

In The Court of Common Pleas, Lucas County, Ohio
Juvenile Division

Case Number: _____

IN THE MATTER OF:

**COMPLAINT TO ESTABLISH GRANDPARENT
VISITATION**

1. _____
Child's Name

2. _____
Child's Name

DOB Last 4 Digits of SS #

DOB Last 4 Digits of SS #

3. _____
Child's Name

4. _____
Child's Name

DOB Last 4 Digits of SS #

DOB Last 4 Digits of SS #

Instructions: This form is to be used by a grandparent (maternal or paternal) who wants to establish visitation rights with a minor child or children. Please be advised that Juvenile Rule #11 requires Mediation for all visitation matters filed in Juvenile Court. Further, where a child is born to an unmarried woman, there MUST be an acknowledgement of paternity, or a paternity determination under Chapter 3111 before the father or paternal relatives can file a complaint requesting visitation. A Personal Identifier Information form, Praecepte, Civil Case Questionnaire, IV-D Application and UCCJEA Affidavit MUST be filed with this Complaint.

Name - Petitioner #1

Name - Petitioner #2 (if applicable)

Date of Birth Last 4 Digits of SS #

Date of Birth Last 4 Digits of SS #

Address: _____

Address: _____

Phone: _____

Phone: _____

Mother's Name

Father's Name

Date of Birth Last 4 Digits of SS #

Date of Birth Last 4 Digits of SS #

Address: _____

Address: _____

Phone: _____

Phone: _____

Now come(s) the Petitioner(s), pursuant to ORC §3109.051, and assert(s) the following:

Petitioner(s) *(insert name(s))* _____, request(s) that this Court establish a visitation schedule between the Petitioner(s) and the minor child(ren) named above.

1. Petitioners' relationship to minor child(ren):
 Maternal Grandparent(s) Paternal Grandparent(s)
2. Minor child(ren) are in the custody or possession of: _____.
3. Minor child(ren)'s school district is: _____.
4. Lucas County Children Services board **has** **has not** been involved with the minor child(ren).
5. Parentage **has** **has not** been established by LCCSEA.
6. Parentage **has been** established and the Administrative Order for Parentage is dated _____ . (A copy of the Administrative Order **MUST** be attached to this complaint. If parentage has not been established, leave blank.)
7. Petitioner(s) **has** **has not** been a party to other cases in Lucas County Juvenile Court. If so, provide existing Juvenile Court Case # _____.
8. The reason(s) for this request are: _____

9. Petitioner(s) believe(s) that the requested change is in the child(ren)'s best interest.

WHEREFORE, Petitioner(s) request(s) an Order establishing visitation with the above-named minor child(ren).

Petitioner's Signature Date

Petitioner's Signature Date

In The Court of Common Pleas, Lucas County, Ohio
Juvenile Division

Case Number: _____

PERSONAL IDENTIFIER INFORMATION FORM

1. _____
Child's Full Name

DOB Last 4 Digits of SS #

3. _____
Child's Full Name

DOB Last 4 Digits of SS #

5. _____
Child's Full Name

DOB Last 4 Digits of SS #

2. _____
Child's Full Name

DOB Last 4 Digits of SS #

4. _____
Child's Full Name

DOB Last 4 Digits of SS #

6. _____
Child's Full Name

DOB Last 4 Digits of SS #

Notice: Effective July 1, 2009, documents filed in, or submitted to this Court **SHOULD NOT** contain "PERSONAL IDENTIFIERS".

THE FOLLOWING INFORMATION WILL BE MAINTAINED SEPARATELY FROM THE CASE FILE DOCUMENTS.

1. CHILD PROTECTION CASES

A child's name in an Abuse, Neglect or Dependency case is confidential. The child's actual identity will be referenced ON THIS FORM ONLY. Please indicate below how each child listed above will be identified on pleadings. Use only initials, a generic abbreviation or "child" (i.e., John Smith Jr. could be JS Jr., or Child 1, Child 2, etc.)

