _____

a. Name of each child: _____

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

3. Information about custody case(s): (Check only one box)

I HAVE NO INFORMATION of any 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 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, other than listed in Paragraph 2.

Explain: _____

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

4. Information about criminal convictions:

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.

NAME	CASE NUMBER	COURT/COUNTY/STATE	CHARGE

5. Persons not a party to this case: (Check only one box)

I DO NOT KNOW OF ANY PERSON not a party to this case who has physical custody or claims 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: _____
 has physical custody claims custody rights claims visitation rights
 Name of each child: _____

b. Name/Address of Person: _____
 has physical custody claims custody rights claims visitation rights
 Name of each child: _____

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

Plaintiff

CASE NO. _____

Defendant

TO _____

YOU ARE HERBY REQUESTED TO MAKE _____

SERVICE UPON _____

AT _____

SPECIAL INSTRUCTIONS FOR SERVER _____

ATTORNEY PRO-SE

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

CASE NO. _____

Plaintiff,

Vs.

**MOTION/AFFIDAVIT
FOR WAIVER OF FILING FEE**

Defendant.

Now comes _____ after having filed a complaint, petition or motion
for: _____, this _____ day of _____, 20____
and hereby requests the Court to waive the required filing fee. As grounds for this request I
state that I am financially unable to pay the costs and fees in this matter due to the following
facts and I have attached documentation in support of this of this request.

_____ I currently receive needs based public assistance and I have attached copies of
_____ in support of this request.

_____ My annual household income is \$ _____ and there are # _____
other family members currently living in my home. I have attached copies of
_____ in support of this request.

_____ Other documentation attached is _____.

X

Petitioner

Sworn to and signed in my presence this _____ day of _____, 20____.

Notary Public, State of Ohio

COMPLAINANT:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DATE OF BIRTH: _____

S.S. NO. _____

PHONE NO. _____

MOTHER:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DATE OF BIRTH: _____

S.S. NO. _____

PHONE NO. _____

FATHER

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DATE OF BIRTH: _____

S.S. NO. _____

PHONE NO. _____

OTHER INVOLVED PARTIES

NAME: _____

ADDRESS _____

CITY/STATE/ZIP: _____

DATE OF BIRTH _____

S.S. NO. _____

PHONE NO. _____

CHILD/CHILDREN

NAME _____

ADDRESS _____

CITY/STATE/ZIP: _____

DATE OF BIRTH _____

S.S. NO. _____

PHONE NO. _____

CHILD/CHILDREN

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DATE OF BIRTH: _____

S.S. NO. _____

PHONE NO. _____