

## **INSTRUCTIONS FOR COMPLETING AND FILING MOTION TO SHOW CAUSE FOR NON-SUPPORT**

Failure to comply with a support order of court may be contempt of court. Support includes monthly payments and health care expenses. A motion to show cause is used to bring one party's failure to comply with a Court support order to the Court's attention. The motion to show cause must be completely filled out and must be supported by an Affidavit.

**Caption:** On the line labeled "Plaintiff/Petitioner-01" write 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 write the name of the person who was the original Defendant, Petitioner-02 or Respondent when the case was first filed.

Use the same case number that was assigned by the Clerk of Courts when the case was first filed. Write the name of the same Judge also.

**Paragraph 1:** Write your name and whether you are "Plaintiff", "Defendant", etc. on the first line, your former spouse's name and whether he/she is "Plaintiff" or "Defendant" etc. on the second line. On the third line identify by date the Court order that you believe your former spouse has not obeyed. (This date is on the order in the stamp marked "Received for Filing" close to the Judge's signature.)

**Check boxes:** Check the boxes that describe the parts of the support order that you claim your former spouse did not obey. Fill in all applicable lines.

**Signature:** Print your name on the first line, sign it on the second line, and print your address and daytime telephone number where indicated.

**Affidavit:** You must prepare and attach a Non-Support Notarized Affidavit (last page of this packet) explaining how you believe your former spouse failed to comply with the Court order. You must fill in ALL appropriate information on the lines provided. If you are claiming that your former spouse failed to pay health care expenses you must attach an itemized list of those expenses.

### **FILING THE MOTION TO TERMINATE CURRENT SUPPORT**

You must file the motion with the [Clerk of Court](#) located in Room 35 on the ground floor of the Cuyahoga County Courthouse, 1 W. Lakeside Ave., Cleveland, Ohio 44113. You will be required to pay a "filing fee" to the Clerk of Court at the time you file the motion. Please refer to [Local Rule 1](#) of this Court's Rules for the correct amount.

### **SERVICE**

The Court cannot consider your motion unless it has been "served" on the other party in your case. The motion you file must be "served" by the Clerk of Court by "certified mail". You must instruct the Clerk to do this by filing ["Instructions for Service"](#) (found on this website), and you must provide the Clerk with a copy of the motion.

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 post card. You must then instruct the Clerk to send a copy of your motion by "ordinary mail". To do this, you must file a new "Instructions for Service" form, requesting that service be made by "ordinary mail", and give the Clerk another copy of the motion.

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

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

\_\_\_\_\_ : CASE NO. DR: \_\_\_\_\_  
PLAINTIFF/PETITIONER-01  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY/STATE/ZIP  
\_\_\_\_\_ :  
vs. JUDGE \_\_\_\_\_  
\_\_\_\_\_ :  
DEFENDANT/PETITIONER-02 : **MOTION TO SHOW CAUSE**  
RESPONDENT : **FOR NONPAYMENT OF SUPPORT**  
\_\_\_\_\_ :  
ADDRESS  
\_\_\_\_\_ :  
CITY/STATE/ZIP

Now comes \_\_\_\_\_, and respectfully moves this Honorable Court for an order requiring \_\_\_\_\_ to appear and show cause why **he/she** should not be held in contempt of this Court's order issued \_\_\_\_\_:

- requiring him/her to pay the child support in the amount of \$\_\_\_\_\_ per month;
- requiring him/her to pay spousal support in the amount of \$\_\_\_\_\_ per month;
- requiring him/her to pay health care expenses for the child(ren);
- (other) \_\_\_\_\_  
\_\_\_\_\_.

The reasons in support of this motion are stated in the attached affidavit.

\_\_\_\_\_  
PRINT NAME  
\_\_\_\_\_  
SIGNATURE  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY, STATE, ZIP CODE  
\_\_\_\_\_  
MOBILE TELEPHONE NUMBER  
\_\_\_\_\_  
EMAIL ADDRESS

STATE OF OHIO )  
 )  
CUYAHOGA COUNTY )

SS: AFFIDAVIT

I, \_\_\_\_\_, having been first duly sworn according to law, hereby state and depose that:

1. I am the Obligee under the support order of this Court issued \_\_\_\_/\_\_\_\_/20\_\_\_\_;

Obligor should have paid \$\_\_\_\_\_ in child support, cash medical support, and/or spousal support, which includes 2% processing charge, since the commencement date of the order through \_\_\_\_/\_\_\_\_/20\_\_\_\_;

Obligor paid \$\_\_\_\_\_ in child support, cash medical support, and/or spousal support including the last payment received on \_\_\_\_/\_\_\_\_/20\_\_\_\_;

The arrearage is \$\_\_\_\_\_ as of \_\_\_\_/\_\_\_\_/20\_\_\_\_;

2.  The order requires Obligor to pay \_\_\_\_\_% of health care expenses not covered or reimbursed by private health insurance or cash medical support for the parties' minor child(ren).

Obligor has failed to pay health care expenses not covered or reimbursed by private health insurance or cash medical support for the parties' minor child(ren) as ordered;

- I have demanded payment of said expenses.
- I have not demanded payment of said expenses.

An itemized list of said expenses is attached.

**FURTHER AFFIANT SAYETH NAUGHT.**

\_\_\_\_\_  
SIGNATURE

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.



\_\_\_\_\_  
NOTARY PUBLIC