

# The Court of Common Pleas

JUVENILE DIVISION  
HOLMES COUNTY, OHIO

In the Matter of:

Case No. \_\_\_\_\_

\_\_\_\_\_  
(Child's Name)

**JUDGE THOMAS C. LEE**

**Instructions:** 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. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child in any other court in this or any other state.

## PARENTING PROCEEDING AFFIDAVIT

in compliance with Ohio Revised Code §3127.23(A)

Affidavit of \_\_\_\_\_  
(print your name)

- I request that the court not disclose my current address or that of the child. My address is confidential pursuant to Ohio Revised Code §3127.23(D) and should be placed under seal to protect the health, safety, or liberty of myself and/or the child.

Upon being duly sworn, the undersigned states the following:

1. Child's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) with whom Child lived (name &amp; address)</u>	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____ _____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____ _____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____ _____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____ _____	_____

- IF MORE SPACE IS NEEDED FOR ADDITIONAL INFORMATION, ATTACH A SEPARATE PAGE AND CHECK THIS BOX.

2. List the current address of each person listed above in No. 1 if they no longer live at provided address.

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3. 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 the child subject to this case.

**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 the child subject to this case.

For each case in which you participated, give the following information:

Type of Case: \_\_\_\_\_

Court and State: \_\_\_\_\_

Date and Court Order or Judgment (if any): \_\_\_\_\_

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IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX.

4. 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 the child subject to this case.

**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 subject to this case. (Do not repeat cases already listed in No. 3.) Explain:

Type of Case: \_\_\_\_\_

Court and State: \_\_\_\_\_

Date and Court Order or Judgment (if any): \_\_\_\_\_

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IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX.

5. Information about the biological parents of the child:

The biological parents of the child are: **(check only one box.)**

- Currently Married
- Divorced
- Separated, but Legally Married
- Never Married

Information about any divorce proceedings: **(check only one box.)**

- The child **WAS NOT** subject to a divorce proceeding involving the biological parents in this or any other state.
- The child **WAS** subject to a divorce proceeding involving the biological parents in this or any other state. If this box checked, please describe (1) where, (2) when, and (3) the ruling concerning custody and visitation:

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6. Information about any social service agency: **(check only one box.)**

- A social service agency **IS NOT** currently involved (such as Children Services or the Department of Job & Family Services) with the welfare of this child.
- A social service agency **IS CURRENTLY** involved (such as Children Services or the Department of Job & Family Services) with the welfare of this child. Please explain involvement:

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7. 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 ORC §2919.25; any sexually oriented offense as defined in ORC §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>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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8. Person(s) not a party to this case who has/have physical custody or claim(s) to have custody or visitation rights to the child 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 right with respect to the 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 the child subject to this case.

a. Name/Address of Person \_\_\_\_\_  
\_\_\_\_\_

Has physical custody       Claims custody rights       Claims visitation rights

b. Name/Address of Person \_\_\_\_\_  
\_\_\_\_\_

Has physical custody       Claims custody rights       Claims visitation rights

c. Name/Address of Person \_\_\_\_\_  
\_\_\_\_\_

Has physical custody       Claims custody rights       Claims visitation rights

### 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 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)

Sworn before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)  
My Commission Expires: