

**COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
CUYAHOGA COUNTY, OHIO**

_____ : CASE NO. DR _____
PETITIONER :
 :
 vs. : JUDGE _____
 :
_____ :
RESPONDENT : **REQUEST FOR HEARING TO
CONTEST REGISTRATION OF
FOREIGN SUPPORT ORDER**

Respondent, non-registering party, *(name)* _____, pursuant to R.C. 3115.43-44, contests the validity or enforcement of the foreign (out-of-state) support order registered in the above-captioned matter based on the following defense(s).

Respondent seeks to:

- vacate the registration
- assert a defense to the allegation of noncompliance
- contest the remedies being sought
- contest the amount of the alleged arrearages.

The foreign support order should not be confirmed or enforced because:

(Check all applicable boxes)

The issuing tribunal lacked personal jurisdiction over the contesting party because:

The order was obtained by fraud, as follows:

The order has been vacated, suspended, or modified by a later order. The attached order that vacated, suspended or modified the registered order was entered, as follows:

State or Country _____
Caption of Action _____

Date of Order _____
Title of Order _____
Name of Issuing Tribunal _____
Location of Issuing Tribunal _____
City

The issuing tribunal has stayed the order pending appeal. The attached order that stayed the order pending appeal was entered, as follows:

Date of Order _____

There is a defense under the law of this state to the remedy sought, as follows:

Full or partial payment has been made, as follows:

The applicable statute of limitation under R.C. 3115.41 precludes enforcement of some or all of the arrearages. The applicable statute of limitation is:

Respondent requests a hearing to present evidence in support of the claimed defense.

Respectfully submitted,

PRINT NAME

SIGNATURE

ADDRESS

CITY, STATE, ZIP CODE

DAYTIME TELEPHONE NUMBER

CERTIFICATE OF SERVICE

I certify that I mailed a copy of the Request for Hearing to Contest Registration of Foreign Support Order by ordinary U.S. mail on _____ on _____, 20____ to:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

SIGNATURE