

AGREED CHANGE OF
RESIDENTIAL PARENT AND
LEGAL CUSTODIAN
(CUSTODY)

Knox County Common Pleas Court
Domestic Relations Division

This packet is to be used when there is an existing order of custody issued by the Knox County Court of Common Pleas. It can **only** be used when the parties agree to the change. It can be provided to parties who wish to change custody to a relative.

**POST-DECREE MOTION FOR AGREED REALLOCATION OF
PARENTAL RIGHTS AND RESPONSIBILITIES
KNOX COUNTY COMMON PLEAS COURT**

INSTRUCTIONS

Attached is a form motion requesting a change of residential parent and legal custodian (change of custody). These forms can only be used when the parents are divorced or have obtained a dissolution. These instructions are intended to be a general guide to help you get the forms filled out, filed with the Court, and to get your request properly before the Judge. These instructions are not intended to be a legal analysis of your request, nor are they intended to be a representation that you will or should win your motion. These instructions are merely to assist you in preparing and presenting your request to the Court. **YOU MUST READ AND FOLLOW THESE INSTRUCTIONS CAREFULLY.** If you have any doubt or question as to whether you can use these papers, contact an attorney.

WARNING

MODIFYING THE ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES, ALSO KNOWN AS CHANGING CUSTODY AND VISITATION, IS A VERY SERIOUS THING TO DO. YOU MAY NOT BE ABLE TO CHANGE IT BACK AGAIN. TO CHANGE CUSTODY, THE LAW REQUIRES TWO THINGS: (1) THE COURT MUST DECIDE THAT A CHANGE HAS OCCURRED IN THE CIRCUMSTANCES OF THE CHILD(REN) OR THE CUSTODIAL PARENT SINCE THE LAST COURT ORDER THAT DETERMINED CUSTODY; AND (2) THE COURT MUST DECIDE THAT CHANGING CUSTODY IS NECESSARY TO SERVE THE BEST INTEREST OF THE CHILD(REN).

IN APPLYING THIS "TEST", THE COURT WILL GENERALLY REFUSE TO CHANGE THE LAST CUSTODY ORDER UNLESS THE COURT DECIDES THAT CHANGING IT WOULD BE IN THE BEST INTEREST OF THE CHILD(REN) AND EITHER (1) THE CUSTODIAL PARENT AGREES TO THE CHANGE, OR (2) THE COURT DECIDES THAT THE CHILD(REN) HAVE BEEN "INTEGRATED" WITH THE CONSENT OF THE CUSTODIAL PARENT INTO THE HOUSEHOLD OF THE PERSON SEEKING CUSTODY, OR (3) THE COURT DECIDES THAT THE HARM LIKELY TO BE CAUSED TO THE CHILD(REN) BY THE CHANGE IS OUTWEIGHED BY THE ADVANTAGES.

THOUGH YOU MAY BE ABLE TO PERSUADE THE COURT TO CHANGE CUSTODY AT THIS TIME BECAUSE THE CUSTODIAL PARENT IS AGREEING TO THE CHANGE, IF YOU CHANGE YOUR MIND IN THE FUTURE AND WANT TO CHANGE CUSTODY BACK TO THE WAY IT IS NOW, YOU PROBABLY WON'T BE ABLE TO UNLESS THE COURT DECIDES THAT THERE HAS BEEN A NEW CHANGE IN CIRCUMSTANCES AND THAT A CHANGE IS NECESSARY TO SERVE THE BEST INTEREST OF THE CHILD(REN). THUS, IF THE PERSON WHO IS MADE CUSTODIAL PARENT BY YOUR NEW COURT ORDER REFUSES TO AGREE TO GIVE CUSTODY OF THE CHILD(REN) BACK, YOU MAY NOT BE ABLE TO GET CUSTODY BACK.

IF YOU HAVE ANY QUESTIONS ABOUT USING THESE FORMS, AND WHAT MIGHT HAPPEN IF YOU DO USE THEM, YOU SHOULD CONSULT AN ATTORNEY.

A. LIST OF FORMS

1. **Post-Decree Motion for Agreed Reallocation of Parental Rights and Responsibilities** (2 pages)
2. Agreed Judgment Entry Reallocating Parental Rights and Responsibilities (2 pages)
3. **Affidavit of Indigency** (if needed) (1 page)
4. Judgment Entry for Affidavit of Indigency (1) page
5. Child Support Order (3 pages)
6. Health Care Addendum to Child Support Order (2 pages)
7. OPD/Financial Affidavits (10 pages)
8. **Affidavit/R.C. 3127.23** (2 pages)
9. **Health Insurance Disclosure Affidavit** (3 pages)
10. Standard Companionship (visitation) Schedule (7 pages)
11. 2009 Knox County Courts Fee Schedule (1 page)

Please note: All forms in **BOLD must be signed in front of a notary. If you have a bank, your bank may notarize the affidavits at no cost to you. If you go to a bank which you do not use, you may be charged a small fee for having your papers notarized.*

Also enclosed are the following:

Application for Child Support Services - Non-Public Assistance Applicant
Rules to Follow When You Are Representing Yourself
Representing Yourself in Court? How to Use ... Evidence to Help Prove Your Case
How to Handle Witnesses When You Are Representing Yourself
Map to Knox County Court

B. FILLING OUT THE FORMS

1. You should fill out all of the forms before you go to the Courthouse to file them. Other than telling you the proper case number, the Clerk of Courts' staff will not help you complete the forms.
2. At the top of the Post-Decree Motion for Agreed Reallocation of Parental Rights and Responsibilities you need to fill in the names of the Plaintiff/Petitioner and Defendant/Respondent/Petitioner, and your addresses, Social Security numbers (don't worry if you don't have the opposing party's Social Security number), and dates of birth. Also fill in the case number. (You can find out the case number, as well as which of you is the Plaintiff/Petitioner and which of you is the Defendant/Respondent/Petitioner from the Divorce or Dissolution Decree or other court papers filed in the case.) If you do not have such papers, you can get this information from the Clerk of Courts office at the Courthouse. Leave the line after "JUDGE" blank.
3. In the first paragraph of the Motion, put your name in the first blank, the name of your ex-spouse in the second blank, and the name and date(s) of birth of the child(ren) whose custody you are asking to change in the third blank. After this paragraph are blank lines on which you can list your reason(s) for wanting to change custody. First, you should state who has custody (that is, who is the residential parent and legal custodian) now and who you want to have custody. After that, you should explain why you want to change custody. You should state what has changed in the circumstances of the child(ren) or the residential parent and why a change of custody is in the best interest of the child(ren). You do not have to go into all of the details;

however, the Judge must be able to know from reading your motion the main reasons why you want to change the residential parent and legal custodian. Please print neatly or type. The Judge must be able to read what you write.

4. The Knox County Court of Common Pleas has a Standard Companionship (visitation) Schedule, which is attached to these instructions. If you want the person who is giving up custody to have this type of visitation, you should say so. If you would like visitation arrangements other than those in the Standard Companionship (visitation) Schedule, then you should say what you specifically want. There also is a separate schedule if the parents live more than 90 miles apart. If you need a copy of this schedule, call us back or ask the Court for a copy.

5. At the end of the Motion are two sets of two blank lines. You should sign your name on the first line and print or type your name on the second line of the first set of lines; your ex-spouse should do the same on the second set of lines. Both of you must sign the Motion in the presence of a Notary Public. If you do not know anyone who is a Notary Public, you might be able to find one at a bank, realtor's office, or insurance company. Otherwise, check the yellow pages.

6. Fill in the names of Plaintiff/Petitioner and Defendant/Respondent/Petitioner and the case number on the Agreed Judgment Entry Reallocating Parental Rights and Responsibilities. Put the name and date(s) of birth of the child(ren) over whom you want to change custody on the blank after "minor child(ren),". Put the name of the person who is giving up custody on the blank after "from" and the name of the person who is getting custody on the blank after "to".

7. In the next paragraph of the Entry, put the name(s) of your child(ren) for which you want to change custody on the blank after "control of". Put the name of the person who is getting custody after "placed with" and the name of the person who is giving up custody after "and that". After "as follows:" state what kind of visitation you want the person who is giving up custody to have. If you want visitation according to the Standard Companionship (visitation) Schedule put: visitation pursuant to the Knox County Court of Common Pleas Standard Companionship (visitation) Schedule.

8. You and your ex-spouse must decide who will pay for the court costs, or whether you will share the costs, and explain your arrangement in the last paragraph of the Entry. If you pay the filing fee up front, there should be little additional costs. If you file an Affidavit of Indigency (see #10), and are allowed to file your motion without paying any money up front, either you or your ex-spouse still will have to pay the court costs.

9. Do not sign the Judge's name at the end of the Entry; however, you and your ex-spouse both should sign on the lines after "APPROVED:". Also, attach the Relocation Notice (etc.) to the Entry.

10. Fill out the Affidavit of Indigency if you do not have the income to pay the deposit for the court costs for the filing of your Motion. (To find out the amount of the deposit, you should call the Knox County Clerk of Courts office at (740) 393-6788. At the time these forms were prepared, a deposit of \$125 was required for a post-trial motion re-opening a case.) You must sign the Affidavit of Indigency in the presence of a Notary Public.

11. You must complete the form titled Affidavit/R.C. 3109.27. If your child(ren) have lived at more than four (4) different addresses in the last five (5) years, you should type or neatly print the requested information for each additional address on a separate piece of paper and indicate on

the form that one or more additional pages are attached. You must sign the Affidavit/R.C. 3109.27 on the line above the work "Affiant" in the presence of a Notary Public. (Do not write anything on the line above the word "Attorney".)

12. You will need to fill out the enclosed Health Insurance Disclosure Affidavit. You must sign the Affidavit in the presence of a Notary Public.

13. If you are not receiving benefits through the Department of Human Services (DHS), you need to complete the Application for Child Support Services - Non-Public Assistance Applicant.

14. If you think that the amount of child support will change because of your Motion, you will need to fill out the Child Support Order and the Health Care Addendum to Child Support Order.

