

MEDINA COUNTY COURT OF COMMON PLEAS  
JUVENILE DIVISION  
JUDGE KEVIN W. DUNN  
**DOCUMENTS CHECKLIST**

**PARENTAL RIGHTS (CUSTODY)**

- Administrative Order Establishing Paternity **or** Acknowledgment Affidavit (if new case)
- **CHOOSE ONE:**
  - Complaint to Establish Parental Rights, Juv Form 2 (New Case)
  - or-**
  - Motion to Modify Parental Rights, Juv Form 6 (Modifying Order on existing case)
- Affidavit of Child Custody Information (Affidavit 3)
- Service Instructions (Juv Form 10)
- Birth Certificate, if available
- Filing Fee (\$165.00)
- **Emergency Custody** (MCJC Civ Form1) Needs to be completed **only** if requesting an emergency custody hearing

**PARENTING TIME, VISITATION, COMPANIONSHIP**

- Administrative Order Establishing Paternity or Acknowledgment Affidavit (if new case)
- **CHOOSE ONE:**
  - Complaint to Establish, Juv Form 2 (New Case)
  - or-**
  - Motion to Modify, Juv Form (Modifying Order on existing case)
- Affidavit of Child Custody Information (Affidavit 3)
- Service Instructions (Juv Form 10)
- Filing Fee (\$165.00)

**MODIFY CHILD SUPPORT**

- Administrative Order Establishing Support (if a new case)
- Motion (Juv Form 7)
- Service Instructions (Juv Form 10)
- Filing Fee (\$165.00)
- Financial Documents (such as tax returns and pay stubs) **Bring to hearing**

**SHOW CAUSE (CONTEMPT)**

- Motion (Form 3)
- Order to Appear, includes summons (Juv Form 4) **Clerk will fill in date**
- Service Instructions (Juv Form 10)
- Filing Fee (\$165.00)

**GRANDPARENT POWER OF ATTORNEY OR CARETAKER AFFIDAVIT**

- Completed packet (can be obtained at Juvenile Court)

**INCOMPLETE FORMS WILL NOT BE ACCEPTED BY THE CLERK**

**\*\* FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE\*\***

MEDINA COUNTY COURT OF COMMON PLEAS  
JUVENILE DIVISION  
JUDGE KEVIN W. DUNN

**FILING COURT DOCUMENTS**

GENERAL INFORMATION: A filing fee of \$165.00 is required for most actions, payable by cash, check, credit card or money order.

Follow the attached checklist for the action you want to file, and mail or bring in all the listed paperwork. You will receive copies of everything you file. **Incomplete paperwork will not be accepted for filing by the Clerk.**

**Clerks cannot give legal advice.**

COMPLAINT/MOTION: If the case has not been filed in this Court before, the person filing is the Plaintiff. Leave the case number blank.

If there is a prior case in Juvenile Court, follow the original caption, including the case number.

Check or write in the action you want to file. Write out what you are asking the Court to do clearly. Sign your name and print your telephone number.

If the Document Checklist states that you need a copy of an Administrative Order, you should be able to get it from the Child Support Enforcement Agency (CSEA) in the county that issued the order.

REQUEST FOR SERVICE: Fill in the name and complete address, including zip code, of all other parties. Write in the title of all the documents you want sent to the other party. Choose a method of service by checking a box. Sign the Request.

If you receive a Notice of Failure of Service from the Court, you are responsible for filing new instructions. Your case cannot proceed until all parties are served with the documents. If a hearing is necessary, the date will not be scheduled until service is complete.

AFFIDAVIT OF CHILD CUSTODY INFORMATION: **This form must be notarized.** Fill in your own information and as much of the other person's information as you can. You must complete questions 2, 3 and 4 with as much information as possible.

If you answer questions 5 or 6 by indicating you have information, you must provide specific information in the space provided. Include the name of the case, the name of the court that is handling the case and the case number if that information is relevant.

