

Instructions for filing a
**“MOTION FOR CHANGE OF CHILD SUPPORT, MEDICAL SUPPORT, TAX EXEMPTION, OR
OTHER CHILD-RELATED EXPENSES”**
(filed in an existing case)

This packet contains four forms that must be used to request a change in a current child support, medical support, tax exemption, or other child-related expenses court order. The forms enclosed are (A) “MOTION FOR CHANGE OF CHILD SUPPORT, MEDICAL SUPPORT, TAX EXEMPTION, OR OTHER CHILD-RELATED EXPENSES,” (B) “AFFIDAVIT OF BASIC INFORMATION, INCOME, AND EXPENSES” containing financial information, (C) “REQUEST FOR SERVICE” and (D) “SUPPLEMENTAL INFORMATION FORM”.

These instructions are intended to be a general guide to help you complete the forms, file them with the Court, serve them on the opposing party, and get your request properly before the Court. These instructions are not intended to be a legal analysis of your request and do not guarantee you will be successful in your motion, but are merely to assist you in preparing and presenting your request.

- **A \$48.00 filing fee MUST be paid at the time of filing.**

*****It will be helpful to read ALL the instructions prior to completing the forms and you may refer back to them as much as you need. The clerks cannot help you with the forms, but will verify that all sections are completed prior to filing. Incomplete forms will not be accepted.**

A. MOTION FOR CHANGE OF CHILD SUPPORT, MEDICAL SUPPORT, TAX EXEMPTION, OR OTHER CHILD-RELATED EXPENSES (Fill out the form completely and entirely)

1. Header & Case Caption:

- a. If you are filing in the Juvenile Court of Holmes County, you will use “Juvenile” Division and “Holmes” County. Please fill in the blank spaces at the top of the Complaint.
- b. IN THE MATTER OF: is the minor child’s name.
- c. **Plaintiff/Petitioner 1: Must be the same as the existing case caption.**
- d. Case No.: current case number.
- e. The current Judge and Magistrate presiding are Judge Thomas C. Lee and Magistrate Julie Dreher.
- f. **Defendant/Petitioner 2/Respondent: Must be the same as the existing case caption.**

*****NOTE: PLEASE ASK THE CLERK FOR THE CURRENT CASE CAPTION IF YOU ARE UNSURE.**

2. Enter your name, as the Movant, at the bottom of Page 1.
3. Check the box beside what changes you are requesting (check all that apply).
4. Describe the changes in circumstances that have occurred since the current existing order was filed.
5. Describe the changes you are requesting to be made to the current court order.
6. If requesting assessment of attorney fees and/or court costs, please check the appropriate box.
7. You must include your signature, name, address, and phone # at the end of the motion.

Instructions for:

MOTION FOR CHANGE OF CHILD SUPPORT, MEDICAL SUPPORT, TAX EXEMPTION, OR OTHER CHILD-RELATED EXPENSES

Revised October 2024

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B. AFFIDAVIT OF BASIC INFORMATION, INCOME, AND EXPENSES (Fill out the form completely and entirely)

1. Fill out the Header & Case Caption (see detailed instructions in section A).
2. Do not leave any section blank. If not applicable mark “N/A” or if unknown mark “unknown”.
3. This document must be **signed in the presence of a Notary Public**. A notary can typically be found at a bank or credit union, a library, a hotel, law enforcement offices, auto dealerships, Department of Motor Vehicle (DMV) offices, UPS Store, as well as some insurance companies and pharmacies.

C. REQUEST FOR SERVICE

1. Fill out the Header & Case Caption (see detailed instructions in section A).
2. Indicate which document(s) you are filing that needs to be served.
3. Indicate who the document(s) should be served to. Service should be made to any party upon whom service of summons is sought. If a current child support order is in place or requesting changes to child support, please include the Holmes County Child Support Enforcement Agency.
4. You must have a valid address for the parties in order to obtain proper service of your Motion. The case cannot proceed until proper service has been made on all the parties.
 - a. If you don’t know their home address, you may use their work address.
 - b. If you have made every effort to locate an address and are unsuccessful, write “unknown” in the address field. A separate “Unknown Address Affidavit” pursuant to the Court’s Local Rule (available in the clerk’s office or on the Court’s website) regarding the unknown address must be filed along with the Motion.
5. You need to choose which type of service (certified mail or personal service) you want for each of the parties served. Any service costs may be taxed as Court Costs at the end of your case.
6. The filing party of the Motion will receive a copy of the filings by regular mail, therefore, you do not need to indicate service to yourself.
7. You must sign the form at the bottom.

D. SUPPLEMENTAL INFORMATION FORM

- Please complete this form with your information (the filing party). It will remain confidential and separate from case documents, however, may be used in future collection efforts if you fail to pay costs as ordered.

