

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

Case No. _____

Plaintiff/1st Petitioner/Petitioner

- vs/and -

Defendant/2nd Petitioner/Respondent

Instructions: Check local court rules to determine when this form must be filed. By law, an affidavit must be filed and served with the first pleading filed by each party in every parenting (custody/visitation) proceeding in this Court, including Dissolutions, Divorces, Domestic Custody and Support, and Domestic Violence Petitions. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, add additional pages. Please Print all Information.**

PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))

Affidavit of _____
(Print Your Name)

ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OR YOUR CHILD(REN) WOULD BE JEOPARDIZED BY THE DISCLOSURE OF YOUR ADDRESS OR IDENTIFYING INFORMATION. YOU ACKNOWLEDGE THAT THE COURT MAY CONDUCT A HEARING REGARDING THE BASIS FOR YOUR REQUEST.

Pursuant to R.C. 3127.23(D), I allege that my health, safety, or liberty or that of my child(ren) would be jeopardized by the disclosure of identifying information to my spouse or the public. Therefore, I request that my address be placed under seal. I have marked the corresponding box next to each address I am requesting to be sealed. Insert the information requested below for all minor or dependent children of the parties. You must list the residences for all places where the children have lived for the last **FIVE** years.

1. _____ (*Total Number of*) Minor child(ren) is/are subject to this case as follows:

Insert the information requested below for all minor or dependent children of the parties. You must list the residences for all places where the children have lived for the last **FIVE** years.

| | | | | |
|-----------------------------------|----------------------|---------|---|---|
| a. | Child's Name: | | Date of Birth: | |
| Gender Assigned at Birth | | | Male (M) Non-Binary (NB) Female (F) Prefer Not to Answer (NA) | Place of Birth: _____ (City/State or Country) |
| <u>Period of Residence</u> | | | <u>Person(s) With Whom Child Lived</u> (Name & Address) | |
| | to | present | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code |
| | to | | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code |
| | to | | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code |
| | to | | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code |

| | | | | | |
|---|----------------------|--|---|---|--|
| b. | Child's Name: | | | Date of Birth: | |
| Gender Assigned at Birth | | Male (M) Non-Binary (NB) Female (F) Prefer Not to Answer (NA) | Place of Birth: _____ (City/State or Country) | | |
| Check this box if the information requested below would be the same as in subsection 1a and skip to the next question. | | | | | |
| <u>Period of Residence</u> | | | <u>Person(s) With Whom Child Lived</u> (Name & Address) | | |
| | to | present | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code | |
| | to | | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code | |
| | to | | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code | |
| | to | | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code | |

| | | | | |
|---|----------------------|-------------------------|---|---|
| c. | Child's Name: | | | Date of Birth: |
| Gender Assigned at Birth | | Male (M) | Non-Binary (NB) | Place of Birth: |
| | | Female (F) | Prefer Not to Answer (NA) | _____ |
| | | (City/State or Country) | | |
| Check this box if the information requested below would be the same as in subsection 1a and skip to the next question. | | | | |
| <u>Period of Residence</u> | | | <u>Person(s) With Whom Child Lived</u> (Name & Address) | |
| | to | present | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code |
| | to | | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code |
| | to | | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code |
| | to | | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code |

| | | | | |
|---|----------------------|--|---|---|
| d. | Child's Name: | | | Date of Birth: |
| Gender Assigned at Birth | | Male (M) Non-Binary (NB) Female (F) Prefer Not to Answer (NA) | Place of Birth: _____ (City/State or Country) | |
| Check this box if the information requested below would be the same as in subsection 1a and skip to the next question. | | | | |
| <u>Period of Residence</u> | | | <u>Person(s) With Whom Child Lived</u> (Name & Address) | |
| | to | present | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code |
| | to | | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code |
| | to | | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code |
| | to | | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code | Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code |

IF MORE SPACE IS NEEDED FOR ADDITIONAL CHILDREN, ATTACH ADDENDUM 616-A AND CHECK THIS BOX

2. Participation in custody case(s): (Check only one box.)

I **HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child listed in this affidavit.

I **HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child listed in this affidavit. For each case in which you participated, give the following information:

| <u>Name Child(ren)</u> | <u>Type of Case</u> | <u>Court & State/County</u> | <u>Case Number</u> |
|------------------------|---------------------|---------------------------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

IF MORE SPACE IS NEEDED FOR ADDITIONAL CUSTODY CASES, ATTACH ADDENDUM 616-B AND CHECK THIS BOX.

3. Information about other civil case(s) that could affect this case: (Check Only One Box.)

I **HAVE NO INFORMATION** about any other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child listed in this affidavit.

I **HAVE THE FOLLOWING INFORMATION** concerning other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning a child listed in this affidavit. Do not repeat cases already listed above.

| <u>Name Child(ren)</u> | <u>Type of Case</u> | <u>Court & State/County</u> | <u>Case Number</u> |
|------------------------|---------------------|---------------------------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH ADDENDUM 616-C AND CHECK THIS BOX.

4. Information about criminal case(s):

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

| <u>Name</u> | <u>Case Number</u> | <u>Court/State/County</u> | <u>Convicted of What Crime?</u> |
|-------------|--------------------|---------------------------|---------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH ADDENDUM 616-D AND CHECK THIS BOX.

5. Person(s) not a party to this case who has/have physical custody or claim(s) to have custody or visitation rights to child(ren) subject to this case: (Check Only One Box.)

I DO NOT KNOW OF ANY PERSON(S) not a party to this case who has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

a.

Name

Address

City, State and Zip Code

Has physical custody
 Claims custody rights
 Claims visitation rights

Name of Each Child(ren):

1) _____

2) _____

3) _____

4) _____

b.

Name

Address

City, State and Zip Code

Has physical custody
 Claims custody rights
 Claims visitation rights

Name of Each Child(ren):

1) _____

2) _____

3) _____

4) _____

c.

Name

Address

City, State and Zip Code

Has physical custody
Claims custody rights
Claims visitation rights

Name of Each Child(ren):

1) _____
2) _____
3) _____
4) _____

d.

Name

Address

City, State and Zip Code

Has physical custody
Claims custody rights
Claims visitation rights

Name of Each Child(ren):

1) _____
2) _____
3) _____
4) _____

IF MORE SPACE IS NEEDED FOR ADDITIONAL PERSON(S), ATTACH ADDENDUM 616-E AND CHECK THIS BOX

6. I understand that I have a **continuing duty** to advise this Court of any custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection order from domestic violence case concerning the children about which I become aware during this case.

OATH
(Do Not Sign Until Notary is Present)

I, (Print Name) _____, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document and any attachments are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____, _____, at _____, County of _____, State of Ohio.

Signature – Administer Oath

Title (example: Notary, Deputy Clerk of Courts, etc.)