



The Honorable Maryellen O'Shaughnessy
Franklin County Clerk of Courts

Clerk of Courts Juvenile Division
373 South High Street, 4th Floor
Columbus, Ohio 43215
614.525.4411

Instructions for Filing a Complaint for Allocation of Parental Rights/Custody

Please ensure you have all of the following documents. You must answer all questions and complete all blanks, otherwise the Court may not be able to make orders in your case.

- ☐ Complaint with Notice of Hearing - Do not sign the last page until you are before the Clerk or a notary**
- ☐ Health Insurance Affidavit (Loc.Juv.R. 10) - Do not sign until you are before the Clerk or a notary
- ☐ Parenting Proceeding Affidavit (O.R.C 3127.23) - Do not sign until you are before the Clerk or a notary
- ☐ Instructions for Service
- ☐ Certificate of Assignment
- ☐ Confidential Disclosure of Personal Identifiers

** You must fill in how the parent-child relationship was established (#5 in the Complaint) and include the following information as it applies to each child:

- o Administrative Child Support Order (SETS) number (available through Child Support Enforcement if there is a support order)
- o Judicial Case Number if there is an existing court case related to child support or paternity for each child
- o Paternity Registry Number for each child.

If you are requesting Child Support, you must also fully complete and include the following documents.

- ☐ IV-D Application
- ☐ Child Support Affidavit (Loc.Juv.R. 10) - Do not sign until you are before the Clerk or a notary
- ☐ Copy of each child's Administrative Child Support Order if support has been established directly with the Child Support Enforcement Agency

Birth Certificate

If you do not file copies of each child's birth certificate as required in the complaint, you must bring them to the first hearing. If you need to obtain a copy of each child's birth certificate, visit the Bureau of Vital Statistics website at <https://odh.ohio.gov/know-our-programs/vital-statistics>.

Service

All necessary parties must be served with a copy of the documents through the Clerk's office at least seven days prior to the hearing date, and non-parent filers must serve both parents.

You may have the Clerk serve the complaint/motion by one of the following methods:

1. Certified Mail - included in court costs
2. Personal service by Sheriff - additional costs will be charged to the filer; if out-of-county, that Sheriff must be contacted in advance
3. Personal service by Process Server - you must pay a process server separately and in advance
4. Service by Publication - only if reasonable attempts have been made to locate the party, but you have been unable to do so; typically requires attempts to serve by other service methods. Additional costs will be charged to the filer

continued on next page

Service (continued)

5. Posting - same standards as service by publication; available if you have a current indigency affidavit
6. Registered Mail - only used if the party to be served resides in a foreign country

If Service Fails

You will receive written notification by letter from the Clerk's office. **You must attempt service again.** If service cannot be perfected at least seven days before the scheduled court date, your case will be continued to provide adequate time to serve the other party(ies).

If personal service fails, you can attempt personal service again or try Certified Mail through the Clerk's office.

If Certified Mail service fails because it is **unclaimed** or **refused**, you may request Ordinary Mail service to the same address through the Clerk's office.

Necessary parties may waive service of Summons if they agree in writing to accept the paperwork. Special Waiver forms are available with the Clerk's office or from the assigned Magistrate.

Questions? You may call the Self Represented Resource Center on the Fourth Floor at 614.525.7531, or you can visit the Duty Magistrate on the Third Floor.

Emergency Custody - Local Juv. R. 5(F)

Emergency custody orders are rarely granted, as there are very few cases where a true, life-altering emergency exists. A request for emergency custody, therefore, should be reserved for situations where there is an immediate and present danger to the child(ren).

The following situations DO NOT constitute an emergency:

1. Enrolling the child in school;
2. Obtaining an initial custody order;
3. Missed visitation;
4. Refusal to return the child following visitation; and/or,
5. Obtaining non-emergency medical treatment

Procedure when Requesting Emergency Custody

Before requesting emergency custody you must file a:

- complaint for custody if there is not a current custody case involving the minor child, or
- motion to modify the existing custody order in the existing custody case.

To request an emergency custody order, you must prepare a Motion for Emergency Custody, along with an Affidavit verifying the basis for your motion. You must schedule a hearing before your assigned Judge. The Motion for Emergency Custody will be heard within 30 days from the date of filing your motion. Prior to your hearing, all parties to the case must receive service through the Clerk's office of the Summons and Notice of Hearing and a copy of the Motion for Emergency Custody.