EMERGENCY CUSTODY: This form is only required if requesting an Emergency Ex Parte Hearing

**\*\*FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE\*\***

**IN THE COURT OF COMMON PLEAS  
MEDINA COUNTY JUVENILE DIVISION  
MEDINA COUNTY, OHIO  
JUDGE KEVIN W. DUNN**

Child/ Children's Name(s): \_\_\_\_\_ CASE No. \_\_\_\_\_

**PARENT/CUSTODIAN INFORMATION SHEET**

**A. Mother/Custodian's Contact Information**

Party's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**B. Father/Custodian's Contact Information**

Party's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**C. Child's Contact Information**

Party's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**D. Child's Contact Information**

Party's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**E. Other Parties Contact Information**

Party's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**F. Protection Orders**

*Does the Juvenile, Parent or Custodian have any civil, temporary, or juvenile protection orders issued on their behalf?*

Court (Name & Location): \_\_\_\_\_

Type of Order: \_\_\_\_\_

Protected Party: \_\_\_\_\_ Order Issued Against: \_\_\_\_\_

Signature of person completing form:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**R.C. 2151.233 JURISDICTION SCREENING**

*\*Please complete one questionnaire per child\**

**Other Court Involvement**

*Please identify any court cases that involve Allocation of parental rights, custody, or visitation for this **child** and child's **siblings**.*

Child's name: \_\_\_\_\_  
First Middle Last Birthdate

Child's parent's names: \_\_\_\_\_  
Mother Father

Please circle below:

Are the Child's parents now married? Yes / No

Have the Child's parents ever been married to each other? Yes / No

If you answered No to either question, STOP here.

Is there a Custody or Child Support order in any court for this Child or child's SIBLINGS (same parents)? Yes/No

Is there a pending divorce, dissolution, annulment, or legal separation between the Child's parents? Yes/No

If you answered Yes to either question, please complete below:

If there is custody or child support order for the child's sibling(s) please provide the sibling(s)' name(s) below:

\_\_\_\_\_

Provide the Name of Court, County, and State that issued the custody, visitation or child support order:

\_\_\_\_\_

\_\_\_\_\_

Case No: \_\_\_\_\_

Child Support Order: Yes No

Custody Order: Yes No

What County, State do you and the child presently reside in?

\_\_\_\_\_

Signature of person completing form:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Revised 10/23/19

IN THE COURT OF COMMON PLEAS

Juvenile

Division

Medina

COUNTY, OHIO

IN THE MATTER OF:

A Minor

Plaintiff

Case No.

Street Address

Judge

City, State and Zip Code

Magistrate

vs.

Defendant

Street Address

City, State and Zip Code

Instructions: This form is used to be legally recognized as the parent of the child, be named as the residential parent, or obtain visitation with the child(ren). The Parenting Proceeding Affidavit (Uniform Domestic Relations Form - Affidavit 3) and the Affidavit of Income and Expenses (Uniform Domestic Relations Form - Affidavit 1) must be filed with this Complaint.

COMPLAINT FOR PARENTAGE, ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES (CUSTODY), AND PARENTING TIME (COMPANIONSHIP AND VISITATION)

1. I, \_\_\_\_\_ (name), am the Plaintiff and biological [ ] Father [ ] Mother (select one) of the following child(ren):

Table with 2 columns: Name of Child, Date of Birth. Includes three rows of blank lines for entry.

2. Defendant, \_\_\_\_\_ is the biological [ ] Father [ ] Mother (select one) of the child(ren).

3. The child(ren) has/have resided in \_\_\_\_\_ County, Ohio since \_\_\_\_\_ (date residence established) as set out in the Parenting Proceeding Affidavit (Uniform Domestic

4. The father-child relationship  has  has not (select one) been established. If it has been established, a copy of the order establishing the father-child relationship is attached. A copy of the child(ren)'s birth certificate is also attached.

5.  No court has issued an order about the following child(ren):

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The following Court has issued an order about the following child(ren):

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6. I request that the Court (check all that apply):

Name \_\_\_\_\_ (Father's name) as the Father of the child(ren) \_\_\_\_\_ (child(ren)'s name).

Correct the child(ren)'s birth certificate to indicate the child(ren)'s father.

