





## NOTICE

Objections to a Magistrate's Decision in a Delinquency/Traffic/CSB/Custody/Visitation are governed by Rule 40 of the Ohio Rules of Civil Procedure. Important parts of this rule are as follows:

1. The Objections must be in written form, and must be FILED WITHIN FOURTEEN (14) DAYS of the filed-stamped date of the Magistrate's Decision.
  
2. The Objections must be SPECIFIC and STATE WITH PARTICULARITY THE GROUNDS OF OBJECTIONS.
  
3. If one party files objections, any other party may file objections not later than ten (10) days after the first objections are filed.
  
4. Any Objections to a Findings of Fact made by the Magistrate MUST BE SUPPORTED BY A TRANSCRIPT OF THE EVIDENCE submitted to the Magistrate. Greene County Juvenile Court records all hearings on a digital recording system. To obtain a transcript of the hearing, it is the objecting party's responsibility to arrange to have a certified Court Reporter transcribe the compact discs. The transcript must be filed within thirty (30) days of the filing of the objection, unless the court, upon a showing of good cause, grants an extension.
  
5. Upon consideration of the Objections, the Judge may do any of the following:
  - A. Adopt, reject or modify the Magistrate's Decision;
  - B. Hear additional evidence
  - C. Recommit the matter to the Magistrate with instructions
  - D. Re-hear the case

YOU MUST SEND EACH PARTY (OR THE PARTIES' ATTORNEY, IF HE/SHE IS REPRESENTED BY COUNSEL) A COPY OF THE OBJECTIONS YOU HAVE FILED AND YOU MUST FILE A STATEMENT WITH THE COURT VERIFYING THAT YOU HAVE DONE SO.

Date: \_\_\_\_\_ Case No. : \_\_\_\_\_

I HAVE RECEIVED THE SUMMARY EXPLANATION OF JUVENILE RULE 40 THIS DATE AND UNDERSTAND THAT I MUST COMPLY WITH THE REQUIREMENTS OF RULE 40

\_\_\_\_\_  
Signature

YOU MUST ALSO FILE A MOTION FOR A COMPACT DISC RECORDING OF THE HEARING, COST OF \$5.00.

**IN THE COMMON PLEAS COURT, GREENE COUNTY OHIO  
JUVENILE DIVISION**

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

Affidavit of \_\_\_\_\_  
(Type Your Name)

**Check and complete ALL THAT APPLY:**

1.  I request that the court not disclose my current address or that of the child(ren). My address is confidential pursuant to R.C. 3127.23(D) and should be placed under seal to protect the health, safety, or liberty of myself and/or the child(ren).
2.  Minor child(ren) are subject to this case as follows:

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

<b>a.</b>	<b>Child's Name:</b>	<b>Place of Birth:</b>	
	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
	<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)
			<u>Relationship</u>
	_____ to present	<input type="checkbox"/> Address Confidential?	_____
	_____ to _____	<input type="checkbox"/> Address Confidential?	_____
	_____ to _____	<input type="checkbox"/> Address Confidential?	_____
	_____ to _____	<input type="checkbox"/> Address Confidential?	_____

**b. Child's Name:**

**Place of Birth:**

**Date of Birth:**

**Sex:**  Male  Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>		<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____	to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____

**c. Child's Name:**

**Place of Birth:**

**Date of Birth:**

**Sex:**  Male  Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>		<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____	to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____

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

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

- I **HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case.
- I **HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case. For each case in which you participated, give the following information:

- a. Name of each child: \_\_\_\_\_
- b. Type of case: \_\_\_\_\_
- c. Court and State: \_\_\_\_\_
- d. Date and court order or judgment (if any): \_\_\_\_\_

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

4. **Information about other civil case(s) that could affect this case: (Check only one box.)**

- I **HAVE NO INFORMATION** about any other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this case.
- I **HAVE THE FOLLOWING INFORMATION** concerning other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning a child subject to this case. Do not repeat cases already listed in Paragraph 3. Explain:

- a. Name of each child: \_\_\_\_\_
- b. Type of case: \_\_\_\_\_
- c. Court and State: \_\_\_\_\_
- d. Date and court order or judgment (if any): \_\_\_\_\_

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

5. **Information about criminal case(s):**

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

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

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

**6. Persons not a party to this case who has physical custody or claims to have custody or visitation rights to children subject to this case: (Check only one box.)**

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

a. Name/Address of Person \_\_\_\_\_  
 Has physical custody                       Claims custody rights                       Claims visitation rights  
Name of each child: \_\_\_\_\_  
\_\_\_\_\_

b. Name/Address of Person \_\_\_\_\_  
 Has physical custody                       Claims custody rights                       Claims visitation rights  
Name of each child: \_\_\_\_\_  
\_\_\_\_\_

c. Name/Address of Person \_\_\_\_\_  
 Has physical custody                       Claims custody rights                       Claims visitation rights  
Name of each child: \_\_\_\_\_  
\_\_\_\_\_

**OATH**

(Do Not Sign Until Notary is Present)

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

\_\_\_\_\_  
Your Signature

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

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

**IN THE COURT OF COMMON PLEAS, GREENE COUNTY, OHIO  
JUVENILE DIVISION**

**CASE NO:**

**INSTRUCTIONS FOR SERVICE**

**TO THE CLERK:**

Please serve

with a copy of the

and the Notice of Hearing/Summons at the following address:

by the following method:

Certified mail – included in \$95.00 filing fee

Personal service by Greene County Sheriff \$20.00; other counties \$30.00

Personal service by private process server, to wit:

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Signature

**Note: If more than one party needs to be served, complete instructions for each party.**