The hearing on your Motion for Emergency Custody will be continued unless service has been obtained on all parties, and proof of service has been confirmed with the Clerk's office.

**IN THE COURT OF COMMON PLEAS OF FRANKLIN COUNTY, OHIO
DIVISION OF DOMESTIC RELATIONS AND JUVENILE BRANCH**

VS _____

and _____

(your name)
(address)
(city/state/zip)
(other party's name)
(address)
(city/state/zip)
(other party's name)
(address)
(city/state/zip)

CASE NO.: _____
JUDGE: _____
MAGISTRATE: _____

**COMPLAINT FOR ALLOCATION OF
PARENTAL RIGHTS AND/OR CUSTODY**

1. I am _____, the _____ of the minor child(ren),
(your full name) (your relationship to child(ren)) (listed below)

I live at _____
(full address including street, city, state, and zip code)

List Child(ren)'s Name(s) and Date(s) of Birth(s):

a. _____ DOB: _____
(name) Male ☐ Female ☐

b. _____ DOB: _____
(name) Male ☐ Female ☐

c. _____ DOB: _____
(name) Male ☐ Female ☐

d. _____ DOB: _____
(name) Male ☐ Female ☐

2. The child(ren) reside(s) within _____, County, Ohio and has/have for _____.
(time period)

3. The child(ren)'s mother is _____ and her current address is _____
(full name)

(full address including street, city, state, and zip code)

4. The child(ren)'s father is _____ and his current address is _____
(full name)

(full address including street, city, state, and zip code)

5. Paternity was established by: (Check One – Must be Answered)

- ☐ administrative order
☐ judicial order
☐ paternity registry
☐ child(ren) born during marriage
☐ paternity has not been established
☐ unknown

Case or Sets Number: _____
Judicial Case Number: _____
Paternity Registry Number: a. _____
b. _____
c. _____
d. _____

6. Mother and Father ☐ have never been married to each other ☐ are currently married to each other or have previously been married to each other ☐ unknown.
7. A copy of the birth certificate for each child listed above is attached hereto.
8. The child(ren) ☐ is(are) ☐ is(are) not wards of any other court. **(Check One – Must be Answered)**

WHEREFORE, I request the Court issue the following orders: **(Check all that are requested)**

- ☐ Designate me the sole residential parent and/or legal custodian
- ☐ Adopt the proposed shared parenting plan (must file a proposed shared parenting plan at least 30 days before the hearing)
- ☐ Parenting time (between parents)
- ☐ Grant me visitation/companionship time (if you are **not** the mother or father of the child)
- ☐ Child support, allocate the tax dependency exemption, and/or health insurance coverage
- ☐ Approve, adopt, and modify or terminate the Administrative Child Support Order SETS #_____ **(MUST** attach a copy of current Administrative Child Support Order with current Administrative child support worksheet and a proposed child support worksheet)
- ☐ Temporary orders of custody, parenting time, visitation and/or child support as appropriate
- ☐ Adopt the proposed shared custody plan (if you are **not** the mother or father of the child)
- ☐ Any other relief the Court deems appropriate
- ☐ Other: _____

Plaintiff (your signature)

(Address)

Printed Name

(City) (State) (Zip Code)

If you or another party on the case needs
Interpretation Services for the scheduled
hearing below, please contact the
Language Interpreter Coordinator at
drj_interpreterrequest@fccourts.org within
five (5) business days of the hearing.

(Telephone Number)

Email Address

VERIFICATION OF SIGNATURE

The above person appeared before me and stated that the statements contained in the complaint were true to the best of his/her knowledge this _____ day of _____, 20____.

Notary Public

NOTICE OF HEARING

(to be filled out if Complaint is being filed in person; not for use with e-filing)

Please take notice that the complaint will come on for hearing on _____(month) _____(day),
_____(year), at _____ am/pm in Courtroom _____, 373 S. High Street, 3rd Floor, Columbus,
Ohio 43215.

Plaintiff

***NOTICE: Failure of the Plaintiff to appear will result in dismissal of the Complaint.
Failure of Defendant(s) to appear may result in the hearing of all claims.***

**IN THE COURT OF COMMON PLEAS OF FRANKLIN COUNTY, OHIO
DIVISION OF DOMESTIC RELATIONS AND JUVENILE BRANCH**

Plaintiff/Petitioner

Case Number _____

v.