Fill in the names of the parties and the case number. Leave the rest of these two forms blank. You should immediately go to the Knox County Child Support Enforcement Agency (CSEA), located at 117 East High Street, Mt. Vernon, to ask that the CSEA establish a/modify the child support order. If you are not receiving benefits through the DJFS, take a copy of the Application for Child Support Services - Non-Public Assistance Applicant to the CSEA. Also take a copy of the Health Insurance Disclosure Affidavit to the CSEA. Please note: if you do not ask the CSEA for help as soon as possible, it may take longer for the Court to approve your Order changing custody. (If you are not asking for a change in the amount of child support, you should cross out the last paragraph in the Motion.)

15. Make two (2) additional copies of each page of each form you have filled out, including any attachments.

C. FILING THE MOTION

1. After the forms are filled out and copied, go to the Clerk of Courts office on the 2nd floor of the Courthouse at 117 East High Street, Mt. Vernon, Ohio.

2. Give the clerk the original and all the copies of the motion and the other papers. The clerk will time-stamp the Post-Decree Motion for Agreed Reallocation of Parental Rights and Responsibilities, Affidavit of Indigency, Affidavit/R.C. 3127.23, and Health Insurance Disclosure Affidavit and will keep the original documents for the court file and one copy of each document to serve on your ex-spouse. You should receive back one time-stamped copy of each document for your records.

3. The clerk will keep all copies of the Agreed Judgment Entry Reallocating Parental Rights and Responsibilities, the Child Support Order, and the Health Care Addendum to Child Support Order, and once the Judge signs them, you will receive back a file-stamped copy.

GOOD LUCK!!

Form 1

IN THE COURT OF COMMON PLEAS
KNOX COUNTY, OHIO

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*

CASE NO. _____

DOB _____,
Plaintiff/Petitioner,

*

JUDGE _____

vs.

*

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**POST-DECREE MOTION FOR
AGREED REALLOCATION OF
PARENTAL RIGHTS AND
RESPONSIBILITIES**

*

*

DOB _____,
Defendant/Respondent/Petitioner.

Now come _____ and _____ to
ask this Court to change the residential parent and legal custodian of the parties minor
child(ren), _____,

because there has been a change in circumstance and it would be in the best interests of the child(ren)
as further explained below in the Memorandum in Support.

MEMORANDUM OF SUPPORT

We have requested or will request that the Knox County Child Support Enforcement Agency (CSEA) establish and/or modify the existing child support and medical support order, and request that this Court require the CSEA to do so within ninety (90) days so that the court process is not delayed.

Respectfully submitted,

Plaintiff

Defendant

STATE OF OHIO
COUNTY OF KNOX

SWORN TO AND SUBSCRIBED BEFORE ME, a Notary Public, this ____ day of
_____, _____ BY _____.

NOTARY PUBLIC

STATE OF OHIO
COUNTY OF KNOX

SWORN TO AND SUBSCRIBED BEFORE ME, a Notary Public, this ____ day of
_____, _____ BY _____.

NOTARY PUBLIC

Form 2

IN THE COURT OF COMMON PLEAS
KNOX COUNTY, OHIO

Plaintiff/Petitioner,

vs.

Defendant/Respondent/Petitioner.

*

*

CASE NO. _____

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AGREED JUDGMENT ENTRY
REALLOCATING PARENTAL
RIGHTS AND RESPONSIBILITIES

This case comes before this Court on a post-decree motion requesting a reallocation of parental rights and responsibilities. This Court is advised that the parties agree that there has been a change of circumstances since this Court's prior custody order and that the best interest of the minor child(ren), _____, requires a change of custody from _____ to _____, and that all persons whose consent to the change is required have and do consent thereto, as evidenced by their signature on this order.

This Court finds that there has been a change of circumstances and that a change of custody is in the best interest of the child(ren) and that all parties whose consent is required have consented to this change. Therefore, pursuant to Ohio Revised Code Section 3109.04(B)(1), this Court ORDERS that the care, custody, and control of _____, is placed with _____, and that _____ shall

be entitled to visitation as follows:

Court costs shall be paid as follows: _____

All until further Order of this Court

JUDGE

APPROVED:

Plaintiff

Defendant

INSTRUCTIONS TO CLERK: Please send a file-stamped copy of this Order to all parties of record at the addresses on the Post-Decree Motion for Agreed Reallocation of Parental Rights and Responsibilities. Thank you.

IN THE COURT OF COMMON PLEAS
KNOX COUNTY, OHIO

Plaintiff,

vs.

Defendant.

Case No. _____

(Court will complete)

Judge/Magistrate _____

(Court will complete)

AFFIDAVIT OF INDIGENCY

STATE OF OHIO,
COUNTY OF KNOX

I, _____, am the Plaintiff/Defendant in the above-captioned case.

2. I do not have the funds or assets to pay the costs of the deposit or to pay for an attorney to represent me. If sufficient funds do become available to me in the future, I am willing to pay the costs at that time.

3. I therefore request that I be allowed to proceed in this matter without prepayment of costs.

Affiant (Sign here in front of notary)

Sworn to before me and signed in my presence this ___ day of _____, 20__.

Notary Public

Form 4

IN THE COURT OF COMMON PLEAS
KNOX COUNTY, OHIO

Plaintiff,

Case No. _____

vs.

Judge/Magistrate _____

Defendant.

JUDGMENT ENTRY
(ON AFFIDAVIT OF INDIGENCY)

Upon Affidavit of the Plaintiff and for good cause shown, it is hereby ordered that Plaintiff/Defendant be allowed to proceed without prepayment of costs in this matter.

IT IS SO ORDERED

MAGISTRATE/JUDGE

IN THE COURT OF COMMON PLEAS
KNOX COUNTY, OHIO

_____	*	
Plaintiff/Petitioner,	*	CASE NO. _____
vs.	*	
_____	*	
Defendant/Respondent/Petitioner.	*	

CHILD SUPPORT ORDER

1. _____ shall pay _____, as and for child support, the sum of _____ per month, plus processing fee, for a total of _____ monthly, including the processing fee, payable to the Knox County Child Support Enforcement Agency, 117 East High Street, Mount Vernon, Ohio, 43050. Child support for each child shall be paid until that child is 18 or is no longer enrolled full time in high school, whichever is later, or is otherwise emancipated. All checks or money orders must be clearly marked with the case number _____. The child support shall be discharged in equal amounts according to the pay schedule of _____. In the event the discharge of this support order is less than monthly, the Knox County Child Support Enforcement Agency shall administer this order on a monthly basis in the amount as set out above.

2. It is FURTHER ORDERED that all child support arrearages for the minor child herein, payable either by temporary or final order, accruing during any period of time when either parent assigned support rights and received or receives benefits from any department of human services for said child, shall survive and continue as an enforceable obligation due the department of human services that provided said benefits, until paid in full.

3. The obligor is employed at _____

4. All child support and spousal support under this order shall be withheld or deducted from the incomes or assets of the obligor pursuant to a withholding or deduction notice or appropriate court order issued in accordance with Section 3113.21 of the Revised Code or a withdrawal directive issued pursuant to Section 3113.214 of the Revised Code and shall be forwarded to the Obligee in accordance with Sections 3113.21 to 3113.213 of the Revised Code. Each party to the support order has a right to request a review of the Order thirty-six months from the establishment of the Order or from the date of the most recent review or sooner, if certain circumstances are present. Contact the Knox County Child Support Enforcement Agency, 117 East High Street, Mount Vernon, Ohio 43050, for further details.

NOTICES

EACH PARTY TO THIS SUPPORT ORDER MUST NOTIFY THE CHILD SUPPORT ENFORCEMENT AGENCY IN WRITING OF HIS OR HER CURRENT MAILING ADDRESS, CURRENT RESIDENCE ADDRESS, CURRENT RESIDENCE TELEPHONE NUMBER, CURRENT DRIVER'S LICENSE NUMBER, AND OF ANY CHANGES IN THAT INFORMATION. EACH PARTY MUST NOTIFY THE AGENCY OF ALL CHANGES UNTIL FURTHER NOTICE FROM THE COURT. IF YOU ARE THE OBLIGOR UNDER A CHILD SUPPORT ORDER AND YOU FAIL TO MAKE THE REQUIRED NOTIFICATIONS YOU MAY BE FINED UP TO \$50 FOR A FIRST OFFENSE, \$100 FOR A SECOND OFFENSE, AND \$500 FOR EACH SUBSEQUENT OFFENSE. IF YOU ARE AN OBLIGOR OR OBLIGEE UNDER A SUPPORT ORDER AND YOU WILLFULLY FAIL TO MAKE THE REQUIRED NOTIFICATION YOU MAY BE FOUND IN CONTEMPT OF COURT AND BE SUBJECTED TO FINES UP TO \$1000 AND IMPRISONMENT FOR NOT MORE THAN 90 DAYS.

IF YOU ARE AN OBLIGOR AND YOU FAIL TO MAKE THE REQUIRED NOTIFICATIONS YOU MAY NOT RECEIVE NOTICE OF THE FOLLOWING ENFORCEMENT ACTIONS AGAINST YOU: IMPOSITION OF LIENS AGAINST YOUR PROPERTY; LOSS OF YOUR PROFESSIONAL OR OCCUPATIONAL LICENSE, DRIVER'S LICENSE, OR RECREATIONAL LICENSE; WITHHOLDING FROM YOUR INCOME; ACCESS RESTRICTION AND DEDUCTION FROM YOUR ACCOUNTS IN FINANCIAL INSTITUTIONS; AND ANY OTHER ACTION PERMITTED BY LAW TO OBTAIN MONEY FROM YOU TO SATISFY YOUR SUPPORT OBLIGATIONS.

The residential parent or the person who otherwise has custody of a child for whom a support order is issued is also ordered to immediately notify, and the obligor under a support order may notify the Knox County Child Support Enforcement Agency of any reason for which the support order should terminate, including but not limited to, the child's attainment of the age of majority if the child no longer attends an accredited high school on a full-time basis and the support order does not provide for a duty of support to continue past the age of majority; the child ceasing to attend such a high school on a full-

time basis after attaining the age of majority, if the support order does not provide for the duty of support to continue past the age of majority; or the death, marriage, emancipation, enlistment in the armed services, deportation, or change of legal or physical custody of the child.

Any notice required by this Entry is hereby ORDERED to be sent to the following:

Knox County Child Support Enforcement Agency
117 E. High Street
Mt. Vernon, Ohio 43050
ATTN: Notice officer

YOU ARE HEREBY GIVEN NOTICE THAT A WILLFUL FAILURE TO NOTIFY THE COURT AS REQUIRED BY DIVISION (G) (4) OF SECTION 3113.21 OF THE OHIO REVISED CODE IS CONTEMPT OF COURT.

