IN THE COURT OF COMMON PLEAS PROBATE DIVISION MEDINA COUNTY, OHIO

GUARDIANSHIP (OF			
CASE NO		JUDGE	KEVIN W. DUNN	<u> </u>
		MAGISTRAT	E	
Instructions: Check local filed and served with an responsibilities, parenting to inform the Court of any state. If more space is no	ny Complaint, litime, custody, o parenting proce	Petition or Motion rega r visitation. Each party ha eeding concerning the ch	rding the allocation of as a continuing duty whi	parental rights and le this case is pending
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.				
jeopardized by the disc	losure of identif	e that my health, safety, fying information to my s ve marked the correspon	pouse or the public. The	herefore, I request that
1. (Number):	Minor child(re	n) 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 M F
Date of residence	Address Confidential	Person child lived with	(name and address)	Relationship
to present				
to				

to				
to				
b. Child's name		Place of birth	Date of birth	Sex M F
Date of residence	Address Confidential	elow is the same as in Person child lived with	Section 1(a). Skip to to the contract of the c	ne next question. Relationship
to present				
to				
to				
to				
c. Child's name		Place of birth	Date of birth	Sex 🗌 M 🔲 F
Check this box if the		elow is the same as in	Section 1(a). Skip to t	he next question.
Date of residence	Address Confidential	Person child lived with	n (name and address)	Relationship
to present				
to				
to				
to				

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

2.	Part	I HAVE NOT pa		r one box) ss, or in any capacity in any oth n (parenting time), with any chi	
				in any capacity in any other ca enting time), with any child sub	
		Explain:			
	a.	Name of each c			
	b.				
	C.				
	d.				
3.	Info	I HAVE NO INFo to custody; dor	ustody case(s): (Check on ORMATION of any cases the nestic violence or protection of any child subject to	nat could affect the current case on orders; dependency, negle	, including any cases relating ect, or abuse allegations; or
		including any ca	ases relating to custody; do ions; or adoptions concern	ON concerning cases that comestic violence or protection of ing a child subject to this case, of	orders; dependency, neglect, other than listed in Paragraph
	a.	Name of each c	hild:		
	b.	Type of case: _			
	C.				
	d.	Date and court	order or judgment (if any):		
offer viole any o	all of the nses: a nce of offense	e criminal convict any criminal offen fense that is a vic e involving a victin	se involving acts that resolation of R.C. 2919.25; an	for you and the members of you ulted in a child being abused y sexually oriented offense as dehold member at the time of the e.	or neglected; any domestic defined in R.C. 2950.01; and
		NAME	CASE NUMBER	COURT/COUNTY/STATE	CHARGE
_					
5.	Per	I DO NOT KNO		/ one box) a party to this case who has ph ct to any child subject to this ca	
				D PERSON(S) not a party to tation rights with respect to any	

a. Name/Address of P	
	stody claims custody rights claims visitation rights
☐ has physical cus	erson:stody
c. Name/Address of Policy has physical cus	erson:stody
divorce, dissolution of ma	ontinuing duty to advise this Court of any custody, visitation, parenting time rriage, separation, neglect, abuse, dependency, guardianship, parentage ts, or protection order from domestic violence case concerning the childre obtained during this case.
	OATH OR AFFIRMATION (Do not sign until Notary Public is present)
	, swear or affirm that I have read this Affidavit and, to the facts and information stated in this Affidavit are true, accurate, and complete truth, I may be subject to penalties for perjury.
	Your Signature
STATE OF)
) SS
COUNTY OF)
Sworn to or affirmed before me l	bythisday of,
	Signature of Notary Public
	Printed Name of Notary Public
	Commission Expiration Date: