



CUYAHOGA COUNTY COURT OF COMMON PLEAS  
DIVISION OF DOMESTIC RELATIONS

**JOINT MOTION TO  
CHANGE RESIDENTIAL PARENT  
FOR SCHOOL PURPOSES**

(use for parties with Shared Parenting Plans  
& no change to Child Support)

**If you have questions,  
Call the Help Center at (216) 443-8880**

- Joint Motion (BOTH parents must sign)
- Statement in Support (each parent to complete their own)
- Waiver of Legal Counsel (BOTH parents must sign)
- Waiver of Service (each parent to complete their own)
- Parenting Proceeding Statement (each parent to complete their own)
- Health Insurance Statement (each parent to complete their own)
- Judgment Entry (complete and each parent must sign)
- Filing fee: \$200.00

**How to File: [E-Filing, Mail or Drop-Off](#)**

**WHAT TO EXPECT AFTER YOU FILE:**

- After the documents are filed, they are reviewed to determine if a hearing needs to be scheduled.
- Check your mail, the CourtConnect App or the online Clerk of Court docket to determine if the Agreed Judgment Entry was signed by the Judge or if a hearing is needed.
- Once the Agreed Judgment Entry is signed by the Judge, call the Clerk of Court to request a certified copy of it at (216) 443-7938.

**NOTICE:**

These documents do not offer legal advice. Court employees cannot give legal advice.

For legal advice, please contact an attorney to represent you.

**Cleveland Metropolitan Bar Association Lawyer Referral Service** (216) 696-3532

**Legal Aid Society** (216) 687-1900

**Download  
the Court's App:  
CourtConnect**



Register for E-Filing

[HERE](#)

to see your case info online

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

CASE NO. DR: \_\_\_\_\_

\_\_\_\_\_  
PLAINTIFF/PETITIONER-01

JUDGE \_\_\_\_\_

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP

vs.

**JOINT MOTION TO MODIFY  
SHARED PARENTING ORDER -  
DESIGNATION OF RESIDENTIAL  
PARENT FOR SCHOOL PURPOSES**  
(Proposed Judgment Entry Attached)  
(No Change in Child/Medical Support)

\_\_\_\_\_  
DEFENDANT/PETITIONER-02

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY /STATE/ZIP

1. Now comes:

\_\_\_\_\_, Plaintiff/Petitioner-01 and  
\_\_\_\_\_, Defendant/Petitioner-02,  
and respectfully move this Honorable Court for a Judgment Entry to Modify the Shared Parenting Order - Designation of Residential Parent for School Purposes regarding the following minor children:

_____ (DOB: _____)	_____ (DOB: _____)
_____ (DOB: _____)	_____ (DOB: _____)
_____ (DOB: _____)	_____ (DOB: _____)

2. The most recent Shared Parenting Order was issued on \_\_\_\_\_ .

3. The Parties state that the following change has happened causing the need to modify the Shared Parenting Order:

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

4. We request that this Honorable Court issue a Judgment Entry to Modify the Shared Parenting Order - Designation of Residential Parent for School Purposes.

The reasons for the requested modifications are stated in the attached affidavits. A Proposed Judgment Entry signed by both of the parties is attached for consideration by the Court.

Respectfully Submitted,

\_\_\_\_\_  
PLAINTIFF/PETITIONER-01 (print name)

\_\_\_\_\_  
DEFENDANT/PETITIONER-02 (print name)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
DAYTIME TELEPHONE NUMBER

\_\_\_\_\_  
DAYTIME TELEPHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
EMAIL ADDRESS

**STATEMENT IN SUPPORT OF MOTION**

This statement in support of the accompanying motion is made by: \_\_\_\_\_  
*(your name)*

- 1. I am *(state your relationship to the subject minor child(ren))*:  
\_\_\_\_\_
- 2. I am requesting this Honorable Court to: \_\_\_\_\_  
\_\_\_\_\_
- 3. I am requesting this because: \_\_\_\_\_  
\_\_\_\_\_
- 4. I am in agreement with the modification as to: \_\_\_\_\_  
\_\_\_\_\_

I, also, state and affirm that:

- 5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 6. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.**

\_\_\_\_\_  
**Plaintiff/Petitioner-01 Signature**

**STATEMENT IN SUPPORT OF MOTION**

This statement in support of the accompanying motion is made by: \_\_\_\_\_  
*(your name)*

1. I am *(state your relationship to the subject minor child(ren))*:  
\_\_\_\_\_
2. I am requesting this Honorable Court to: \_\_\_\_\_  
\_\_\_\_\_
3. I am requesting this because: \_\_\_\_\_  
\_\_\_\_\_
4. I am in agreement with the modification as to: \_\_\_\_\_  
\_\_\_\_\_

I, also, state and affirm that:

5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.**

\_\_\_\_\_  
**Defendant/Petitioner-02 Signature**

**WAIVER OF LEGAL COUNSEL**

I understand that I have the right to be represented by an attorney in this proceeding. I have decided not to have an attorney assist me. By signing this Waiver, I confirm that I am waiving my right to legal representation for the purpose of this legal action.