IT IS SO ORDERED.

JUDGE

cc: Plaintiff
Defendant

IN THE COURT OF COMMON PLEAS
KNOX COUNTY, OHIO

Plaintiff/Petitioner,

vs.

Defendant/Respondent/Petitioner.

*
*
*
*
*

CASE NO. _____

**HEALTH CARE ADDENDUM
TO CHILD SUPPORT ORDER**

_____ shall maintain health insurance coverage for the parties minor child(ren). The parties shall share liability for the medical, dental, visual, and any other health care costs incurred for the parties' minor child(ren) which are not covered by health insurance under the following equitable formula: _____

1. Pursuant to Section 3113.217 of the Revised Code, _____ shall provide with _____ information regarding the benefits, limitations, and exclusions of the health insurance coverage, copies of any insurance forms necessary to receive reimbursement, payment or other benefits under the health insurance coverage, and a copy of any necessary insurance cards. _____ shall submit a copy of this court order to the insurer at the time that s/he makes application to enroll the child in the health insurance or health care policy, contract, or plan. _____ shall furnish written proof to the child support enforcement agency that this section has been complied with.

2. A list of the group health insurance and health care policies, contracts, and plans that the court determines are available at a reasonable cost to the Plaintiff and Defendant and the name of the insurer that issues each policy, contract, or plan are: _____

3. The name, address, and telephone number of the individual who is to be reimbursed for out-of-pocket medical, optical, hospital, dental, or prescription expenses paid for each child who is the subject of the support order is: _____ The insurer that provides the health insurance coverage for the child(ren) may continue making payment for medical, optical, hospital, dental, or prescription services directly to any health care provider in accordance with the applicable health insurance or health care policy, contract, or plan.

4. The obligor and obligee shall designate the child(ren) as a covered dependent(s) under any health insurance or health care policy, contract, or plan for which they contract.

5. The formula established by the court for co-payment and/or deductible costs required under the health insurance or health care policy, contract, or plan that covers the child(ren) is:

6. The employer of _____ is required to release to _____ and/or the child support enforcement agency upon written request any necessary information on the health insurance coverage, including, but no limited to, the name and address of the insurer and any policy, contract, or plan number, and to otherwise comply with this section and any court order issued under this section.

7. The full name and date of birth of each child who is the subject of the child support order is: _____

8. _____ shall comply with any requirement described in paragraphs 1 through 4 and the requirement that s/he obtain health insurance coverage for the parties' minor child(ren) no later than thirty days after the issuance of this order.

9. If either the obligor and/or the obligee is required to obtain health insurance coverage pursuant to the child support order for the child(ren), and if that party fails to obtain the health insurance coverage, the Child Support Enforcement Agency shall comply with division (D) of Section 3113.217 of the Revised Code to obtain a court order requiring the obligor or obligee to obtain the health insurance coverage.

10. If the person required to obtain health care insurance coverage for the children subject to this child support order obtains new employment and the health insurance coverage for the child is provided through the previous employer, the agency shall comply with the requirements of division (E) of Section 3113.217 of the Revised Code which may result in the issuance of a notice requiring the new employer to take whatever action is necessary to enroll the child in health care insurance coverage provided by the new employer.

Health insurance coverage for the parties' minor children is not available at a reasonable cost through a group health insurance or health care policy, contract, or plan offered by either parties' employer or through any other group health insurance or health care policy, contract, or plan available to either party. The parties shall share liability for the medical, dental, visual, and any other health care costs incurred for the parties' minor child(ren) under the following equitable formula:

If, after the issuance of this order, health insurance coverage for the child(ren) becomes available at a reasonable cost through a group health insurance or health care policy, contract, or plan offered by the obligor's or obligee's employer or through any other group health insurance or health care policy, contract, or plan available to the obligor or obligee, the obligor or obligee to whom the coverage becomes available immediately shall inform the court of this fact.

Form 7

**Instructions for Completing
Financial Disclosure/Affidavit of Indigency
Form OPD-206R**

The following instructions are for the *Financial Disclosure/Affidavit of Indigency* form (OPD-206R). The form is divided into ten sections, I-X. For the purpose of these instructions, spaces requiring an entry have been numbered.

TO BE COMPLETED BY THE APPLICANT

I. PERSONAL INFORMATION

- (1) Enter the name of the applicant.
- (2) Enter the Social Security number for which representation is being provided.
- (3) Enter the date of birth of the applicant. Use the format Month/Day/Year.
- (4) Enter the street address where the applicant receives mail. Include P.O. Box number, street number, and apartment number where applicable, as well as the city, state, and zip code.
- (5) Enter the home telephone number of the applicant. If there is no home telephone, write "none" in this space.
- (6) Enter the residential address of the applicant if it is different from the mailing address. If the mailing address and the residential address are the same, leave this space blank.
- (7) Enter the number of a telephone where the applicant may receive messages within 48 hours after the caller leaves them. This is especially important if there is no home telephone. There must be a way for the courts and the appointed attorney(s) to contact the applicant by telephone if necessary.

II. OTHER PERSONS LIVING IN HOUSEHOLD

- (8) Enter the names of other persons living in the applicant's household. These other persons may include children and other dependents as well as other financially contributing members of the household.
- (9) Enter the ages of the other persons living in the applicant's household.
- (10) Enter the relationship to the applicant of the other persons living in the household. For example, to indicate the relationship of a female child of the applicant, this space should read "daughter," not "father" or "mother."

If there are more than four other persons living in the applicant's household, attach additional sheet that provides the same information for those not listed on the form.

III. MONTHLY INCOME / EMPLOYMENT

For each type of income, the applicant must enter their own earnings in the "Self" column, the spouse's earnings in the "Spouse" column, and the total earnings of other financially contributing persons living in the household in the "Household Members" column. In the "Total" column, enter the total income from each type by adding the amounts across each row.

List monthly income figures for the following:

- (11) Earnings or wages before taxes.
- (12) Unemployment compensation received.
- (13) Workers' compensation received.
- (14) Pension benefits received.
- (15) Social security benefits received.
- (16) Child support received from a parent not living in the household. Do not include ADC in the calculation of this amount.
- (17) Works First/TANF.
- (18) Disability pay.
- (19) Any other income source. **Note: Food stamps can no longer be considered as income. 51 USC 2107 (b).**
- (20) Any other income source.
- (21) Enter the total income for the household by adding together the amounts in the "Total" column.
- (22) Enter the name of the applicant's employer and the name(s) of the employer(s) of any other employed household member(s).
- (23) Enter the address and phone number of the employer(s).

IV. ALLOWABLE MONTHLY EXPENSES

List monthly household expenses for the following:

- (24) Child support actually paid for children not residing in the applicant's household.
- (25) Child care. This expense may not be claimed if any adult member of the applicant's household is unemployed.
- (26) Transportation to and from work. This may include bus fare or gasoline and parking expenses, but not auto insurance or repairs.

- (27) All types of insurance. This should include medical, dental, life, homeowners insurance, renters insurance, automobile insurance, etc.
- (28) Health and dental care that is over and above the amount paid for medical and dental insurance. This may include prescription medications, co-payments, the payment of deductibles, etc.
- (29) Medical expenses and other expenses incurred in caring for sick or injured family members.
- (30) Enter the total of monthly expenses by adding together the entries in the "Amount" column.

V. TOTAL INCOME

- (31) Enter the amount shown at "Subtotal A," the space identified in these instructions as number (20).
- (32) Enter the amount shown at "Subtotal B," the space identified in these instructions as number (30).
- (33) Enter the total monthly income at "Grand Total C" by subtracting the amount in space (32) from the amount in space (31).

VI. ASSET INFORMATION

For each "Type of Asset" listed in this section, the applicant must describe the item(s) in the center column including length of ownership and the make, model, and year of the asset whenever applicable, and indicate the value of that item in the "Estimated Value" column. The following instructions clarify the types of assets about which information is requested.

- (34) "Real Estate/Home" includes any and all property and buildings owned or mortgaged by the applicant. The description of the property or buildings should include the length of ownership. The estimated current market value of the property or buildings should be entered in the "Estimated Value" column.
- (35) List the total of all "Stocks/Bonds/CD's" owned by the applicant.
- (36) "Automobiles" includes cars only.
- (37) "Trucks/Boats/Motorcycles" includes any type of mechanically powered vehicle other than cars used for transportation.
- (38) Other Valuable Property may include precious metals and/or stones, works of art, valuable collections, electronic equipment, farm equipment, etc. This category does not include home furnishings and clothing.
- (39) "Cash on Hand" includes any U.S. currency immediately available to the applicant.
- (40) "Money owed to applicant" includes tax refunds, anticipated dividends, or any accounts payable expected from an individual or an organization for which agreed upon services or goods were provided by the applicant for an agreed upon price.

- (41) "Other" refers to any other type of asset owned by the applicant to which a dollar value can be attached.
- (42) Enter the name of the bank at which the checking account is held, the account number, and the current balance of the checking account.
- (43) Enter the name of the bank at which the savings account is held, the account number, and the current balance of the savings account.
- (44) Enter the name of the credit union at which an account is held, the account number, and the current balance of the account.
- (45) Enter the "Grand Total" of the applicant's assets by adding together the amounts entered in the "Estimated Value" column.

VII. MONTHLY LIABILITIES / OTHER EXPENSES

The applicant must enter the monthly amount of each "Type of Liability" listed in this section. The following instructions clarify the liabilities about which information is requested.

- (46) "Rent/Mortgage" refers to any payment made for living quarters. The total amount paid must be entered in this space.
- (47) "Food" refers to the amount spent on food by the applicant's household. The dollar value of food purchased with food stamps should be included in the amount entered.
- (48) "Electric" refers to the cost of electricity purchased from a regulated electricity provider. If the cost of electricity is included in the monthly rent, no dollar amount should be entered here.
- (49) "Gas" refers to the cost of natural gas or L.P. gas purchased from a regulated natural gas or L.P. gas provider. If this cost is included in the monthly rent, no dollar amount should be entered here.
- (50) "Fuel" refers to the cost of gasoline purchased for purposes other than transportation to and from work, plus the amount of other fuels purchased for other necessary reasons such as heating and the operation of farm machinery.
- (51) "Telephone" refers to the cost of all local and long distance telephone calls.
- (52) "Cable" refers to the cost of cable television service.
- (53) "Water/Sewer/Trash" refers to the cost of each of these services. If the applicant is not billed directly for one or more of these services, no dollar amount should be entered here.
- (54) "Credit Cards" refers to the total of the minimum monthly payments currently owed on all major credit cards, department store cards, or independent credit cards held by the applicant.

