



CUYAHOGA COUNTY COURT OF COMMON PLEAS  
DIVISION OF DOMESTIC RELATIONS

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THE STATE OF OHIO  
Cuyahoga County

IN THE COURT OF COMMON PLEAS  
**INSTRUCTIONS FOR SERVICE**

\_\_\_\_\_  
v.  
\_\_\_\_\_

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

Judge \_\_\_\_\_

Method of Service

CERTIFIED MAIL

ORDINARY MAIL

REGISTERED MAIL

PERSONAL (Please specify type)

RESIDENCE (Please specify type)

CUYAHOGA COUNTY SHERIFF

CUYAHOGA COUNTY SHERIFF

OUT OF COUNTY SHERIFF \_\_\_\_\_

OUT OF COUNTY SHERIFF \_\_\_\_\_

PROCESS SERVER \_\_\_\_\_

PROCESS SERVER \_\_\_\_\_

Name and Address of Party to Serve:

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

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

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Filing Party/ Attorney of Record

# INSTRUCTIONS FOR COMPLETING AND FILING THE MOTION TO MODIFY PARENTING ORDER

*See General Information concerning Allocation of Parental Rights and Responsibilities for details about modifying the allocation of parental rights and responsibilities before completing this form.*

- Caption:** On the line labeled "Plaintiff/Petitioner-01" fill in the name of the same person who was the original Plaintiff or Petitioner-01 when the case was first filed.
- On the line labeled "Defendant/Petitioner-02/Respondent" fill in the name of the person who was the original Defendant, Petitioner-02 or Respondent when the case was first filed.
- Fill in the same case number and judge assigned by the Clerk of Courts when the case was first filed.
- Check the first box if you are seeking an order changing the residential parent.
  - Check the second box if you are seeking an order changing parenting time only
  - Check the third box if the last order was for shared parenting
  - Check the last box if you are requesting shared parenting, and the last order was not for shared parenting.
- Paragraph 1:** Fill in your name and whether you are "Plaintiff", "Defendant", etc. on the line in the first paragraph; check the boxes that correspond to the ones you checked in the "Caption" and, fill in the name and birth date of each child.
- Paragraph 2:** Fill in the date the last parenting order was issued. (This date is on the stamp marked "Received for Filing" close to the Judge's signature.)
- Paragraph 3:** Fill in your name and state the reason(s) for requesting the change. Complete and attach the Affidavit included in this packet. The affidavit must include facts on which your request for change is based.
- Paragraph 4:** Check the box and fill in your name if you are requesting shared parenting. Attach a proposed shared parenting to the motion.
- Signature:** Print your name on the first line, sign it on the second line, and print your address and daytime telephone number.

## FILING THE MOTION TO MODIFY PARENTING ORDER

File the Motion to Modify Parenting Order with the Clerk of Court located in Room 35 on the ground floor of the Cuyahoga County Courthouse, 1 W. Lakeside Avenue, Cleveland, Ohio 44113. You must also file a Parenting Proceeding Affidavit. If you are not receiving public assistance and have not already done so, you may wish to complete a IV-D Application, authorizing CJFS-OCSS to provide a broader range of services related to the administration of your child support order. Attach the IV-D Application to the Parenting Proceeding Application. You will be required to pay a "filing fee" with the Clerk of Court when you file your Motion. Please refer to Rule 1 of this Court's Local Rules for the correct amount.

## SERVICE

The Court cannot consider your motion unless it has been "served" on your spouse. The motion you file must be "served" by the Clerk of Court (not by you). A commonly used method of service is by certified mail. You must instruct the Clerk to do this by filing "Instructions for Service".

If the mail is returned to the Clerk from the Postal Service as unclaimed or refused, that information is posted on the "docket" in your case, and you will be notified by postcard. You must then instruct the Clerk to send service by ordinary mail. To do this, you must file a new "Instructions for Service" form, with a copy of the motion attached, requesting that service be made by regular mail.

**PLEASE NOTE: IT IS YOUR RESPONSIBILITY TO MAKE SURE SERVICE IS COMPLETED. THIS WEBSITE DOES NOT EXPLAIN OTHER LEGAL METHODS OF SERVICE. FOR FURTHER INFORMATION REFER TO RULES 4 THROUGH 4.6 OF THE OHIO RULES OF CIVIL PROCEDURE.**

_____	:	CASE NO. DR: _____
PLAINTIFF/PETITIONER-01		
_____	:	
ADDRESS		
_____	:	
CITY/STATE/ZIP		
	:	
vs.	:	JUDGE _____
	:	

DEFENDANT/PETITIONER-02	:	<b>MOTION TO MODIFY PARENTING ORDER AS TO:</b>
ADDRESS	:	<input type="checkbox"/> Allocation of Parental Rights and Responsibilities (Custody)
CITY/STATE/ZIP	:	<input type="checkbox"/> Parenting Time (Visitation)
		<input type="checkbox"/> Shared Parenting Plan

Now comes \_\_\_\_\_, and respectfully moves this Honorable Court  
for an order modifying the prior order as to ☐ Allocation of Parental Rights and Responsibilities  
☐ Parenting Time  
☐ Shared Parenting Plan  
regarding the following minor children: \_\_\_\_\_ (DOB \_\_\_\_\_)  
\_\_\_\_\_ (DOB \_\_\_\_\_)  
\_\_\_\_\_ (DOB \_\_\_\_\_)

☐ \_\_\_\_\_ request that this Honorable Court issue an Order for Shared Parenting.

EMAIL ADDRESS

Case Number: \_\_\_\_\_

### STATEMENT IN SUPPORT

This statement is made by: \_\_\_\_\_ (*insert name*)

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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.

\_\_\_\_\_  
Signature

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

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

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

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

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

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

**PARENTING PROCEEDING STATEMENT  
(ORC 3127.23)**

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

\_\_\_\_\_, 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.

Period of Residence

Address and Person(s) at residence

Person(s) Relationship to Child

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	Case No.	
	Judge	
v./and	Magistrate	

Defendant/Petitioner 2

**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minor child(ren) of this relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Number _____
Other individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number _____	<input type="checkbox"/> Yes <input type="checkbox"/> No 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