I am aware that my ex-spouse's attorney, if my ex-spouse is represented by an attorney, does not represent me, or my interests.

I am aware that I could hire an attorney to advise and/or represent me but I am choosing to proceed without counsel.

I am freely and voluntarily choosing to sign the documents associated with this legal action with a full understanding of these documents and that I am choosing to proceed without counsel.

This waiver is being made voluntarily, with my full understanding and the same is of my own free will. It is my decision to proceed without counsel.

\_\_\_\_\_ Date

\_\_\_\_\_ PLAINTIFF/PETITIONER-01 (print name)

\_\_\_\_\_ SIGNATURE

**WAIVER OF LEGAL COUNSEL**

I understand that I have the right to be represented by an attorney in this proceeding. I have decided not to have an attorney assist me. By signing this Waiver, I confirm that I am waiving my right to legal representation for the purpose of this legal action.

I am aware that my ex-spouse's attorney, if my ex-spouse is represented by an attorney, does not represent me, or my interests.

I am aware that I could hire an attorney to advise and/or represent me but I am choosing to proceed without counsel.

I am freely and voluntarily choosing to sign the documents associated with this legal action with a full understanding of these documents and that I am choosing to proceed without counsel.

This waiver is being made voluntarily, with my full understanding and the same is of my own free will. It is my decision to proceed without counsel.

\_\_\_\_\_ Date

\_\_\_\_\_ DEFENDANT/PETITIONER-02 (print name)

\_\_\_\_\_ SIGNATURE

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

\_\_\_\_\_  
PLAINTIFF/PETITIONER-01

vs.

CASE NO. DR: \_\_\_\_\_

JUDGE \_\_\_\_\_

\_\_\_\_\_  
DEFENDANT/PETITIONER-02

**WAIVER OF SERVICE**

Plaintiff/Petitioner-01, \_\_\_\_\_, herein, states that he/she is more than eighteen (18) years of age, that he/she is not under mental disability, that he/she has received a copy of this Joint Motion to Modify Parenting Order and any attached documents, and that he/she hereby waives the Service of Summons in this proceeding as authorized under Civil Rule (4)D of the Ohio rules of Civil Procedure.

\_\_\_\_\_  
Plaintiff/Petitioner-01 Signature

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

\_\_\_\_\_  
PLAINTIFF/PETITIONER-01

vs.

CASE NO. DR: \_\_\_\_\_

JUDGE \_\_\_\_\_

\_\_\_\_\_  
DEFENDANT/PETITIONER-02

**WAIVER OF SERVICE**

Defendant/Petitioner-02, \_\_\_\_\_, herein, states that he/she is more than eighteen (18) years of age, that he/she is not under mental disability, that he/she has received a copy of this Joint Motion to Modify Shared Parenting Order and any attached documents, and that he/she hereby waives the Service of Summons in this proceeding as authorized under Civil Rule (4)D of the Ohio rules of Civil Procedure.

\_\_\_\_\_  
Defendant/Petitioner-02 Signature



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

\_\_\_\_\_  
**Plaintiff/Petitioner/Defendant-01**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Defendant/Respondent/Defendant-02**

\_\_\_\_\_  
**Address**

**Case Number** \_\_\_\_\_

**Judge** \_\_\_\_\_

**PARENTING PROCEEDING STATEMENT  
(ORC 3127.23)**

\_\_\_\_\_, states the following regarding issues relevant to  
(Your name)  
parenting of the following minor child(ren): (Names and birth dates of children) \_\_\_\_\_

**DIRECTIONS:** You must answer questions and provide all information requested. If you do not, it is possible the Court will be unable to make orders in your case. If you need more space to answer any question, please use a separate piece of paper and attach it to the back of this form. If the answers/information are not the same for all children, a separate affidavit must be filed for each child.

1. Beginning with the child(ren)'s present address, state the residence where the child(ren) lived within the last five years, and the names and relationship of the persons with whom the child(ren) lived during that period.