- (55) "Loans" refers to the total monthly payments on all loans including student loans, automobile loans, and loans for other purposes. Home mortgages are not to be included in this category.
- (56) "Taxes Owed" refers to the monthly amount of federal, state, and local taxes owed by the applicant. These include current taxes withheld by the employer as well as past tax debt that is currently being repaid.
- (57) "Other" refers to any other regular monthly expenditure (e.g. education for children or self, rent-to-own items, etc.).
- (58) Enter the "Grand Total E" by adding together all the liabilities and other expenses in the section.

VIII. GRAND TOTALS

- (59) Enter the "Total Monthly Income." This is the same number found at "Grand Total C," or number (33) of these instructions.
- (60) Enter the "Total Assets." This is the same number found at "Grand Total D," or number (45) of these instructions.
- (61) Enter the "Total Monthly Liabilities/Other Expenses." This is the same amount found at "Grand Total E," or number (61) of these instructions.

IX. AFFIDAVIT OF INDIGENCY

- (62) Print or type the name of the applicant.
- (63) Enter the signature of the applicant and the date of signature as witnessed by a notary public.

TO BE COMPLETED BY A NOTARY PUBLIC

- (64-65) Enter the date the signing of the affidavit was witnessed.
- (66) Enter the county in which the signing of the affidavit was witnessed.
- (67) Enter the state in which the signing of the affidavit was witnessed.
- (68) The notary public must sign and stamp the form.

TO BE COMPLETED BY THE JUDGE

X. JUDGE CERTIFICATION

This section of the form should only be completed if the applicant is unable to fill out the financial disclosure form and/or sign the affidavit of indigency. In such a case, the judge may indicate by his or her signature that the applicant is indeed indigent.

- (69) List the reason the client is unable to sign the form.
- (70) The judge must sign any form that cannot be properly completed by the applicant.

FINANCIAL DISCLOSURE/AFFIDAVIT OF INDIGENCY

I. PERSONAL INFORMATION

Name (1)	SS# (2)	D.O.B. (3)
Mailing Address (4)	City (4)	State (4) Zip (4) Phone (5)
Residence (if different from above) (6)	Message Phone (within 48 hours) (7)	

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name (8)	Age (9)	Relationship (10)	Name (3)	Age	Relationship
Name	Age	Relationship	Name	Age	Relationship

III. MONTHLY INCOME/EMPLOYMENT INFORMATION

Type of Income	Self	Spouse	Household Members	Total
Employment (Gross)	(11)			
Unemployment	(12)			
Worker's Comp.	(13)			
Pension	(14)			
Social Security	(15)			
Child Support	(16)			
Works First/TANF	(17)			
Disability	(18)			
Other	(19)			
Other	(20)			
Employer's Name (for all household members)(22)	SUBTOTAL A			(21)
Address				Phone

IV. ALLOWABLE MONTHLY EXPENSES

V. TOTAL INCOME

Type of Expense	Amount	
Child Support Paid Out	(24)	Total Monthly Income - Total Allowable Expenses = Total Income
Child Care (if working only)	(25)	
Transportation for Work	(26)	
Insurance	(27)	
Medical/Dental	(28)	
Medical & Associated Costs of Caring for Infirm Family Members	(29)	
SUBTOTAL B	(30)	

SUBTOTAL A	(31)
- SUBTOTAL B	(32)
GRAND TOTAL C	(33)

VI. ASSET INFORMATION

Type of Asset	Describe/Length of Ownership/Make, Model, Year (Where applicable)	Estimated Value
Real Estate/Home	Price:\$ Date Purchased: (34) Equity:	
Stocks/Bonds/CD's	(35)	
Automobiles	(36)	
Trucks/Boats/Motorcycles	(37)	
Other Valuable Property	(38)	
Cash on Hand	(39)	
Money Owed to Applicant	(40)	
Other	(41)	
Checking Acct. (Bank/Acct. #)	(42)	
Savings Acct. (Bank/Acct. #)	(43)	
Credit Union (Name/Acct.#)	(44)	
GRAND TOTAL D		(45)

VII. MONTHLY LIABILITIES/OTHER EXPENSES		VII. GRAND TOTALS	
Type of Liability	Amount		
Rent/Mortgage	(46)	Total Monthly Income	Grand Total C
Food	(47)		(59)
Electric	(48)		
Gas	(49)		
Fuel	(50)		
Telephone	(51)	Total Assets	Grand Total D
Cable	(52)		(60)
Water/Sewer/Trash	(53)		
Credit Cards	(54)	Total Monthly Liabilities and Other Expenses	Grand Total E
Loans	(55)		(61)
Taxes Owed	(56)		
Other	(57)		
GRAND TOTAL E	(58)		

IX. AFFIDAVIT OF INDIGENCY

I, _____ (62) _____ being duly sworn, say:

1. I am financially unable to retain private counsel without substantial hardship to me or my family.
2. I understand that I must inform my attorney if my financial situation should change before the disposition of my case.
3. I understand that if it is determined by the county, or by the Court, that legal representation was provided for me to which I was not entitled, I may be required to reimburse the county for the costs of representation provided. Any action filed by the county to collect legal fees hereunder must be brought within two years from the last date legal representation was provided.
4. I understand that I am subject to criminal charges for providing false financial information in connection with the above application for legal representation pursuant to Ohio Revised Code Section 120.05 and 2921.13.
5. I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

_____ (63) _____
 Client Signature Date

Notary Public:

Subscribed and duly sworn before me according to law, by the above named applicant this ___(64)___ day of _____(65)_____, _____, County of _____(66)_____ and State of _____(67)_____.

_____ (68) _____
 Notary Signature

X. JUDGE/ATTORNEY CERTIFICATION

I hereby certify that the above-noted client is unable to fill out and/or sign this financial disclosure/affidavit for the following reason: _____(69)_____.

I have determined that the applicant meets the criteria for receiving court appointed counsel.

_____ (70) _____
 Judge/Attorney Signature Date

FINANCIAL DISCLOSURE/AFFIDAVIT OF INDIGENCY

I PERSONAL INFORMATION

Name		SS#		D.O.B.	
Mailing Address			City	State	Zip
Residence (if different from above)			Phone ()		
			Message Phone (within 48 hours) ()		

II OTHER PERSONS LIVING IN HOUSEHOLD

Name 1)	Age	Relationship	Name 3)	Age	Relationship
Name 2)	Age	Relationship	Name 4)	Age	Relationship

III MONTHLY INCOME/EMPLOYMENT INFORMATION

Type of Income	Self	Spouse	Household Members	Total
Employment (Gross)				
Unemployment				
Worker's Comp.				
Pension				
Social Security				
Child Support				
Works First/TANF				
Disability				
Other				
Other				
Employer's Name (for all household members)			SUBTOTAL A	
Address			Phone ()	

IV ALLOWABLE MONTHLY EXPENSES

V TOTAL INCOME

Type of Expense	Amount
Child Support Paid Out	
Child Care (if working only)	
Transportation for Work	
Insurance	
Medical/Dental	
Medical & Associated Costs of Caring for Infirm Family Members	
SUBTOTAL B	

Total Monthly Income - Total Allowable Expenses = Total Income

SUBTOTAL A	
- SUBTOTAL B	
GRAND TOTAL C	

VI ASSET INFORMATION

Type of Asset	Describe/Length of Ownership/Make, Model, Year (Where applicable)	Estimated Value
Real Estate/Home	Price:\$ Date Purchased: Equity:	
Stocks/Bonds/CD's		
Automobiles		
Trucks/Boats/Motorcycles		
Other Valuable Property		
Cash on Hand		
Money Owed to Applicant		
Other		
Checking Acct. (Bank/Acct. #)		
Savings Acct. (Bank/Acct. #)		
Credit Union (Name/Acct.#)		
GRAND TOTAL D		

VII. MONTHLY LIABILITIES/OTHER EXPENSES		VII. GRAND TOTALS	
Type of Liability	Amount		
Rent/Mortgage		Total Monthly Income	Grand Total C
Food			
Electric			
Gas			
Fuel			
Telephone		Total Assets	Grand Total D
Cable			
Water/Sewer/Trash			
Credit Cards			
Loans		Total Monthly Liabilities and Other Expenses	Grand Total E
Taxes Owed			
Other			
GRAND TOTAL E			

IX. AFFIDAVIT OF INDIGENCY

I, _____ being duly sworn, say:

1. I am financially unable to retain private counsel without substantial hardship to me or my family.
2. I understand that I must inform my attorney if my financial situation should change before the disposition of my case.
3. I understand that if it is determined by the county, or by the Court, that legal representation was provided for me to which I was not entitled, I may be required to reimburse the county for the costs of representation provided. Any action filed by the county to collect legal fees hereunder must be brought within two years from the last date legal representation was provided.
4. I understand that I am subject to criminal charges for providing false financial information in connection with the above application for legal representation pursuant to Ohio Revised Code Sections 120.05 and 2921.13.
5. I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

Client Signature Date

Notary Public:

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

Notary Signature

X. JUDGE/ATTORNEY CERTIFICATION

I hereby certify that the above-noted client is unable to fill out and/or sign this financial disclosure/affidavit for the following reason: _____

I have determined that the applicant meets the criteria for receiving court appointed counsel.

Judge/Attorney Signature Date

**IN THE COURT OF COMMON PLEAS
KNOX COUNTY, OHIO**

**DECLARATION UNDER UNIFORM CHILD CUSTODY
JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

Case No. _____

I, (print full legal name) _____, being sworn according to law, certify that these proceedings involve the custody of a child, or children and the following statements are true:

1. I am requesting the court to not disclose my address or that of the child(ren). My address is confidential pursuant to ORC 3127.23(D) and should be placed under seal in that the health, safety, or liberty of myself and/or child(ren) would be jeopardized by the disclosure of the identifying information.