Defendant/Petitioner/Respondent/In the Matter of

**CERTIFICATE OF ASSIGNMENT
To be filed with ALL new cases**

1. If this case includes minor children, please provide the following information regarding the biological/adoptive parents:

Mother/Parent 1: _____ Father/Parent 2: _____

Child(ren)'s Name(s): _____

2. If the Complaint/Petition requests child support, custody, allocation of parental rights, the following information is required:

• The biological or adoptive parents of the child(ren) are currently married <u>to each other</u> .	YES	NO / UNKNOWN
• The biological or adoptive parents of the child(ren) were previously married to each other, AND there are existing custody and/or child support orders for any of the biological or adopted children of these same parents, AND these orders are in an OHIO domestic relations case (a divorce, dissolution, legal separation, or custody case).	YES	NO / UNKNOWN

If the answer is "YES" to either question, this matter must be filed in Domestic Relations Court. If you answer "NO / UNKNOWN" and it is incorrect, your case may be dismissed, and you will have to re-file it properly.

No Prior Cases

Attorney / Pro Se

Sup.Ct. # / Phone #

Please list all cases involving the mother of the child(ren) and/or involving the same parties:

Case Number	Case Type	Judge	Magistrate	Mass Transfer - <i>Internal Use</i>
				Judge Magistrate Date: _____
				Judge Magistrate Date: _____
				Judge Magistrate Date: _____
				Judge Magistrate Date: _____
				Judge Magistrate Date: _____

Internal use only

Clerk/Court Initials: _____

Assigned Judge: _____

Assigned Magistrate: _____

by Lottery (Sup.R.36.016)

by Rule (Sup.R.36.011(C))

by Lottery (Sup.R.36.016)

by Rule (Sup.R.36.011(C))

Maryellen O'Shaughnessy, Franklin County Clerk of Courts

**IN THE FRANKLIN COUNTY COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS AND JUVENILE DIVISION**

Plaintiff/Petitioner 1

vs./and

Defendant/Petitioner 2

Case No. _____

Judge _____

Magistrate _____

Instructions: Pursuant to Local Domestic Rule 24 and Local Juvenile Rule 10, this affidavit is required to be filed in all actions for dissolution, divorce or legal separation involving minor children, any complaint for custody, support, paternity, or any answer or counterclaim thereto, and with all motions to establish or modify child support or health insurance coverage. This affidavit is used to disclose health insurance coverage that is available for children. It is also used to determine child support. It must be filed if there are minor children of the relationship. If more space is needed, add additional pages.

HEALTH INSURANCE AFFIDAVIT

Affidavit of _____
(Print Your Name)

Plaintiff/Petitioner 1

Defendant/Petitioner 2

Is/are your child(ren) currently enrolled in a low-income program (i.e. Healthy Start/ Medicaid)?

☐ Yes ☐ No

☐ Yes ☐ No

Is/are your child(ren) enrolled in an individual (non-group or COBRA) health insurance plan?

☐ Yes ☐ No

☐ Yes ☐ No

Is/are your children enrolled in a plan found through the exchange/Affordable HealthCare Marketplace?

☐ Yes ☐ No

☐ Yes ☐ No

Is/are your child(ren) enrolled in a health insurance plan through a group (employer or other organization)?

☐ Yes ☐ No

☐ Yes ☐ No

If your child(ren) is/are not enrolled, do/does he/she/they have health insurance available through a group (employer or other organization)?

☐ Yes ☐ No

☐ Yes ☐ No

Does the available insurance cover primary care services within 30 miles of the children's home?

☐ Yes ☐ No

☐ Yes ☐ No

Under the available insurance, what is the annual premium you pay for family coverage?

\$ _____

\$ _____

Name of group (employer or organization) that provides health insurance

Address

Phone Number

OATH OR AFFIRMATION
(Do not sign until Notary Public is present)

I, (print name) _____, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit 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

STATE OF _____)
COUNTY OF _____) **SS**

Sworn to or affirmed before me by _____ this _____ day of _____, _____.

Signature of Notary Public

Printed Name of Notary Public

Commission Expiration Date: _____

(Affix seal here)

**IN THE FRANKLIN COUNTY COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS AND JUVENILE BRANCH**

Plaintiff/Petitioner 1	Case No.	
	Judge	
vs./and	Magistrate	
Defendant/Petitioner 2/Respondent		

Instructions: Pursuant to Local Domestic Rule 38, Local Juvenile Rule 5 and the Ohio Revised Code, this affidavit is required to be filed and served with the first pleading or motion filed by each party in every domestic and juvenile parenting (custody/visitation) proceeding in this Court, including Dissolutions, Divorces and Domestic Violence Petitions. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. If more space is needed, add additional pages.