<u>Period of Residence</u>	<u>Address and Person(s) at residence</u>	<u>Person(s) Relationship to Child</u>
a. _____ to the present	a. _____	a. _____
b. _____ to _____	b. _____	b. _____
c. _____ to _____	c. _____	c. _____

2. Have you participated as a party, witness, or in any other capacity in any other proceedings concerning the allocation, between the parents of the same child, of parental rights and responsibilities for the care of the child including parenting time rights and the designation of the residential parent and legal custodian of the child or that otherwise concerned the custody of or visitation with the same child?    No    Yes

If "Yes" you must provide the Court name, address, case number and date of determination, if any on the line below:

3. Do you know of any proceedings that could affect the current proceeding, including proceedings for enforcement of child custody determinations; proceedings relating to domestic violence or protection orders; proceedings to adjudicate the child as an abused, neglected, or dependent child; proceedings seeking termination of parental rights; and adoptions?    No    Yes

If "Yes" you must provide the Court name, address, case number and date of determination, if any on the line below:

4. State the **name and address** of any person or agency who is not a party to this proceeding and has physical custody of the child or claims to be a parent of the child who is designated the residential parent and legal custodian of the child or to have visitation rights with respect to the child or to be a person other than a parent of the child who has custody or visitation rights with respect to the child (ORC 3127.23(A)(3)).    Not Applicable    The following person(s): \_\_\_\_\_

(Name of person or agency)

\_\_\_\_\_  
Address City/State/Zip

**The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.**

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

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

\_\_\_\_\_  
**Plaintiff/Petitioner/Defendant-01**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Defendant/Respondent/Defendant-02**

\_\_\_\_\_  
**Address**

**Case Number** \_\_\_\_\_

**Judge** \_\_\_\_\_

**PARENTING PROCEEDING STATEMENT  
(ORC 3127.23)**

\_\_\_\_\_, states the following regarding issues relevant to  
(Your name)  
parenting of the following minor child(ren): (Names and birth dates of children) \_\_\_\_\_

**DIRECTIONS:** You must answer questions and provide all information requested. If you do not, it is possible the Court will be unable to make orders in your case. If you need more space to answer any question, please use a separate piece of paper and attach it to the back of this form. If the answers/information are not the same for all children, a separate affidavit must be filed for each child.

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<u>Period of Residence</u>	<u>Address and Person(s) at residence</u>	<u>Person(s) Relationship to Child</u>
a. _____ to the present	a. _____	a. _____
b. _____ to _____	b. _____	b. _____
c. _____ to _____	c. _____	c. _____

2. Have you participated as a party, witness, or in any other capacity in any other proceedings concerning the allocation, between the parents of the same child, of parental rights and responsibilities for the care of the child including parenting time rights and the designation of the residential parent and legal custodian of the child or that otherwise concerned the custody of or visitation with the same child?    No    Yes

If "Yes" you must provide the Court name, address, case number and date of determination, if any on the line below:  
\_\_\_\_\_

3. Do you know of any proceedings that could affect the current proceeding, including proceedings for enforcement of child custody determinations; proceedings relating to domestic violence or protection orders; proceedings to adjudicate the child as an abused, neglected, or dependent child; proceedings seeking termination of parental rights; and adoptions?    No    Yes

If "Yes" you must provide the Court name, address, case number and date of determination, if any on the line below:  
\_\_\_\_\_

4. State the **name and address** of any person or agency who is not a party to this proceeding and has physical custody of the child or claims to be a parent of the child who is designated the residential parent and legal custodian of the child or to have visitation rights with respect to the child or to be a person other than a parent of the child who has custody or visitation rights with respect to the child (ORC 3127.23(A)(3)).    Not Applicable    The following person(s): \_\_\_\_\_

(Name of person or agency)

\_\_\_\_\_  
Address City/State/Zip

**The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.**

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

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

\_\_\_\_\_  
Plaintiff/Petitioner 1

v./and

\_\_\_\_\_  
Defendant/Petitioner 2

Case No. \_\_\_\_\_

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

**Instructions:** Check local court rules to determine when this form must be filed.  
This affidavit is used to disclose health insurance coverage that is available for children. It is also used to determine child support. It must be filed if there are minor children of the relationship. **If more space is needed, add additional pages.**

**STATEMENT OF HEALTH INSURANCE**

This statement is made by \_\_\_\_\_  
(Print Your Name)

\_\_\_\_\_ **Your Name** \_\_\_\_\_ **Other Parent**

Are your child(ren) currently enrolled in a low-income government-assisted health care program (Healthy Start/Medicaid)?

Yes  No

Yes  No

Are you enrolled in an individual (non-group or COBRA) health insurance plan?

Yes  No

Yes  No

Are you enrolled in a health insurance plan through a group (employer or other organization)?

Yes  No

Yes  No

If you are not enrolled, do you have health insurance available through a group (employer or other organization)?

Yes  No

Yes  No

Does the available insurance cover primary care services within 30 miles of the child(ren)'s home?

Yes  No

Yes  No

\_\_\_\_\_ **Your Name**                      \_\_\_\_\_ **Other Parent**

Under the available insurance, what would be the annual premium for a plan covering you and the child(ren) of this relationship (not including a spouse)?