2. (Number): _____ **Minor Child(ren) are subject to this proceeding as follows:**
(Insert the information requested below. The residence information must be given for the last FIVE years).

a. Child's name:		Place of birth:	Date of birth:	Sex: MALE or FEMALE (Circle One)
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and address)		Relationship
to	<input type="checkbox"/>			
to	<input type="checkbox"/>			
to	<input type="checkbox"/>			
to	<input type="checkbox"/>			

a. Child's name:		Place of birth:	Date of birth:	Sex: MALE or FEMALE (Circle One)
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and address)		Relationship
to	<input type="checkbox"/>			
to	<input type="checkbox"/>			
to	<input type="checkbox"/>			
to	<input type="checkbox"/>			

a. Child's name:		Place of birth:	Date of birth:	Sex: MALE or FEMALE (Circle One)
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and address)		Relationship
to	<input type="checkbox"/>			
to	<input type="checkbox"/>			
to	<input type="checkbox"/>			
to	<input type="checkbox"/>			

b. Additional children are listed on an attached addendum. (Provide all information for additional children on an attachment.)

3. Participation in custody proceeding(s): (Check only one)

I HAVE NOT participated as a party, witness, or in any capacity in any other litigation, in this or any other state, concerning the custody of or visitation (parenting time) with any child subject to this proceeding.

I HAVE participated as a party, witness, or in any capacity in any other litigation, in this or any other state, concerning the custody of or visitation (parenting time) with any child subject to this proceeding.

Explain:

- a. Name of each child _____
- b. Type of proceeding _____
- c. Court and state _____
- d. Date of court order or judgment (if any): _____

4. Information about custody proceeding(s): (Check only one)

I HAVE NO INFORMATION of any proceedings that could affect the current proceeding, including any proceedings relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations, or that a parent or any member of their household has been convicted of a sexually oriented offense or adoptions concerning any child subject this proceeding.

I HAVE INFORMATION concerning proceedings that could affect the current proceeding, including any proceedings relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations, convictions of a sexually oriented offense or adoptions concerning any child subject to this proceeding, other than set out in item three (3). Explain:

- a. Name of each child _____
- b. Name of parent or member of household _____
- c. Type of proceeding _____
- d. Court and state _____
- e. Date of court order or judgment (if any) _____

5. Persons not a party to this proceeding: (Check one only)

I DO NOT KNOW OF ANY PERSON not a party to this proceeding who has physical custody of claims to have custody or visitation rights with respect to any child subject to this proceeding.

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

a. Name and address of person _____
() has physical custody () claims custody rights () claims visitation rights
Name of each child _____

b. Name and address of person _____
() has physical custody () claims custody rights () claims visitation rights
Name of each child _____

c. Name and address of person _____
() has physical custody () claims custody rights () claims visitation rights
Name of each child _____

6. Knowledge of prior child support proceedings: (Check one only)

_____ The child(ren) described in this affidavit are **NOT** subject to existing child support order(s) in this or any other state or territory.

_____ The child(ren) described in this affidavit **ARE** subject to the following existing child support order(s):

- a. Name of each child _____
- b. Type of proceeding _____
- c. Court and address _____
- d. Date of court order or judgment (if any) _____
- e. Amount of child support paid and by whom: _____

7. I acknowledge that I have a continuing duty to advise this Court of any custody, visitation, child support, or guardianship proceeding (including dissolution of marriage, child neglect, or dependency) concerning the child(ren) in t his state of any other state about which information is obtained during this proceeding.

I certify that a copy of this document was **(Check only one)** () mailed () faxed and mailed
() hand delivered to the person(s) listed below on (date _____)

Other party or his/her attorney:

Name: _____ Address: _____
City, State, Zip: _____ Fax Number: _____

I understand that I am swearing or affirming under oath to the truthfulness of the statements made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____
Signature of Party _____

Printed name of Party: _____
Address: _____
City, State, Zip: _____ Fax Number: _____

STATE OF OHIO
COUNTY OF _____ : SS

Sworn to or affirmed and signed before me on _____ by _____

Notary Public

My Commission Expires: _____
Print or Stamp Name _____

IN THE COURT OF COMMON PLEAS
KNOX COUNTY, OHIO

Plaintiff/Petitioner

Address _____

v.

Defendant/Petitioner

Address _____

Case No. _____

CSEA No. _____

: Family File No. _____

: JUDGE _____

: MAGISTRATE _____

:

:

Health Insurance Disclosure Affidavit (HIDA)

INSTRUCTIONS: This affidavit must be filed according to local rules of court. You are required to disclose all requested information. You may need to consult your employer and insurer to complete this form. There is a continuing duty to update the information contained in this form. If more space is needed, attach additional page(s). Please type or print legibly.

Children Subject To Support Order

Husband / Father / Other	
DOB	SS#
Street Residence Address	

Wife / Mother / Other	
DOB	SS#
Street Residence Address	

Name	
DOB	SS#

Name	
DOB	SS#

Name	
DOB	SS#

Name	
DOB	SS#

You are to disclose all requested information in the column for you and in the column for the other party.

**Part I
Husband / Father / Other**

**Part II
Wife / Mother / Other**

Name
Employer
Employer Address
Employer Phone

Name
Employer
Employer Address
Employer Phone

Is Medicaid coverage available? Yes No

Is Medicaid coverage available? Yes No

Is Medicare coverage available? Yes No

Is Medicare coverage available? Yes No

If family Health insurance available
either through the employer or another
group or organization? Yes No

If family Health insurance available
either through the employer or
another group or organization? Yes No

If not, is Private insurance available? Yes No

If not, is Private insurance available? Yes No

Is coverage presently in effect? Yes No

Is coverage presently in effect? Yes No

Who is presently covered? Yes No

Who is presently covered? Yes No

Name	Relationship

Name	Relationship

Insurer / Plan Name	Phone
Address	
Policy / Group #	
Other Policy / Group # (if another policy is available)	

Insurer / Plan Name	Phone
Address	
Policy / Group #	
Other Policy / Group # (if another policy is available)	

You are to disclose all requested information in the columns for you and in the column for the other party.

Part I (Continued)
Husband / Father / Other

Is there a cost for coverage? [] Yes [] No

Special Instruction - The court requires both the family cost and the Individual cost information.

What is the annual cost for Family coverage?
\$ _____

What is the annual cost for individual coverage?
\$ _____

Is a Health insurance card available? [] Yes [] No

Are insurance cards required for services? [] Yes [] No

Does the plan cover Hospitalization? [] Yes [] No

Is there a deductible for services? [] Yes [] No

If yes, what is the deductible?

\$ _____ Per [] Visit [] Mo [] Yr
Check One:

Is there a co-payment required? [] Yes [] No

If yes, what is the co-payment?

\$ _____ Per [] Visit [] Mo [] Yr
Check One:

Does the plan cover doctor visits? [] Yes [] No

Is there a deductible for services? [] Yes [] No

If yes, what is the deductible?

\$ _____ Per [] Visit [] Mo [] Yr
Check One:

Is there a co-payment required? [] Yes [] No

If yes, what is the co-payment?

\$ _____ Per [] Visit [] Mo [] Yr
Check One:

Part II (Continued)
Wife / Mother / Other

Is there a cost for coverage? [] Yes [] No

Special Instruction - The court requires both the family cost and the Individual cost information.

What is the annual cost for Family coverage?
\$ _____

What is the annual cost for individual coverage?
\$ _____

Is a Health insurance card available? [] Yes [] No

Are insurance cards required for services? [] Yes [] No

Does the plan cover Hospitalization? [] Yes [] No

Is there a deductible for services? [] Yes [] No

If yes, what is the deductible?

\$ _____ Per [] Visit [] Mo [] Yr
Check One:

Is there a co-payment required? [] Yes [] No

If yes, what is the co-payment?

\$ _____ Per [] Visit [] Mo [] Yr
Check One:

Does the plan cover doctor visits? [] Yes [] No

Is there a deductible for services? [] Yes [] No

If yes, what is the deductible?

\$ _____ Per [] Visit [] Mo [] Yr
Check One:

Is there a co-payment required? [] Yes [] No

If yes, what is the co-payment?

\$ _____ Per [] Visit [] Mo [] Yr
Check One:

You are to disclose all requested information in the column for you and in the column for the other party.

Part I (Continued)
Husband / Father / Other

Part II (Continued)
Wife / Mother / Other

Is a Prescription card available? Yes No

Is a Prescription card available? Yes No

Is there a co-payment required? Yes No

Is there a co-payment required? Yes No

If yes, what is the co-payment?
\$ _____ Per Prescription

If yes, what is the co-payment?
\$ _____ Per Prescription

Is Dental coverage available? Yes No

Is Dental coverage available? Yes No

Insurer / Plan Name	Phone
Address	
Policy / Group #	

Insurer / Plan Name	Phone
Address	
Policy / Group #	

Is there a cost for Dental coverage? Yes No

Is there a cost for Dental coverage? Yes No

Special instruction - The court requires both the family cost and the individual cost information.

Special instruction - The court requires both the family cost and the individual cost information.

What is the annual cost for Family Dental coverage?

What is the annual cost for Family Dental coverage?

\$ _____

\$ _____

What is the annual cost for individual Dental coverage?

What is the annual cost for individual Dental coverage?

\$ _____

\$ _____

Is a Dental insurance card available? Yes No

Is a Dental insurance card available? Yes No

Are Dental insurance cards required for services? Yes No

Are Dental insurance cards required for services? Yes No

Is Vision coverage available? Yes No

Is Vision coverage available? Yes No

Insurer / Plan Name	Phone
Address	
Policy / Group #	

Insurer / Plan Name	Phone
Address	
Policy / Group #	

**Part I (Continued)
Husband / Father / Other**

Is there a cost for Vision coverage? [] Yes [] No

Special instruction - The court requires both the family cost and the individual cost information.

What is the annual cost for Family Vision coverage?
\$ _____

What is the annual cost for individual Vision coverage?
\$ _____

Is Vision insurance card available? [] Yes [] No

Are Vision insurance cards required for services? [] Yes [] No

Is COBRA insurance available?
(A continuation of present insurance coverage after termination of employment or marriage)

If yes, at what cost?