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*If you have additional information to include that does not fit on the forms, please attach those documents to the Motion. Said documents will be considered part of the Motion and will be served contemporaneously to the other parties.

FILING YOUR PAPERWORK

After you have completed all the forms and have signed the “Affidavit of Basic Information, Income, and Expenses” in the presence of a Notary Public as required, return them to the Juvenile Court Clerk’s office on the 2nd floor of the Courthouse, Suite 202.

At this time you will be required to pay a \$48.00 filing fee.

NEXT STEP: INITIAL HEARING

- The case will be set for an initial hearing, usually 2-3 weeks from the time of filing, depending on what the Court docket allows.
- Preparing for the hearing:
 - ◆ Dress appropriately as you would for a job interview.
 - ◆ Be prepared to tell the Judge or Magistrate in clear simple terms why you want to be named the residential parent and sole custodian and why it is in the best interest of the child.
 - ◆ This is your chance to present the facts. Written notes outlining your reasons can be helpful in Court when you testify.
 - ◆ This is not the time to tell the Judge or Magistrate all the things the other party has done that you disagree with or that has hurt or angered you. The Judge or Magistrate will only want to hear evidence you have that shows or supports your request.
 - ◆ You may be asked questions at the hearing by the Judge or Magistrate, by the other party or by an attorney. Be directly responsive to the questions. Listen to the questions and make sure you provide the information you are asked for. If you do not understand the questions or are not sure what you are being asked, you have a right to have the question explained to you before answering it.

COUNSEL

The Court encourages you to retain counsel (an Attorney) to represent you during this process. It may be difficult, if not impossible, to represent yourself at a trial should the case proceed in that direction.

The clerk’s office has a brochure titled “Representing Yourself in Court”, that includes information regarding your options and responsibilities should you choose to proceed without legal representation.

Instructions for:

MOTION FOR CHANGE OF CHILD SUPPORT, MEDICAL SUPPORT, TAX EXEMPTION, OR OTHER CHILD-RELATED EXPENSES

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IN THE COURT OF COMMON PLEAS

DIVISION
COUNTY, OHIO

IN THE MATTER OF:

A Minor

Name

Case No. _____

Street Address

Judge _____

City, State and Zip Code

Magistrate _____

Plaintiff/Petitioner 1

vs./and

Name

Street Address

City, State and Zip Code

Defendant/Petitioner 2/Respondent

WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.

Instructions: This form is used to request a change in child support or child support-related matters. A Request for Service (Uniform Domestic Relations Form 31/Uniform Juvenile Form 10) and an Affidavit of Basic Information, Income, and Expenses (Uniform Domestic Relations Form–Affidavit 1) must be filed with this Motion. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

**MOTION FOR CHANGE OF CHILD SUPPORT, MEDICAL SUPPORT,
TAX EXEMPTION, OR OTHER CHILD-RELATED EXPENSES**

Now comes _____ (name), the Movant, and requests a change in the obligation to provide support or the right to receive support for the minor child(ren) as follows: *(check all that apply)*

- The amount of child support or cash medical support.
- The person responsible for providing health insurance.
- The division of non-insured health care expenses.
- The person who can claim the child(ren) as dependents for tax purposes.
- Other child-related expenses.

Since the _____ Court issued the order _____ administrative order was issued _____ circumstances have changed as follows:

I have attached a copy of the Order I am referencing.

Movant requests that the Court change the existing order as follows:

Movant believes that the requested changes are in the child(ren)'s best interest.

Movant requests that the Court order the following: *(check all that apply)*

- Assessing reasonable attorney fees;
 - Assessing Court costs of the proceedings;
- and any further relief deemed proper.

Attorney or Self Represented Party Signature

Printed Name

Address

City, State, Zip

Phone Number

Fax Number

E-mail

Supreme Court Reg No. (if any)

IN THE COURT OF COMMON PLEAS

 _____ **DIVISION**
 _____ **COUNTY, OHIO**

 Plaintiff/Petitioner 1

Case No. _____

vs./and

Judge _____

 Defendant/Petitioner 2

Magistrate _____

Instructions: Check local court rules to determine when this form must be filed. This affidavit is used to make complete disclosure of income, expenses, and money owed. It is used to determine child and spousal support. Do not leave any category blank. For each item, if none, put "NONE." If you do not know exact figures for any item, give your best estimate, and put "EST." **If you need more space, add additional pages.**

AFFIDAVIT OF BASIC INFORMATION, INCOME, AND EXPENSES

Affidavit of _____
 (Print Name)

