

**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

PLAINTIFF/PETITIONER-01 : CASE NO. DR _____
 :
vs. : JUDGE _____
 :

DEFENDANT/PETITIONER-02 :
RESPONDENT :

**APPLICATION FOR CHILD SUPPORT SERVICES
NON-PUBLIC ASSISTANCE APPLICANT/RECIPIENT**

Applicant Name _____

Applicant Address _____

IMPORTANT: If you are receiving TANF or Medicaid, do **not** complete this application, because you became eligible for child support services when you became eligible to receive TANF or Medicaid.

I, _____, request Child Support Services from the Cuyahoga County Child Support Enforcement Agency. I understand and agree to the following conditions:

- A. I am a resident of Cuyahoga County.
- B. The only fee that can be charged for services is a one dollar application fee.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA.
- D. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipients' personal interest.

The Child Support Enforcement Agency can assist you in providing the following services:

- 1. **Location of Absent Parents.**
The agency can assist in finding where an absent parent is currently living, in what city, town or state. The applicant can request "**Location Services Only**", if the sole need is to find the whereabouts of the absent parent.
- 2. **Establishment or Modification of Child Support and Medical Support.**
The CSEA can assist you in obtaining an order for support if you are separated, have been deserted or need to establish paternity (fatherhood). The CSEA can also assist you in changing the amount of support orders (modification), and to establish a medical support order.
- 3. **Enforcement of Existing Orders.**
The CSEA can help you collect current and back child support.
- 4. **Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearage.**
The agency can assist in collecting back support (arrearage) by intercepting a non-payor's federal and state income tax refunds on some cases.
- 5. **Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.**
The agency can help you get payroll deductions for current and back child support and can intercept unemployment compensation to collect child support.
- 6. **Establishment of Paternity.**
The agency can obtain an order for the establishment of paternity (fatherhood), if you were not married to the father of the child.
- 7. **Collection and Disbursement of Payments.**
The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Back support collected will be paid to you until all of the back support you are owed is paid.
- 8. **Interstate Collection of Child Support.**
The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.

APPLICANT INFORMATION

Name: _____ Home Address: _____ _____ _____ Home Phone #: _____ Social Security #: _____ Race: _____ Relationship to Children: _____ Military Service: _____ (Branch, Dates) _____ _____ _____	Date of Birth: _____ Mailing Address: _____ _____ _____ Sex: _____ <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated Ever been on Public Assistance? _____ (When and Where) _____ _____ _____
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EMPLOYER INFORMATION

Employer Name: _____ Employer Address: _____ _____ _____	Employer Phone #: _____ Is Medical Insurance Available? _____ _____
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	CHILD 1	CHILD 2	CHILD 3
Name:			
Sex:			
Race:			
Social Security #:			
Date of Birth:			
Home Address:			

Location of Birth: (Country, State, City)			
Has Paternity (Fatherhood) been Established?			
Name(s) of Absent Parent(s):			
Is there an Order for Support?			
Is the Child covered by Medical Insurance?			

ABSENT PARENT INFORMATION		
PARENT 1	PARENT 2	PARENT 3

Name (and alias)			
Home Address:			
Mailing Address:			
Social Security #:			
Date of Birth:			
Location of Birth (Country, State, City)			
Race:			
Sex:			
Height / Weight:			
Hair / Eye Color:			
Identifying Marks (Tattoos, scars, etc):			
Names of Children:			
Name and Address of Employer			

Employer Phone #:			
Medical Insurance Provided?			
Support Order #:			
Date of Support Order:			
Amount of Support:	\$	\$	\$
Order Frequency:	Per	Per	Per
Location where Order was issued:			
Military Service (Branch, Dates)			
Ever Incarcerated? (Location, Dates):			
Arrest Record (Location, Dates):			
Name and Address of Current Spouse			
Father's Name:			
Mother's Name (Maiden):			
Ever been on Public Assistance? (Locations, Dates)			

Type(s) of Service(s) Requested:

- All Services listed
- Location of absent parent only
- Other (please explain) _____

I understand that the Child Support Agency within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support services (VI-D Services).

Signature of Applicant: _____

Date: _____