

COURT OF COMMON PLEAS JUVENILE DIVISION
GREENE COUNTY, OHIO

Complaint for Termination of Child Support

In the Matter of:

Case No. _____

I am requesting a _____ of child support. The basis for this complaint is as follows: _____

Signature

Printed Name

Address

City State Zip

Phone Number

Sworn to before me and subscribed in my presence on the _____ day of _____, 20__.

Notary Public or Deputy Clerk

Instructions for Service

Please serve the following party(ies) with a copy of this complaint and notice of the hearing by certified mail at the following address:

Printed Name

Address

City State Zip

Phone Number

Printed Name

Address

City State Zip

Phone Number

Signature of Complainant

Reviewed by _____, Deputy Clerk

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

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

Case No. _____

I, (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(0) and should be placed under seal in that the health, safety, or liberty of myself and/or the 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
Period of residence to Present	Address Confidential	Person child lived with (name and address)		Relationship
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

a. Child's name		Place of Birth	Date of Birth	Sex
Period of residence to Present	Address Confidential	Person child lived with (name and address)		Relationship
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

a. Child's name		Place of Birth	Date of Birth	Sex
Period of residence to Present	Address Confidential	Person child lived with (name and address)		Relationship
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<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 to this proceeding.

_____ I **HAVE THE FOLLOWING 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 3.

Explain:

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

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

_____ I **DO NOT KNOW OF ANY PERSON** not a party to this proceeding who has physical custody or 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 custodial rights () claims visitation rights

b. Name and address of person _____

() has physical custody () claims custodial rights () claims visitation rights

c. Name and address of person _____

() has physical custody () claims custodial rights () claims visitation rights

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

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

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

STATE OF OHIO
COUNTY OF _____

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

Notary Public