\$ _____ Per

Check One:
[] Mo [] Yr

**Part II (Continued)
Wife / Mother / Other**

Is there a cost for Vision coverage? [] Yes [] No

Special instruction - The court requires both the family cost and the individual cost information.

What is the annual cost for Family Vision coverage?
\$ _____

What is the annual cost for individual Vision coverage?
\$ _____

Is Vision insurance card available? [] Yes [] No

Are Vision insurance cards required for services? [] Yes [] No

Is COBRA insurance available?
(A continuation of present insurance coverage after termination of employment or marriage)

If yes, at what cost?

\$ _____ Per

Check One:
[] Mo [] Yr

Instructions: In a divorce or post decree action, only the party filing the HIDA is required to sign the oath. In a dissolution, both parties must sign the oath.

OATH OF AFFIANT(S) - SIGNATURE(S) MUST BE NOTARIZED

I hereby swear or affirm that the information set forth in this health insurance disclosure affidavit above is true, complete and accurate. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury (O.R.C. 2921.11).

AFFIANT - Husband/Father/Other

AFFIANT - Wife/Mother/Other

Sworn to and subscribed in my presence on this _____ day of _____, 200_____.

Notary Public

**MODEL PARENTING SCHEDULE
KNOX COUNTY COURT OF COMMON PLEAS**

FOR PARENTS TRAVELING UNDER 90 MILES ONE WAY

This schedule is merely a guideline for parenting time. It is the parties' responsibility to tailor this schedule as necessary to meet the best interests of their children and their situation before the schedule becomes a court order.

Liberal parenting time arrangements are encouraged, as contact with both parents is important to the children. Specific items in the Journal Entry take precedence over this schedule. Changes or modifications can be made by the Court if need for such is shown. This schedule does not affect support payments.

Activities you engage in with your children, skills you teach them, or friends you help them make will make their time with you more rewarding. Additionally, regardless of how much time each parent spends with the children, there are many opportunities to be involved in their lives, such as participation and attendance at their school, sporting and extracurricular activities.

PARENTING TIME BETWEEN THE CHILDREN AND NON-RESIDENTIAL PARENT SHALL TAKE PLACE AT SUCH TIMES AND PLACES AS THE PARTIES MAY AGREE, BUT WILL NOT BE LESS THAN:

1. **Weekends:** Alternate weekends from Friday at 6:00 p.m. until Sunday at 6:00 p.m. This alternating weekend schedule shall not change, even when interrupted by holiday and birthday, summer end/or vacation parenting time. (See Section 5(a) below)
2. **Weekdays:** One weekday evening per week from 5:00 p.m. until 8:00 p.m. which shall be Wednesday, unless otherwise agreed and designated herein as follows:
3. **Extracurricular Activities:** Regardless of where the children are living, their participation in existing and renewed extracurricular activities, school related or otherwise, shall continue uninterrupted. The parent with whom they are residing at the time of the activity shall provide the transportation to these activities. Notice of all extracurricular activities, school related, or otherwise, in which the children participate, schedules of all extracurricular activities (handwritten, if no formal schedule is provided by ,the activity) and the name of the activity leader (including address and telephone number if reasonably available) shall be exchanged between the parents.

4. Pre-School Age: Unless otherwise agreed, pre-school age children shall follow the same schedule as school age children in the school district where they live, regardless of whether or not schoolage children live in the family. Frequent contact with both parents each week is recommended for very young children.

5. Holidays (including birthdays): In odd-numbered years, mother has Spring Break, Memorial Day, Labor Day and the first half of Winter Break. In odd-numbered years, father has Martin Luther King Day, the Fourth of July, Thanksgiving, and the second half of Winter Break. In even numbered years, the schedules are reversed.

a) In the event of a conflict between regular parenting time and holiday parenting time, holiday visitation parenting time prevails. The alternating weekend parenting time continues, however, as if the holiday had not intervened. This means that one parent may have the children three weekends in a row. This process equalizes itself over the course of time for each parent. For any holiday falling on a Monday or Friday, if the weekend immediately proceeding or following the holiday parenting time is spent with the same parent, there is no need for that parent to return the children that evening and then pick them up the next morning. For a holiday falling on a Friday, visitation/parenting time commences Friday a.m. and continues to Sunday evening; or for a holiday falling on a Monday, parenting time commences Friday evening and continues to Monday evening.

b.) Mother's Day and Father's Day and, the parent's birthdays only when they fall on Saturday or Sunday, are to be spent with the appropriate parent. These are as agreed or 10:00 a.m. to 7:00 p.m. these do not have to be made up.

c.) Other days of special meaning, such as Religious Holidays, etc., (ie., New Years Eve and Day, Kwanzaa, Passover, Easter, Rosh Hashanah, Christmas Eve, Christmas Day) should be decided together, as

d.) Hours for parents who can not agree are as follows: Martin Luther King Day (9:00 a.m. to 7:00 p.m.); Spring Break (6:00 p.m. on the day school is out to 7:00 p.m. the day before school recommences; Memorial day and Labor Day (6:00 p.m. Friday to 6:00 p.m. Monday); July 4th 9:00 a.m. to 9:00 p.m. the next day); Thanksgiving (6:00 p.m. Wednesday to 6:00 p.m. Sunday); Winter Break (first half commences at 6:00 p.m. the last day of school before Winter Break begins, until December 25 at 1:00 p.m.; second half commences at 1:00 p.m. December 25 until 6:00 p.m. the day before school recommences).

e.) 48-hour notice should be given by the parent with whom the holiday is being spent for any arrangements for out of town travel on the holidays or of a change in pick-up/return times.

f.) The children's birthdays should be alternated per child, between the parents and on an annual basis. Hours for parents who cannot agree are 4:00 p.m. to 8:00 p.m. Brothers and sisters attend the birthday event. These do not have to be made up.

6. **SUMMER**: In odd numbered years, Mother shall have parenting time with the children the first half of the summer, and Father shall have parenting time with the children the second half of the summer. This schedule reverses in even numbered years. The summer school vacation commences the day after the children are out of school and continues until seven (7) days before school begins. Each parent's time is calculated by taking the number of intervening weeks (full and/or partial) and dividing in half.

Weekday and alternating weekend parenting time shall be exercised by the parent who is not exercising his/her half of the summer.

7. **VACATION**: Each parent may arrange an uninterrupted vacation of not more than two (2) weeks with the children. Each parent shall schedule this vacation during his/her half of the summer. A general itinerary of the vacation shall be provided for the other parent, including dates, locations, addresses, and telephone numbers. Holiday and birthday celebrations with either parent shall not be missed, required scheduling of vacation around these events or that the missed occasion be made up. Alternate weekend parenting time with the other parent is missed during vacation, and there is no requirement that it be made up.

8. **TELEPHONE ACCESS**:

a.) Children can call either parent as often as they wish, at reasonable times, so long as the call is collect, if it is a long distance call.

b.) In addition, the non-possessory parent shall be entitled to telephone communication with the children not less than three times per week for not less than 15 minutes per call.

c.) Possessory parent shall not interfere with or stop the telephone communication.

9. **TRANSPORTATION**: The parties shall divide the transportation equally. The parent who is exercising parenting time shall pick up the children. Unless otherwise ordered by the Court or agreed by the parents, drop off/pick up shall be at parents' respective homes.

10. **MOVING**: Upon either parent learning that he/she shall immediately notify the other parent except in those circumstances wherein notice is not required by R.C. 3109.051(G), and provide the other parent with the moving date, new residence address and telephone number, and such other pertinent information necessary to effectuate a smooth move for the children. The parents shall attempt, in good faith, to renegotiate an appropriate and beneficial new parenting time schedule.

11. **WAITING** Neither parent shall be more than 30 minutes late picking up the children. If the non-residential parent has not arrived to pick up the children within the 30 minute period, parenting time is forfeited and shall not be made up.

12. **CANCELLATION:** The non-residential parent should give 24-hour notice to cancel. The time canceled by the non-residential parent is forfeited.

13. **ILLNESS:** If a child is ill, the residential parent should give a 24-hour notice, if possible, so appropriate plans can be made. However, if any parenting time, weekend, holiday/birthday, or vacation is missed due to non-emergency and/or critical illness, then any missed parenting time shall be made up as provided in paragraph 14.

14. **MAKE-UP PARENTING TIME:** Any make-up parenting time required by this schedule shall occur the first weekend of the other parent immediately following the missed parenting time and shall continue during the other parent's weekends until made up in full, including partial weekends.

15. **CURRENT ADDRESS AND TELEPHONE NUMBER:** Except as provided in the Court order, each parent shall keep the other informed of his/her current address and telephone number at all times.

EMERGENCY CONTACT: Both parents shall at all times, regardless of whether the children are with him/her, provide the other parent with a telephone number for contact in the event of an emergency.

16. **CAR SEAT:** For any and all children required by law to ride in a car seat, the parents shall transfer the car seat with the child as parenting time exchange occurs.

17. **CLOTHING:** The parents shall cooperate in the exchange of the children's clothing prior to and following parenting time.

**MODEL PARENTING SCHEDULE
KNOX COUNTY COMMON PLEAS COURT**

FOR PARENTS TRAVELING OVER 90 MILES ONE WAY

This schedule is merely a guideline for parenting time. It is the parties' responsibility to tailor this schedule as necessary to meet the best interests of their children and their situation before the schedule becomes a court order.

Liberal parenting time arrangements are encouraged, as contact with both parents is important to the children. Specific items in the Journal Entry take precedence over this schedule. Changes or modifications can be made by the Court if need for such is shown. This schedule does not affect support payments.

Activities you engage in with your children, skills you teach them, or friends you help them make will make their time with you more rewarding. Additionally, regardless of how much time each parent spends with the children, there are many opportunities to be involved in their lives, such as participation and attendance at their school, sporting and extracurricular activities.

PARENTING TIME BETWEEN THE CHILDREN AND THE NON-RESIDENTIAL PARENT SHALL TAKE PLACE AT SUCH TIMES AND PLACES AS THE PARTIES MAY AGREE, BUT WILL NOT BE LESS THAN.

1. **Pre-School Age**: Unless otherwise agreed, pre-school age children shall follow the same schedule as school age children in the school district where they live, whether or not a school age child resides in the family. Frequent contact with both parents is recommended for very young children.

2. **Winter Break**: Winter Break will be divided in half and alternated annually, by half, between the parents.

