

TEMPORARY CHANGE OF CUSTODY INSTRUCTIONS
FOR JUVENILE COURT

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 CONTACT AN ATTORNEY.

1. If the parents of the child have been divorced the Juvenile Court does not have jurisdiction. You will have to go back to the Court that the divorce was filed in.
2. You must fill out all forms and all signatures must be notarized. Anything you leave blank could result in your motion not being filed.
3. You must file a copy of the child's birth record and social security card with the temporary change of custody papers.
4. The cost for this action is \$83.00 and must be paid at the time of filing.

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

In the Matter of: Case No. _____

(Child's Name)

A minor child of the age of _____

years, D.O.B. _____

COMPLAINT

Now comes _____, and moves this Court for
(Custodian's name)

an Order granting temporary custody of _____, a minor
(Child's name)

of the age of _____ years, D.O.B. _____.

Wherefore, the undersigned requests that the Court make such Order of his/her
temporary custody and care as the parties wish that custody be placed in the hands of

_____, who is fit to have such custody.
(Custodian's name)

(Custodian's signature)

(Custodian's signature)

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

In the Matter of :

Case No. _____

(Child's name)

A minor of the age of _____ years,

D.O.B. _____ . AFFIDAVIT

_____, being first duly sworn says that
(Custodian's name)

_____, a minor child of the age of _____ years,
(Child's name)

who presently resides at _____,
(Address)

_____, with
(City) (State)

_____, is in need of a change of custody and
(Custodian's name)

that the affiant wishes to have custody placed with him/her.

The child has lived in _____, _____, for
(City) (State)

the last _____ years with his/her _____,
(No. of years) (Relative)

_____. To the best of affiants knowledge there are no
(Relative's name)

other actions pending in any other Court for the custody of the child.

The mother, _____, resides at
(Mother's name)

_____, _____, _____.
(Address) (City) (State)

The father, _____, resides at
(Father's name)

_____, _____, _____.
(Address) (City) (State)

Affiant further says that said parents will consent to the placement of

_____, in his/her home and that he/she is the
(Child's name)

_____, of said child.
(Type of relative)

(Custodian's signature)

(Custodian's signature)

STATE OF _____
COUNTY OF _____, SS.

_____, being first duly sworn, says
(Custodian's name)

that the allegations in the foregoing affidavit are true to the best of his/her knowledge and
belief.

(Custodian's signature)

(Custodian's signature)

Sworn to and subscribed before me and in my presence at Gallipolis, Ohio, this
_____ day of _____, 20_____.

Notary Public

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

In the Matter of:

_____,
(Child's name)

Case No. _____

A minor of the age of _____ years,

D.O.B. _____.

CONSENT

Now comes _____, mother of
(Mother's name)

_____, and waives service of summons and consents
(Child's name)

to have custody of her son/daughter placed with _____
(Custodian's name)

the _____ of said child.
(Custodian's relationship to child)

The undersigned further acknowledges the receipt of a copy of the complaint and
that she has been fully advised of her right to be represented by an attorney.

(Mother's signature)

STATE OF _____, _____ COUNTY, SS:

Sworn to and subscribed before me and in my presence this _____ day of

_____, 20_____.

Notary Public

IN THE COURT OF COMMON PLEAS, GALIA COUNTY, OHIO
JUVENILE DIVISION

In the Matter of :

(Child's name)

Case No. _____

A minor of the age of _____ years,

D.O.B. _____.

CONSENT

Now comes _____, father of
(Father's name)

_____, and waives service of summons and consents
(Child's name)

to have custody of his son/daughter placed with _____
(Custodian's name)

the _____ of said child.
(Custodian's relationship to child)

The undersigned further acknowledges the receipt of a copy of the complaint and that he has been fully advised of his right to be represented by an attorney.

(Father's signature)

STATE OF _____, _____ COUNTY, SS:

Sworn to and subscribed before me and in my presence this _____ day of

_____, 20_____.

Notary Public

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

In the Matter of:

Case No. _____

_____,
(Child's name)

A minor of the age of _____ years,

D.O.B. _____.

JOURNAL ENTRY

This day this cause came on to be heard on the complaint for custody filed by

_____,
(Custodian's name)

It appearing to the Court that all persons interested have voluntarily entered their appearance and waiver of summons and being fully advised of their right to be

represented by counsel having been filed by _____,
(Mother's name)

mother of _____, and by
(Child's name)

_____, father of
(Father's name)

_____.
(Child's name)

It is Ordered that said child be placed in the Legal care and custody of said

_____.
(Custodian's name)

Juvenile Judge

**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
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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"/>	_____ _____	_____

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: _____

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. _____