Child 1 Named Above Identifier _____ Child 2 Named Above Identifier _____
Child 3 Named Above Identifier _____ Child 4 Named Above Identifier _____
Child 5 Named Above Identifier _____ Child 6 Named Above Identifier _____

2. ALL OTHER CASE TYPES

Full Social Security Numbers (except for the last 4 digits), Phone Numbers and Email Addresses are considered confidential. This information should NOT be shown on pleadings and should be recorded below ON THIS FORM ONLY.

1. Party Name: _____ Cell Phone #: _____
Last 4 Digits of SS #: _____ Cell Phone Carrier*: _____
Home Phone #: _____ Email Address: _____

2. Party Name: _____ Cell Phone #: _____
Last 4 Digits of SS #: _____ Cell Phone Carrier*: _____
Home Phone #: _____ Email Address: _____

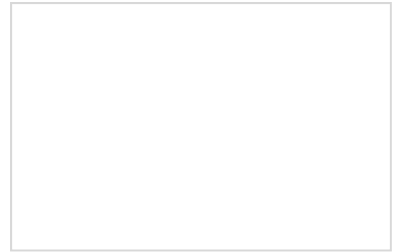
3. Party Name: _____ Cell Phone #: _____
Last 4 Digits of SS #: _____ Cell Phone Carrier*: _____
Home Phone #: _____ Email Address: _____

4. Party Name: _____ Cell Phone #: _____
Last 4 Digits of SS #: _____ Cell Phone Carrier*: _____
Home Phone #: _____ Email Address: _____

3. If DOMESTIC VIOLENCE is indicated, the Victim's Address, Phone Numbers and Email Address should NOT be included on pleadings, record this information below ON THIS FORM ONLY.

Victim's Name: _____ Cell Phone #: _____
Address: _____ Cell Phone Carrier*: _____
_____ Email Address: _____
Home Phone #: _____

* Please provide the name of the company you receive cell phone service through (i.e., Verizon, T-Mobile, AT&T, etc.)



In The Court of Common Pleas, Lucas County, Ohio
Juvenile Division

Case Number: _____

IN THE MATTER OF:

PRAECIPE FOR SERVICE

Petitioner's Name

Respondent's Name

DOB Last 4 Digits of SS #

DOB Last 4 Digits of SS #

Address City, State, Zip

Address City, State, Zip

Telephone #

Telephone #

NOTE: You will not be given a hearing date unless this form is filled out completely and full addresses are furnished.

TO THE CLERK:

Please serve a copy of _____ filed _____ upon
the following persons by:

Certified Mail Personal Service Other (*Please Specify*) _____

Mother's Name

Father's Name

Address City, State, Zip

Address City, State, Zip

Telephone #

Telephone #

Legal Custodian's Name

Other's Name Relationship

Address City, State, Zip

Address City, State, Zip

Telephone #

Telephone #

Petitioner's Signature Date

Civil Case Questionnaire

Case #: _____

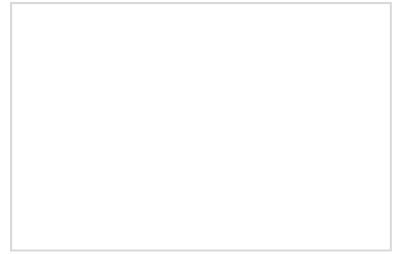
The Petitioner states the following is true and accurate to the best of his/her knowledge and belief:

