

## 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**

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

vs

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Defendant**

**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

IN THE MATTER OF:

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

\_\_\_\_\_  
(CHILD'S NAME)

S.S. # \_\_\_\_\_

A MINOR CHILD OF THE AGE OF \_\_\_\_\_ YEARS  
DOB \_\_\_\_\_

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

IN THE MATTER OF:

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

\_\_\_\_\_  
(CHILD'S NAME)

TO \_\_\_\_\_

YOU ARE HERBY REQUESTED TO MAKE \_\_\_\_\_

SERVICE UPON \_\_\_\_\_

AT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
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>b. Child's name</b> _____	<b>Place of birth</b> _____	<b>Date of birth</b> _____	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

IN THE MATTER OF:

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

\_\_\_\_\_  
(CHILD'S NAME)

TO \_\_\_\_\_

YOU ARE HERBY REQUESTED TO MAKE \_\_\_\_\_

SERVICE UPON \_\_\_\_\_

AT \_\_\_\_\_

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

\_\_\_\_\_  
ATTORNEY PRO-SE

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

IN THE MATTER OF:

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

\_\_\_\_\_  
(CHILD'S NAME)

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

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. \_\_\_\_\_