Date of marriage _____ Date of separation _____

SECTION I – BASIC INFORMATION

Plaintiff/Petitioner 1

Defendant/Petitioner 2

Date of Birth _____	Date of Birth _____
Last 4 Digits of Social Security # XXX-XX-_____	Last 4 Digits of Social Security # XXX-XX-_____
Phone Number _____	Phone Number _____
Email Address _____	Email Address _____
Is an interpreter needed? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain: _____	Is an interpreter needed? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain: _____
Health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If health is not good, please explain:	Health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If health is not good, please explain:

Education: (Check highest level achieved) <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate	Education: (Check highest level achieved) <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate
Other Technical Certifications: Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Technical Certifications: Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION II – INCOME

	<u>Plaintiff/Petitioner 1</u>	<u>Defendant/Petitioner 2</u>
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Employment	_____	_____
Name of Employer	_____	_____
Payroll Address	_____	_____
Payroll City, State, Zip	_____	_____
Scheduled Paychecks Per Year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52

A. YEARLY INCOME, OVERTIME, COMMISSIONS, AND BONUSES FOR PAST THREE YEARS

	<u>Plaintiff/Petitioner 1</u>	Year	<u>Defendant/Petitioner 2</u>
Base yearly income	\$ _____	3 years ago — 20__	\$ _____
	\$ _____	2 years ago — 20__	\$ _____
	\$ _____	Last year — 20__	\$ _____
Yearly overtime, commissions, and/or bonuses	\$ _____	3 years ago — 20__	\$ _____
	\$ _____	2 years ago — 20__	\$ _____
	\$ _____	Last year — 20__	\$ _____

B. COMPUTATION OF CURRENT INCOME

	<u>Plaintiff/Petitioner 1</u>	<u>Defendant/Petitioner 2</u>
Base Yearly Income	\$ _____	\$ _____
Average yearly overtime, commissions, and/or bonuses over last 3 years (from part A)	\$ _____	\$ _____

	Plaintiff/Petitioner 1	Defendant/Petitioner 2
Unemployment Compensation	\$ _____	\$ _____
Disability Benefits		
Workers' Compensation	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Retirement Benefits		
Social Security	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Spousal Support Received	\$ _____	\$ _____
Interest and dividend income (<i>source</i>) _____	\$ _____	\$ _____
Other income (<i>type and source</i>) _____	\$ _____	\$ _____
TOTAL YEARLY INCOME	\$ _____	\$ _____
Supplemental Security Income (SSI) and/or public assistance	\$ _____	\$ _____
Social Security or Veteran's benefits received for child(ren)		
<input type="checkbox"/> Based on parent's disability		
<input type="checkbox"/> Based on child's disability	\$ _____	\$ _____
Child support you receive from a child support enforcement agency or court order for minor and/or dependent child(ren) not of the marriage or relationship	\$ _____	\$ _____

SECTION III – CHILDREN AND HOUSEHOLD RESIDENTS

Minor and/or dependent child(ren) who is/are adopted or born from this marriage or relationship:

Name	Date of birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to the above child(ren):
 Plaintiff/Petitioner 1 has _____ other minor biological or adopted child(ren).
 Defendant/Petitioner 2 has _____ other minor biological or adopted child(ren).
 There is/are _____ adult(s) in your household.

SECTION IV – EXPENSES

List monthly expenses below for your present household.

A. MONTHLY HOUSING EXPENSES

Rent or first mortgage (including taxes and insurance)	\$ _____
Second mortgage/equity line of credit	\$ _____
Real estate taxes (if not included above)	\$ _____
Renter or homeowner’s insurance (if not included above)	\$ _____
Homeowner or condominium association fee	\$ _____
Utilities	
◦ Electric	\$ _____
◦ Gas, fuel oil, propane	\$ _____
◦ Water and sewer	\$ _____
◦ Telephone and/or cell phone	\$ _____
◦ Trash collection	\$ _____
◦ Cable/satellite television	\$ _____
◦ Internet service	\$ _____
Cleaning	\$ _____
Lawn service and/or snow removal	\$ _____
Other: _____	\$ _____
_____	\$ _____
TOTAL MONTHLY:	\$ _____

B. OTHER MONTHLY LIVING EXPENSES

Food	
◦ Groceries (including food, paper, cleaning products, toiletries, and other)	\$ _____
◦ Restaurant	\$ _____
Transportation	
◦ Vehicle loan, lease	\$ _____
◦ Vehicle maintenance	\$ _____
◦ Gasoline	\$ _____

◦ Parking, public transportation	\$ _____
Clothing	
◦ Clothes (other than child(ren)'s)	\$ _____
◦ Dry cleaning and laundry	\$ _____
Personal grooming	
◦ Hair and nail care	\$ _____
◦ Other: _____	\$ _____
Other: _____	\$ _____
TOTAL MONTHLY: \$ _____	