- 1) Has any party been charged with, convicted of, or plead guilty to domestic violence? YES NO
- 2) Has any party been charged with, convicted of, or plead guilty to an offense, where a member of the family or household was physically harmed? YES NO
- 3) Is there currently a Protection Order in place involving any of the parties to this action? *(if yes, include name below)* YES NO
Name of Protected Persons: _____
- 4) Are there issues that you and the other party agree on? YES NO
- 5) Does the child(ren) have physical, emotional or educational disabilities? YES NO
- 6) Does any party have physical disabilities or mental health challenges? YES NO
- 7) Has any party stopped you, or prevented you from seeing the child(ren) on this case? YES NO
- 8) Does drug or alcohol use prevent a party from keeping a child on this case safe? YES NO
- 9) Do you believe a child on this case has been physically or emotionally abused? YES NO
- 10) Are you, or the other party, trying to move residences? YES NO
- 11) Have any of the parties been involved with Lucas County Children Services? YES NO
- 12) Has any party been charge, convicted or, or plead to child endangerment? YES NO
(If yes, include name and relationship to child)
Endangered Child: _____
Relationship: _____

Petitioner's Signature

PRAECIPE:

TO THE CLERK: Please serve a copy of the foregoing upon the Respondent(s) by personal service, or certified mail.



In The Court of Common Pleas, Lucas County, Ohio
Juvenile Division

Case Number: _____

IN THE MATTER OF:

**DECLARATION UNDER UNIFORM CHILD CUSTODY
JURISDICTION AND ENFORCEMENT ACT
(UCCJEA)
Affidavit Per ORCS 3127.23(A)**

Petitioner's Name

Respondent's Name

DOB Last 4 Digits of SS #

DOB Last 4 Digits of SS #

Street Address

Street Address

City, State, Zip

City, State, Zip

Instructions: By law, this Affidavit must be filed and served with any Complaint, Petition or Motion regarding allocation of parental rights and responsibilities, parenting time, custody or visitation. Each party has a continuing duty while the 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.

Affidavit of: _____ *(print full legal 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 ORCS 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 (5)** 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 & Address)	Relationship to Child	
To Present	<input type="checkbox"/> Yes <input type="checkbox"/> No			
To	<input type="checkbox"/> Yes <input type="checkbox"/> No			
To	<input type="checkbox"/> Yes <input type="checkbox"/> No			
b. 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 entered for the child in Section (a) above.				
Date of Residence	Address Confidential	Person Child Lived With (Name & Address)	Relationship to Child	
To Present	<input type="checkbox"/> Yes <input type="checkbox"/> No			
To	<input type="checkbox"/> Yes <input type="checkbox"/> No			
To	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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 entered for the child in Section (a) above.				
Date of Residence	Address Confidential	Person Child Lived With (Name & Address)	Relationship to Child	
To Present	<input type="checkbox"/> Yes <input type="checkbox"/> No			
To	<input type="checkbox"/> Yes <input type="checkbox"/> No			
To	<input type="checkbox"/> Yes <input type="checkbox"/> No			
d. 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 entered for the child in Section (a) above.				
Date of Residence	Address Confidential	Person Child Lived With (Name & Address)	Relationship to Child	
To Present	<input type="checkbox"/> Yes <input type="checkbox"/> No			
To	<input type="checkbox"/> Yes <input type="checkbox"/> No			
To	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Additional children are listed on **Attachment A** (Provide requested information for additional children on an attachment)

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 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 or visitation (parenting time) with any child subject to this case.
 Explain: _____

 Name of **each** child: _____
 Type of Case: _____
 Court & State: _____
 Date of 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 any child subject to this case other than set out in item #2.
 Explain: _____

 Name of **each** child: _____
 Type of Case: _____
 Court & State: _____
 Date of 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 ORC§ 2919.25; any sexually oriented offense as defined in ORC§ 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: _____
- c. Name & Address of Person: _____
 has physical custody claims custody rights claims visitation rights
 Name of each child: _____

6. I understand that I have a continuing duty to advise this Court of any custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection order from domestic violence case concerning the children about whom information is obtained during this case.

OATH OR AFFIRMATION

(Do NOT sign until a Notary Public is present)

I, _____, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and completed. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Affiant's Signature

Sworn to, or affirmed, before me by _____ this _____ day of _____.

(Affix Seal Here)

Signature of Notary Public