Order genetic testing and determine the father of the child(ren).

Name the  Plaintiff  Defendant (select one) as the residential parent and legal custodian of the child(ren).

Grant reasonable parenting time (visitation) to the  Mother  Father (select one).

Change the child(ren)'s name to \_\_\_\_\_

Adopt the proposed Shared Parenting Plan for the child(ren) which is attached.

Order the appropriate amount of child support for the child(ren), allocate the income tax dependency exemption for the child(ren), and determine who should provide health insurance coverage for the child(ren).

Other (specify): \_\_\_\_\_

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\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Telephone number at which the Court may reach you or at which messages may be left for you

**COURT OF COMMON PLEAS**

**MEDINA COUNTY, OHIO**

_____	Case No.	_____
Plaintiff/Petitioner	Judge	<b>KEVIN W. DUNN</b>
	Magistrate	_____
v./and		
_____		
Defendant/Petitioner/Respondent		

**Instructions:** Check local court rules to determine when this form must be filed.  
 By law, an affidavit must be filed and served with the first pleading filed by each party in every parenting (custody/visitation) proceeding in this Court, including Dissolutions, Divorces and Domestic Violence Petitions. 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 Your Name)

**Check and complete ALL THAT APPLY:**

1.  I request that the court not disclose my current address or that of the child(ren). My address is confidential pursuant to R.C. 3127.23(D) and should be placed under seal to protect the health, safety, or liberty of myself and/or the child(ren).
2.  Minor child(ren) are subject to this case as follows:

Insert the information requested below for all minor or dependent children of this marriage. You must list the residences for all places where the children have lived for the last **FIVE** years.

<b>a. Child's Name:</b> _____	<b>Place of Birth:</b> _____		
<b>Date of Birth:</b> _____	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		
<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

**b. Child's Name:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Sex:**  Male  Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

**c. Child's Name:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Sex:**  Male  Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CHILDREN, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

**3. 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. For each case in which you participated, give the following information:



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

IF MORE SPACE IS NEEDED FOR ADDITIONAL CUSTODY CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

**4. Information about other civil case(s) that could affect this case: (Check only one box.)**

- I **HAVE NO INFORMATION** about any other civil 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 other civil 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. Do not repeat cases already listed in Paragraph 3. Explain:

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

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

**5. Information about criminal case(s):**

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.

<u>Name</u>	<u>Case Number</u>	<u>Court/State/County</u>	<u>Convicted of What Crime?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

**6. Persons not a party to this case who has physical custody or claims to have custody or visitation rights to children subject to this case: (Check only one box.)**

- I **DO NOT KNOW OF ANY PERSON(S)** not a party to this case who has/have physical custody or claim(s) 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.

<p>a. Name/Address of Person _____</p> <p><input type="checkbox"/> Has physical custody</p> <p>Name of each child: _____</p>	<p>_____</p> <p><input type="checkbox"/> Claims custody rights</p> <p>_____</p>	<p>_____</p> <p><input type="checkbox"/> Claims visitation rights</p> <p>_____</p>
<p>b. Name/Address of Person _____</p> <p><input type="checkbox"/> Has physical custody</p> <p>Name of each child: _____</p>	<p>_____</p> <p><input type="checkbox"/> Claims custody rights</p> <p>_____</p>	<p>_____</p> <p><input type="checkbox"/> Claims visitation rights</p> <p>_____</p>
<p>c. Name/Address of Person _____</p> <p><input type="checkbox"/> Has physical custody</p> <p>Name of each child: _____</p>	<p>_____</p> <p><input type="checkbox"/> Claims custody rights</p> <p>_____</p>	<p>_____</p> <p><input type="checkbox"/> Claims visitation rights</p> <p>_____</p>

**OATH**

(Do Not Sign Until Notary is Present)

I, (print name) \_\_\_\_\_, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

\_\_\_\_\_  
Your Signature

Sworn before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**IN THE COURT OF COMMON PLEAS**  
**JUVENILE** Division  
**MEDINA** COUNTY, OHIO