C. MONTHLY MINOR CHILD-RELATED EXPENSES
(for child(ren) of the marriage or relationship)

Work and/or education-related child care	\$ _____
Other child care	\$ _____
Extraordinary parenting time travel cost	\$ _____
School tuition	\$ _____
School lunches	\$ _____
School supplies	\$ _____
Extracurricular activities and lessons	\$ _____
Clothing	\$ _____
Child(ren)'s allowances	\$ _____
Special and extraordinary needs of child(ren) (not included elsewhere)	\$ _____
Other: _____	\$ _____
TOTAL MONTHLY: \$ _____	

D. MONTHLY INSURANCE PREMIUMS

Life	\$ _____
Auto	\$ _____
Health	\$ _____
Disability	\$ _____
Other: _____	\$ _____
TOTAL MONTHLY: \$ _____	

E. MONTHLY WORK AND EDUCATION EXPENSES FOR SELF

Mandatory work expenses (union dues, uniforms, or other) \$ _____
Additional income taxes paid (not deducted from wages) \$ _____
Tuition \$ _____
Books, fees, and other \$ _____
College loan \$ _____
Other: _____ \$ _____
_____ \$ _____
TOTAL MONTHLY: \$ _____

F. MONTHLY HEALTH CARE EXPENSES

(not covered by insurance)

Physicians \$ _____
Dentists and orthodontists \$ _____
Optometrists and opticians \$ _____
Prescriptions \$ _____
Other: _____ \$ _____
TOTAL MONTHLY: \$ _____

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) [for child(ren) who were not born of this marriage or relationship and were not adopted by these parties] \$ _____
Child support for child(ren) who were not born of this marriage or relationship and were not adopted by these parties \$ _____
Expenses paid for adult child(ren) or other dependent(s) \$ _____
Spousal support paid to former spouse(s) \$ _____
Subscriptions and books \$ _____
Charitable contributions \$ _____
Memberships (associations and clubs) \$ _____
Travel and vacations \$ _____
Pets \$ _____
Gifts \$ _____
Attorney fees \$ _____

IN THE COURT OF COMMON PLEAS

DIVISION

COUNTY, OHIO

IN THE MATTER OF:

A Minor

Name

Street Address

City, State and Zip Code

Case No. _____

Judge _____

Magistrate _____

Plaintiff/Petitioner 1

vs./and

Name

Street Address

City, State and Zip Code

Defendant/Petitioner 2/Respondent

WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.

Instructions: This form is used when you want to request documents to be served on the other party. You must indicate the requested method of service by marking the appropriate box. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Please serve the following documents: *(check all that apply)*

Complaint for Divorce with Children

- Complaint for Divorce without Children
- Complaint for Parentage, Allocation of Parental Rights and Responsibilities
- Petition for Dissolution
- Motion and Affidavit or Counter Affidavit for Temporary Orders
- Motion for Change of Parental Rights and Responsibilities (Custody)
- Motion for Change of Parenting Time (Companionship and Visitation)
- Motion for Change of Child Support, Medical Support, Tax Exemption, or Other Child-Related Expenses
- Motion for Contempt and Affidavit
- Separation Agreement
- Parenting Plan
- Shared Parenting Plan
- Affidavit of Income and Expenses
- Affidavit of Property
- Parenting Proceeding Affidavit
- Health Insurance Affidavit
- Explanation of Health Care Bills
- Agreed Judgment Entry
- Other: (*specify*) _____

Please serve the following parties with the above marked documents:

- Defendant/Petitioner 2/Respondent at _____(address) by:
 - Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other: (*specify*) _____
 Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."
- Plaintiff/Petitioner 1 at _____(address) by:
 - Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other: (*specify*) _____
 Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."
- _____County Child Support Enforcement Agency at _____(address) by:
 - Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other: (*specify*) _____

Other _____ at _____ (address) by:

Certified Mail, Return Receipt Requested

Issuance to Sheriff of _____ County, Ohio for Personal or Residence service

Other: (specify) _____

Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."

SPECIAL INSTRUCTIONS TO SHERIFF:

Attorney or Self Represented Party Signature

Printed Name

Address

City, State, Zip

Phone Number

Fax Number

E-mail

Supreme Court Reg No. (if any)

The Court of Common Pleas

JUVENILE DIVISION
HOLMES COUNTY, OHIO

In the Matter of:

Case No. _____

(Child's Name)

JUDGE THOMAS C. LEE

MAGISTRATE _____

Plaintiff

vs

Defendant

SUPPLEMENTAL INFORMATION FORM

(to be provided in all custody, visitation and child support cases)

Name of filing party:

(your name)

Social Security Number of filing party:

(your ssn)

NOTE:

Your social security number will be kept separate from case documents. However, your social security number may be used in future collection efforts if you fail to pay costs as ordered in this case.