3. **Spring Break**: The non-residential parent shall be entitled to the entire school vacation (the day school is out to the day before school recommences) in odd-numbered years.

4. **Summer**: Each parent shall be entitled to one half of the school summer vacation. Summer school necessary for the child(ren) to pass to the next grade must be attended. The residential parent shall notify the non-residential parent as to their intentions by April 15.

a. If the parties cannot agree which half of the summer they prefer, in the even-numbered years, the first half of the summer shall be spend at the home of the non-residential parent, and in the odd-numbered years, the second half.

b. A general itinerary should be provided either parent if more than 2 days will be spent away from either home when the children are in that parent's care.

5 **Vacations:** Each parent may arrange an uninterrupted vacation of not more than two weeks with the children. If this includes a trip away from home a general itinerary of the vacation shall be provided for the other parent, including dates, locations, address, and telephone numbers.

a. Summer school necessary for the child to pass to the next grade must be attended.

6. **Additional Parenting Time:**

a. *Weekend:* A once-a-month, weekend visit to the non-residential parents home shall be permitted if the child's traveling time does not exceed. **THREE AND ONE HALF HOURS**, one way. The residential parent must be notified at least one week in advance. **THE NONRESIDENTIAL PARENT SHALL PROVIDE THE TRANSPORTATION FOR WEEKEND PARENTING TIMES.**

b. Father's Day and Mother's Day should always be spent with the appropriate parent.

c. The non-residential parent shall notify the residential parent at least two days in advance of any time the non-residential parent will be in the area and wants visitation/parenting time. Absent extraordinary circumstances, this parenting time shall occur.

d. The residential parent shall notify the non-residential parent at least two days in advance when the residential parent and child(ren) will be in the area of the non-residential parent, and parenting time must be allowed.

7. **Telephone Access:**

a. Children can call either parent as often as they wish, at reasonable times, so long as the call is collect if it is a long distance call.

b. In addition, the non-possessory parent shall be entitled to telephone communication with the children not less than three times per week for not less than 15 minutes per call.

c. Possessory parent shall not interfere with or stop telephone communication.

8. **Transportation:** Responsibility for transportation costs should be decided in advance and a plan written into an Order of the Court. The costs of transportation, in the appropriate case, may be a basis for deviation from the child support schedule. Parties shall also decide and provide in the plan where the child(ren) shall be picked up and dropped off.

9. **Moving:** Upon either parent leaving or determining, whichever first occurs, that he/she will be moving, he/she will immediately notify the other parent and provide the other parent with the moving date, new residence address and telephone number, and such other pertinent information necessary to effectuate a smooth move for the children. The parents shall attempt, in good faith, to renegotiate an appropriate and beneficial new visitation/parenting time schedule.

10. **Current Address and Telephone Number.** Except as provided in the Court order, each parent shall keep the other informed of his/her current address and telephone number at all times. Emergency Contact: Both parents shall at all times, regardless of whether the children are with him/her, provide the other parent with a telephone number for contact in the event of an emergency.

11. **Car Seat:** For any and all children required by law to ride in a car seat, the parents shall transfer the car seat with the child as parenting time exchanges occur.

12. **Clothing::** The parents shall cooperate in the exchange of the children's clothing prior to and following parenting time.

**KNOX COUNTY CLERK OF COURTS
FEE SCHEDULE
EFFECTIVE 02/20/2009**

Civil Actions or Complaints	\$300.00
Jury Demand Fee	\$350.00
Civil Cross Complaint, Counterclaim or Third-Party Complaint	\$100.00
Divorce Complaints, Counterclaims, Dissolutions	\$250.00
All post-trial Domestic Actions, including counter motions	\$125.00
Writ of Possession	\$100.00
Writ of Habeas Corpus	\$100.00
Proceedings in aid of execution, including Garnishments & Debtors Exams	\$ 75.00
Appeals from other Tribunals	\$100.00
Foreign Cases (outside Ohio)	\$ 50.00
Court of Appeals - within ten (10) days of filing	\$ 90.00
Court of Appeals - Original Actions (Mandamus, Habeas Corpus, etc.)	\$ 85.00
Cognovit Action (plus \$25.00 CJ Fee)	\$100.00
Certificate of Judgment issuing from & recorded in Knox County	\$ 25.00
Certificate of Judgment & Renewals issuing from another county & recorded in Knox County	\$ 20.00
Issuing out of County Judgment	\$ 5.00
Release of any Judgment, full & partial, except for State of Ohio Department (e.g. Taxation) (includes court certificates of release)	\$ 5.00
Release of any State of Ohio Judgment filed <u>before</u> 01/01/1993 (includes Sales Tax & Workers Comp)	\$ 10.00
Release of any State of Ohio Judgment filed <u>after</u> 01/01/1993 (includes Sales Tax & Workers Comp ... Docket 25 Page 237)	\$ 25.00
Photocopies per page	\$.05
Certification of any document	\$ 1.00
Notary Public Applications	\$ 18.00
Expungement, Motion for Judicial Release	\$ 50.00
Shock Probation	\$ 30.00
Filing of Sheriff Election Candidacy Application	\$ 25.00
Recording of Optometry License	\$ 1.00
Passports: Under 16 = \$85 (\$60 to Passport Services & \$25 to Clerk) Adult (over 16) = \$100 (\$75 to Passport Services & \$25 to clerk)	

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

ODHS 7076 (REV. 7/90)

I the undersigned, _____, request Child Support Services from the _____ County Child Support Enforcement Agency. I understand and agree to the following conditions:

- A. I am a resident of the County in which services are requested.
- B. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).

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 Services Only", if the sole need is to find the whereabouts of the absent parent.
 2. Establishment or Modification 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 (*modification*), and to obtain medical support.
 3. Enforcement of Existing Orders.
The CSEA can help you collect current and back child support.
 4. Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.
The agency can collect back support (*arrearages*) by intercepting a non-payor's federal and state income tax refunds on 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 back child support and can intercept unemployment compensation to collect child support.
 6. Establishment of Paternity.
The agency can obtain a court order for the establishment of paternity (*fatherhood*) if you were not married to the father of the child.
 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. Back support collected will be paid to you until all of the back support you are owed is paid.

If you received ADC in the past and support was assigned to the state, back support collected will be paid to the state after you receive back support owed to you.
 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.
- C. The only fee you can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.
- D. If you use a private attorney to help you collect child support on your case you are responsible for any attorney fees. The CSEA will provide you an attorney free of charge to work on your case, if one is needed.

APPLICANT INFORMATION (INFORMATION ABOUT YOU)	
Name	Date of Birth
Social Security Number (SSN)	Current Marital Status (Check One) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Deserted <input type="checkbox"/> Widowed

Type(s) of Service(s) Requested: All services listed _____ Location of absent parent only _____
Other (please explain)

FOR AGENCY USE ONLY	
(Do Not Write in This Space) Case Name	Date Mailed/Picked Up
Case Number	Date Returned or File Date

Applicant's Name (Last, First, Middle)	Telephone Number (Home)
Address (Street/Route, P.O. Box)	(Work)
City, State, and Zip Code	

INFORMATION ON CHILDREN

	Child 1	Child 2	Child 3	Child 4
a. Name				
b. Sex				
c. SSN				
d. Date of Birth (DOB)				
e. Name(s) of Absent Parent				
f. Has Paternity (Fatherhood)				
g. Is There a Court Order For Support (Yes or No)				

ABSENT PARENT INFORMATION OR PARENT ORDERED TO PAY CHILD SUPPORT

	Absent Parent #1	Absent Parent #2	Absent Parent #3
Name			
Address City, State, Zip Code			
SSN			
Date of Birth (DOB)			
Name of Employer			
Address of Employer (City, State, Zip Code)			
Amount of Support Ordered (Wk, Bi-Wk, Mo)			
Case Number on Support Order			
Court Where Order Was Issued (City, County, State)			
Military Service Give Date and Branch Entered			
Arrest Record: Give Date and Place of Arrest			
If the absent parent has been on Public Assistance: Give Date and Place			
Give Name and Address of Current Spouse of Absent Parent			

• Have you ever been on public assistance? Yes No

When _____ Date Where _____ City and State _____ County

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
------------------------	------

Rules to Follow When You Are Representing Yourself

The Court is a very traditional place. When you are representing yourself in Court, you are trying to persuade a judge or jury that you are right. So you must act, dress, and speak in a way that helps you with your case. Here are some tips:

BE ON TIME

What will happen if you are late?

- Your case can be dismissed.
- The judge may make a decision without hearing your side.

What to do if you are late?

- Call the Court, ask to speak with the secretary of the Judge assigned to your case. Ask the secretary to tell the Judge why you are late & when you expect to arrive.

DRESS NEATLY

- You do not need fancy clothes, just make sure you are neat and clean.
- Tank tops, shorts, ripped jeans, or baseball hats are not acceptable. T-shirts or hats with messages such as "Legalize Marijuana" or "Where's the Beef," while funny, are not acceptable for court.

BE RESPECTFUL

- How you act is as important as how you look. Just like an attorney, you must be respectful to everyone in the Court, including the judge, court staff, and the other party involved in your case.
- Do not speak while others are speaking. Do not get into an argument with the other side. If you disagree with what the other side is saying, wait until he or she is done and then tell the Judge.
- Speak to the judge only when you are told it is your turn. Address the judge as "your honor." Never interrupt the Judge.
- Try to control your emotions as much as possible, especially anger.

DO NOT BRING CHILDREN WITH YOU TO COURT

- It is okay to bring your child if it is a custody or visitation case and the Judge or Magistrate needs to talk with your child. In all other cases, find someone to look after your child.

NO CELL PHONES OR PAGERS IN THE COURT

- Turn your phone /pager off when you enter the court. Ringing phones and beeping pagers are very distracting and make some judges very mad, which will not help your case!

What to Expect When You Arrive at the Courthouse

Check in at the clerk's office to find out which courtroom to go to. Go into the courtroom and sit quietly until your case is called. You may have to wait for up to an hour; just be patient.

When your case is called, walk to the table or podium for lawyers in front of the judge, and stand facing the judge. The judge will tell you when to speak.

When the judge asks you to present your case, tell the judge what it is that you are requesting and why you are requesting it. After you are finished, the other side will have a chance to ask you questions.