IN THE MATTER OF:

\_\_\_\_\_   
A Minor

\_\_\_\_\_  
Name : Case No. \_\_\_\_\_

\_\_\_\_\_  
Street Address : Judge **KEVIN W. DUNN**

\_\_\_\_\_  
City, State and Zip Code :  
Plaintiff/Petitioner : Magistrate \_\_\_\_\_

vs./and :  
:

\_\_\_\_\_  
Name :

\_\_\_\_\_  
Street Address :

\_\_\_\_\_  
City, State and Zip Code :  
Defendant/Petitioner :

Vs./and

\_\_\_\_\_  
Name and address (additional Defendant/other party)

**Instructions:** This form is used when you want to request documents to be served on the other party. You must indicate the requested method of service by marking the appropriate box.

**REQUEST FOR SERVICE**

TO THE CLERK OF COURT:

Please serve the following documents on the following parties as I have indicated below:

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

Defendants/Petitioners at the addresses shown above.  
 Certified Mail, Return Receipt Requested  
 Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service  
 Other (specify) \_\_\_\_\_

Plaintiffs/Petitioners at the addresses shown above.  
 Certified Mail, Return Receipt Requested  
 Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service  
 Other (specify) \_\_\_\_\_

\_\_\_\_\_ County Child Support Enforcement Agency (provide address below):  
\_\_\_\_\_  
 Certified Mail, Return Receipt Requested  
 Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service  
 Other (specify) \_\_\_\_\_

Other (address): \_\_\_\_\_  
 Certified Mail, Return Receipt Requested  
 Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service  
 Other (specify) \_\_\_\_\_

SPECIAL INSTRUCTIONS TO SHERIFF:

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

\_\_\_\_\_  
Your Signature

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

\_\_\_\_\_  
[Plaintiff Name]

Plaintiff

v.

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

JUDGE KEVIN W. DUNN

MAGISTRATE \_\_\_\_\_

**ACKNOWLEDGEMENT OF  
SELF REPRESENTATION**

\_\_\_\_\_  
[Defendant Name]

Defendant

I acknowledge that I have read, understand and agree with all of the following statements:

1. The Court will not appoint counsel for me in this matter.
2. I have the right to speak with or retain counsel prior to proceeding with this case and that the Court, upon my request, will grant a brief continuance in order for me to seek the benefit of counsel.
3. I have chosen currently to proceed with this case on my own without the assistance of an attorney. I understand that this does not prevent me from seeking the advice of an attorney or hiring an attorney as the case proceeds.
4. When proceeding without counsel, I am responsible for taking the time to seek and familiarize myself with the necessary knowledge and ability to handle all aspects of this case correctly without assistance from the Court or any other person.
5. The Court and its Deputy Clerks are prohibited by law from assisting me with any aspect of this case, including without limitation determining what forms I am required to file and how to complete those forms.
6. The Court and its Deputy Clerks cannot provide me with any information regarding how to properly handle this case beyond the information on the Court's website.
7. I am responsible for understanding and correctly utilizing all applicable portions of the Ohio Revised Code, Rules of Superintendence for the Courts of Ohio, Ohio Rules of Evidence, Ohio Juvenile Rules and Ohio Rules of Civil Procedure, Medina County

Juvenile Court Local Rules of Practice, and all other rules, regulations, policies and case law that relate to this case.

8. The Court will hold me to the same standards that apply to attorneys and persons represented by attorneys in similar court proceedings.
9. If I do not fulfill my responsibilities in this case properly and in a timely manner, I will be subject to sanctions in accordance with state and local rules, including but not limited to financial sanctions or rulings contrary to my position in these proceedings.
10. I have a duty to act fairly, honestly, impartially and in the mutual best interest of all persons or entities that may have an interest in this case. I also have a duty to not do anything in my self-interest that is detrimental or harmful to others.
11. I may be personally liable to any person or entity that suffers financial damages as a result of anything I do in this case that does not comply with the legal requirements that apply to this case.

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Signature

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Typed or Printed Name

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Address

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City State Zip

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Telephone Number