

CHILD CUSTODY AFFIDAVIT
§3127.23 O.R.C.

- This form or a form identical in content to this form must be completed and attached to each party's initial pleading in any child custody proceeding.
- A public children services agency need not complete and attach this affidavit with its pleadings.
- Each party has an ongoing duty to inform the court of any child custody proceeding concerning the child in this or any other state that could affect the current proceeding.

In Re: _____
(Insert name of child above)

The undersigned _____, being duly sworn, state that the following information, if reasonably ascertainable, is true and accurate to the best of his or her knowledge, information, and belief.

1. The child's current address or whereabouts is:

Address: _____
City/State/Zip _____

2. The child has lived with the following persons within the past five (5) years (attach additional page if necessary):

Name: _____
Relationship to child: _____
Address: _____
City/State/Zip _____
Phone Number: _____
Time period: From _____ To _____

Name: _____
Relationship to child: _____
Address: _____
City/State/Zip _____
Phone Number: _____
Time period: From _____ To _____

3. The current addresses of the persons with whom the child has resided within the past five (5) years are as follows (attach additional page if necessary):

Name: _____
Address: _____
City/State/Zip _____
Phone Number: _____
Name: _____
Address: _____
City/State/Zip _____
Phone Number: _____

This Space is for Court Use Only

4. I have have not participated as a party, witness, or in any other capacity in any other proceeding concerning the allocation, between the parents of this child, of parental rights and responsibilities for the care of the child including any designation of 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 child. If so, the court, case number and the date of the child custody determination is as follows (attach additional page if necessary):

State and County name: _____
Date: _____
Case Number: _____

5. I have do not have any knowledge 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. If so, the court, the case number, and the nature of the proceeding(s) is/are as follows (attach additional page if necessary):

State and County name: _____
Date: _____
Case Number: _____

6. I know do not know of any person who is not a party to the 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 parenting time 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. If so, the names and addresses of those persons are as follows (attach additional page if necessary):

Name: _____
Address: _____
City/State/Zip _____
Phone Number: _____
Name: _____
Address: _____
City/State/Zip _____
Phone Number: _____

7. I am requesting that the information contained in this affidavit be kept under seal and not be disclosed to the other party or parties in this action for the following reason(s): _____

Affiant/Petitioner

Sworn to and subscribed before me and in my presence on _____, _____.

Notary Public

APPENDIX H

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

IMPORTANT: If you are receiving ADC or Medicaid, do not complete this application because you became eligible for child support services when you signed the ADC/Medicaid application.

I, _____, request child support services from the _____ CSEA (Child Support Enforcement Agency). I understand and agree to the following:

- A. I am a resident of the county in which services are requested and no other Ohio county has jurisdiction over support – OR – I am requesting services from the Ohio county of jurisdiction.
- B. The only fee that can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).
- 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 recipient's 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 Only Services', if the sole need is to find the whereabouts of the absent parent.
- 2. **Establishment or Adjustment of Child Support and Medical Support.**
The CSEA can assist you to obtain 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 (adjustment), and to establish a medical support order.
- 3. **Enforcement of Existing Orders.**
The CSEA can help you collect current and past-due child support.
- 4. **Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.**
The agency can collect past-due support (arrearages) by intercepting a payor's federal and state income tax refunds in 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 past-due 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. An absent parent may request paternity services.
- 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. Past-due support collected will be paid to you until all of the past-due 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: _____	Date of Birth: _____
Home Address: _____ _____	Mailing Address: _____ _____
Home Phone #: _____	
Social Security #: _____	Sex: _____
Race: _____	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Relationship to Children: _____	
Military Service (Branch, Dates): _____	Ever been on Public Assistance? (When and Where) _____

EMPLOYER INFORMATION

Employer Name: _____	Employer Phone #: _____
Employer Address: _____	Is Medical Insurance Available? _____

	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, Address Current Spouse:			
Father's Name:			
Mother's Name (Maiden):			
Ever been on Public Assistance? (Location, 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 (IV-D Services).

Signature of Applicant: _____

Date: _____