Next, the other side will present his/her case. Don't forget, if you disagree with something the other side says, do not interrupt. You will have an opportunity to ask the other side questions when he/she is finished talking.

During the hearing the judge may ask you questions.

- If you don't understand the question, say so. Don't answer until you fully understand the question.
- If you don't know the answer say so. Do not be afraid to admit that you don't know something.

Decisions are not always given right away. In most cases, you will receive the judge's decision in the mail within two weeks.

WARNING

☒ Do not try to talk to the judge about your case before your case is called.

The law prevents the judge from talking to one party if the other party is not present (unless the case is currently before the court). This one-sided conversation is called an "ex parte communication" and it is illegal.

Any letter, motion, or request you send to the court will be ignored by the judge (because it is an ex parte communication) unless you send a copy of that letter or request to the opposing party as well.

For example: If you write a letter to the judge requesting that the court date for your divorce be changed, you must send a copy of this letter to your spouse as well and let the judge know that you have done this.

Otherwise the judge will not even read your letter.

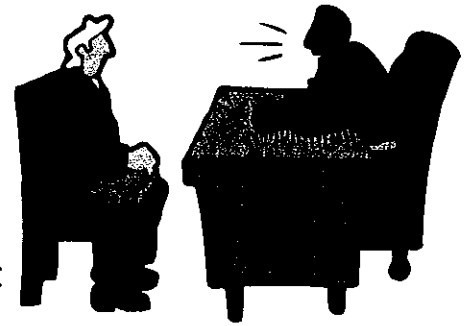
☒ Do not ask court staff for legal advice.

Court staff are **not** attorneys and **cannot provide legal advice**. More importantly, they are employees of the court and must treat both sides in a case fairly. It is unfair and illegal for them to help one party and not the other.

Court staff can answer questions about court procedure, court rules, and the meaning of certain legal terms.

How to Handle Witnesses

When You Are Representing Yourself



When Should I Bring a Witness to Court?

It is always a good idea to bring a witness with you simply to tell the Court that you are an honest person or to confirm that what you are telling the Court is true.

In most cases that come before the Court, both sides are telling a different version of the same story. The Court knows that each side may be telling the version that best serves his or her own interests. The testimony of a witness (someone not involved in the case directly) will make your side of the story more believable.

In some types of cases, you are required by law to bring a witness. For example, in divorce cases, many Courts require a that you bring a witness to testify that you are a person known to have good character in your community (that you are an honest and good person).

What If My Witnesses Can't Come to the Hearing?

Your witness **must** come to the hearing! A handwritten note from a person will not be accepted by the Court—the witness must show up at the hearing and testify live. Live testimony is required so that the other side has an opportunity to ask questions of your witness as well.

To make sure your witnesses will show up, make sure you call them the week of the hearing and again the day before the hearing to remind them.

Who Should I Bring as a Witness?

- People who know you and your reputation in the community.
- People who know about the situation that brought you to the Court from things they have seen or heard. Only use witnesses after you have talked to them and are sure that they will tell the Court what is helpful to your case.

While it is okay to have a friend or family member be a witness for you, it is always best to have someone who does not favor one side over the other. With family members and friends, the Court may assume that the person is testifying for you simply because they like you and want you to win.

How Do I Prepare My Witnesses?

- Think about what is the most valuable thing each witness could say on your behalf.
- Write down a few questions that will help the witness get the idea across.
- Practice with your witness ahead of time, so you know what answers will be given.

What Should I Do With My Witnesses at the Court Hearing?

- Start by asking the witness their name and address.
- If your witness is a professional, you should ask what their job is, what their educational degrees are, and how long they have been doing their job.
- Then ask specific questions about what information they have about your case.

With your own witness, it is **not okay to ask "leading questions."** Leading questions give the witness the answer you want them to say.

You must keep your questions open-ended. *Open-ended questions are Who, What, Where, When, How, and Why questions.*

Examples to use:

- How would you describe my husband's condition when he dropped the children off at your house?
- What did my husband do when he would pick the children up from day care?

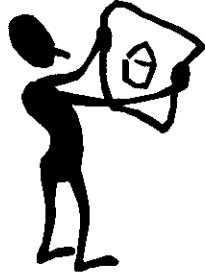
Rules To Follow When Questioning Witnesses

- Keep your questions short.
- Never ask a question when you do not know what the answer will be—the answer could hurt your case more than help it.
- If you don't get the answer you were expecting from a witness, do not argue with them or accuse them of lying. It makes you look bad before the judge. Remember . . . politeness at all times!
- If a witness refuses to answer a question, ask the judge to make the person answer.

Samples of Questions to Ask My Witnesses

- **What is your name?**
- **What is your address?**
- **How long have you known me?**
- **During the time that you have known me, have you become familiar with my reputation in the community?**
- **Do I have a reputation for good character and honesty in the community?**
- **From what you know about me, am I someone the Court can rely upon to tell the truth?**
- **You have heard what I have said in Court. To the best of your knowledge, do you know it to be true?**
- **Please explain how you know this to be true.**

Representing Yourself in Court



How to Use Photographs, Maps, Drawings, and Other Evidence to Help Prove Your Case

What is Evidence?

Evidence is anything you use to prove your claim. Evidence can be a photograph, a letter, documents or records from a business, and a variety of other things. All evidence that is properly admitted will be considered by the judge.

Your case probably will be decided by a judge. If there is a jury, it will look at admitted exhibits during its deliberations.

For example:

- **In a request for change of custody**, the child's school records could be introduced as evidence that the child's grades have dropped or he/she has missed a significant amount of school while living with the other parent.
- **In a domestic violence or stalking civil protection order case**, a photograph of any injury you suffered or a threatening letter written by your abuser may help your case.
- **In a divorce case**, a copy of tax return documents or documents showing who has title to a car or automobile may be introduced as evidence.

Why Use Evidence?

1. Evidence is more **believable and trustworthy** than what a person says. For example, in a domestic violence case, if you say that your ex-boyfriend has left you threatening messages but he testifies that this is an absolute lie, the judge may not know whom to believe. However, if you submit a tape recording of one of these messages the judge will be more likely to believe you.
2. Evidence may make something **easier to understand**. "A picture is worth a thousand words." Some things are hard to explain in words, while a drawing or photograph is descriptive and clear.

3.

How Do I Present Evidence to the Court?

Each court is different, but in most courts, you can't just walk into court with photograph or document and show it to the judge or jury. There are many things you must do before the court will even look at the evidence you have. Further, there are many different types of evidence, and the rules for using each type of evidence are different. Once you follow these rules, your evidence will be "admitted".

Steps to Follow to Admit Evidence

- ⑤ Before you ever go to court, think about the evidence you want to use to prove your case. Mark each piece of evidence with an exhibit number (attach a sticker labeled "Exhibit 1," "Exhibit 2," etc.)



Bring these marked Exhibits with you to court. When you want to show the court one of the exhibits, do the following things:

- ① Show the exhibit to the other party or the other party's attorney.
- ② Then "lay the foundation" for the evidence. To do this, you must show that the evidence is relevant to your case and authentic (not a forgery). Depending upon what you want the court to consider, follow the rules listed in this pamphlet for "laying the foundation" - explaining why and how the exhibit is connected to your case.
- ③ Either you or your witness must testify about the exhibit.
- ④ Ask the court to admit the exhibit into evidence. The other party or attorney may object to the exhibit for some reason. Try to answer these objections as best you can. If you can't, let the judge decide.
- ⑤ If there are no objections from the other party, or the judge has ruled in your favor, ask the court to "admit the Exhibit into evidence."

Laying the Foundation for Photographs

- ① Explain why a photo is connected to your case. For example:
"This photo shows the injury I suffered after my ex-boyfriend punched and kicked me."
- ① Explain how you know about what is in the photo. For example:
"I had my sister take this photograph within 2 hours after the incident occurred and went to get the film developed myself the following day."



3. Explain that the photo is timely. For example:

"At the bottom right-hand corner of the photo is the date on which it was taken. As you can see, the photo was taken on the same day that the incident occurred, which is also the same day the police arrested my ex-boyfriend."

4. Explain that the photo "fairly and accurately" shows what is depicted in the photo as it appeared on the date relevant to your case. For example:

"This photo is a fair and accurate depiction of how my face and side looked 2 hours after the incident and for the next two weeks."

TIP:

When using photographs, it is best to use color photos and enlarge them, if possible.

Foundation for Letters

1. Explain why the letter is connected to your case. For example:

"This is the letter that I received from my ex-boyfriend shortly before he beat me up."

2. Explain when and how you got the letter. For example:

"This letter was shoved under the door to my apartment some time before 6:00 p.m. on Wednesday, January 2, 2001. I found it on the floor when I came home from work that day."

3. Prove that the signature is that of a party to the case. Ways to prove this:

- **Explain to the court: that you are familiar with the other party's signature, how you came to know that person's signature, and that it is your opinion that the signature on the letter is the other party's signature.**
- **Call a witness who is familiar with the party's signature, and ask the witness:**

"Do you know the other party in this case? Are you familiar with the party's signature? How?"

Then show them the letter and ask "Is this the other party's signature?"

- **Call the person who signed the letter. Show the witness the document, and ask the witness if that is his or her signature. (Only do this if you think they will admit to it).**

4. Explain that the letter is in the same condition now as when you received it. ("The letter was kept in a safe place and nothing has been changed since I received it.")

TIPS

Do not read anything from the letter until the court has admitted it into evidence.

If the other party objects to the letter saying that it is hearsay, respond by saying: "The letter shows the letter writer's state of mind".

Laying the Foundation for Documents and Records From Businesses



1. Explain how the document or record is related to your case.
2. Call a witness from the business/agency that produced the record, ask the witness what his or her responsibilities are at the business/agency and how he or she is involved in record keeping.
3. Show the witness the record and ask him/her if it is a record from the business/agency.
4. Ask the witness:
 - ▶ Was the record made by a person with knowledge of the acts or events appearing on it.
 - ▶ Was the record made at or near the time of the acts or events appearing on it.
 - ▶ Is it the regular practice of the business/agency to make such a record, and
 - ▶ Was the record kept in the course of a regularly conducted business activity.

TIP

If the record is certified (a statement is attached to the record stating that it is in fact a record from a public agency or it has an agency seal on it) you do not need to do anything before you show it to the judge. Just let the judge know it is certified.