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Under the available insurance, what would be the annual premium for a plan covering you alone (not including children or spouse)?

\$ \_\_\_\_\_

\$ \_\_\_\_\_

If you are enrolled in a health insurance plan through a group (employer or other organization) or individual insurance plan, which of the following people is/are covered:

Yourself?

Yes  No

Yes  No

Your spouse?

Yes  No

Yes  No

Minor child(ren) of this relationship?

Yes  No

Yes  No

Number \_\_\_\_\_

Number \_\_\_\_\_

Other individuals?

Yes  No

Yes  No

Number \_\_\_\_\_

Number \_\_\_\_\_

Name of group (employer or organization) that provides health insurance

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number

\_\_\_\_\_

\_\_\_\_\_

**STATEMENT OF TRUTH**

The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.

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

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

\_\_\_\_\_  
Plaintiff/Petitioner 1

v./and

\_\_\_\_\_  
Defendant/Petitioner 2

Case No. \_\_\_\_\_

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

**Instructions:** Check local court rules to determine when this form must be filed.  
This affidavit is used to disclose health insurance coverage that is available for children. It is also used to determine child support. It must be filed if there are minor children of the relationship. **If more space is needed, add additional pages.**

**STATEMENT OF HEALTH INSURANCE**

This statement is made by \_\_\_\_\_  
(Print Your Name)

\_\_\_\_\_ **Your Name** \_\_\_\_\_ **Other Parent**

Are your child(ren) currently enrolled in a low-income government-assisted health care program (Healthy Start/Medicaid)?

Yes  No

Yes  No

Are you enrolled in an individual (non-group or COBRA) health insurance plan?

Yes  No

Yes  No

Are you enrolled in a health insurance plan through a group (employer or other organization)?

Yes  No

Yes  No

If you are not enrolled, do you have health insurance available through a group (employer or other organization)?

Yes  No

Yes  No

Does the available insurance cover primary care services within 30 miles of the child(ren)'s home?

Yes  No

Yes  No

\_\_\_\_\_ **Your Name**                      \_\_\_\_\_ **Other Parent**

Under the available insurance, what would be the annual premium for a plan covering you and the child(ren) of this relationship (not including a spouse)?

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Under the available insurance, what would be the annual premium for a plan covering you alone (not including children or spouse)?

\$ \_\_\_\_\_

\$ \_\_\_\_\_

If you are enrolled in a health insurance plan through a group (employer or other organization) or individual insurance plan, which of the following people is/are covered:

Yourself?

Yes  No

Yes  No

Your spouse?

Yes  No

Yes  No

Minor child(ren) of this relationship?

Yes  No

Yes  No

Number \_\_\_\_\_

Number \_\_\_\_\_

Other individuals?

Yes  No

Yes  No

Number \_\_\_\_\_

Number \_\_\_\_\_

Name of group (employer or organization) that provides health insurance

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number

\_\_\_\_\_

\_\_\_\_\_

**STATEMENT OF TRUTH**

The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.

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

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

\_\_\_\_\_  
PLAINTIFF/PETITIONER-01

CASE NO. DR: \_\_\_\_\_

JUDGE \_\_\_\_\_

vs.

**JUDGMENT ENTRY**

\_\_\_\_\_  
DEFENDANT/PETITIONER-02

This matter came on for hearing on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ before the Honorable \_\_\_\_\_, Judge of the Domestic Relations Division of the Court of Common Pleas upon the Joint Motion to Modify Shared Parenting Order - Designation of Residential Parent for School Purposes (Motion # \_\_\_\_\_) filed on \_\_\_\_\_. Service has been waived by both parties. The Court finds that any unrepresented party voluntarily and knowingly has waived the right to counsel in this proceeding.

The Court further finds that the parties have reached an agreement as to which party shall be designated as the residential parent for school purposes for the following minor children:

_____ (DOB: _____)	_____ (DOB: _____)
_____ (DOB: _____)	_____ (DOB: _____)
_____ (DOB: _____)	_____ (DOB: _____)

The Court finds that said agreement is fair, just and equitable.

**IT IS THEREFORE ORDERED, ADJUDGED AND DECREED** that: \_\_\_\_\_, (*insert name of party*) shall be designated the residential parent for school purposes for the above-named minor children. Any orders not modified herein shall remain in full force and effect.

Costs adjudged against:     Plaintiff/Petitioner-01,  Defendant/Petitioner-02  
    Both parties equally

**IT IS SO ORDERED.**

\_\_\_\_\_  
**JUDGE**

Respectfully Submitted By:

\_\_\_\_\_  
Plaintiff/Petitioner-01 Signature

\_\_\_\_\_  
Defendant/Petitioner-02 Signature