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

Affidavit of _____
(Print Your Name)

ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OR YOUR CHILD(REN) WOULD BE JEOPARDIZED BY THE DISCLOSURE OF YOUR ADDRESS OR IDENTIFYING INFORMATION. YOU ACKNOWLEDGE THAT THE COURT MAY CONDUCT A HEARING REGARDING THE BASIS FOR YOUR REQUEST.

☐ Pursuant to R.C. 3127.23(D), I allege that my health, safety, or liberty or that of my child(ren) would be jeopardized by the disclosure of identifying information to my spouse or the public. Therefore, I request that my address be placed under seal. I have marked the corresponding box next to each address I am requesting to be sealed.

1. (Number): _____ Minor child(ren) is/are subject to this case as follows:

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

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

b. Child's name _____		Place of birth _____	Date of birth _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____

c. Child's name _____		Place of birth _____	Date of birth _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____

d. Additional children are listed on Attachment 1(d). (Provide requested information for additional children on an attachment labeled 1(d).)

2. 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.

Explain: _____

- a. Name of each child: _____
- b. Type of case: _____

- c. Court and State: _____
- d. Date and court order or judgment (if any): _____

3. Information about custody case(s): (Check only one box)

- ☐ **I HAVE NO INFORMATION** of any 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 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, other than listed in Paragraph 2.

Explain: _____

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

4. Information about criminal convictions:

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.

NAME	CASE NUMBER	COURT/COUNTY/STATE	CHARGE

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

- ☐ **I DO NOT KNOW OF ANY PERSON** not a party to this case who has physical custody claims 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 has/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: _____

**IN THE COURT OF COMMON PLEAS, FRANKLIN COUNTY, OHIO
DOMESTIC RELATIONS DIVISION**

Plaintiff,	:	Case No. _____
	:	
v.	:	
	:	
Defendant.	:	

Confidential Disclosure of Personal Identifiers

INSTRUCTIONS FOR FILER

On and after July 1, 2009, Rules 44 and 45 of the Rules of Superintendence for the Courts of Ohio provide that parties and their attorneys should not include, or must redact where inclusion is necessary, certain personal identifiers in order to protect personal privacy. Rule 44 (H) defines personal identifiers to include "social security numbers, except for the last four digits; financial account numbers, including but not limited to debit card, charge card, and credit card numbers; [and] employer and employee identification numbers . . ." Personal identifiers should be omitted or redacted from all case documents submitted to the Court or filed with the Clerk, unless otherwise ordered by the court. This Confidential Disclosure of Personal Identifiers form is furnished to encourage and facilitate compliance with the provisions of Rule 45(D) of the Rules of Superintendence for the Courts of Ohio. Rule 45 (D) prescribes use of this form to allow personal identifiers to be furnished to the court or clerk separately as may be necessary for use as permitted by law in the performance duties required of the court of clerk. The contents of this form will not be subject to public disclosure. Additional pages may be attached to this form as necessary.

REFERENCE LIST

	NAME OF PARTY OR ENTITY TO WHICH OMITTED OR REDACTED PERSONAL IDENTIFIER APPLIES	COMPLETE PERSONAL IDENTIFIER <i>Use this column to list the personal identifiers that have been redacted from the document.</i>	CORRESPONDING REFERENCE <i>Use this column to list the reference or abbreviation that will refer to the corresponding complete personal identifier.</i>	LOCATION <i>Use this column to identify the document or documents where the reference appears in place of the personal identifier.</i>
1.				
2.				
3.				
4.				
5.				

☐ Check if additional pages are attached

Signature of person submitting the information

Ohio Department of Job and Family Services
EXPLANATION OF STATE HEARING PROCEDURES

What is a State Hearing?

If you think there has been a mistake or delay on your case, you may want to ask for a state hearing. You can ask for a hearing about actions by either the state department of job and family services or the local agency. Local agencies include the County Department of Job and Family Services (CDJFS), the County Child Support Enforcement Agency (CSEA), and agencies under contract with them.

A state hearing is a meeting with you, someone from the local agency, and a hearing officer from the Ohio Department of Job and Family Services (ODJFS). The person from the local agency will explain the action it has taken or wants to take on your case. Then, you will have a chance to tell why you think the action is wrong. The hearing officer will listen to you and to the local agency, and may ask questions to help bring out all the facts. The hearing officer will review the facts presented at the hearing and recommend a decision based on whether or not the rules were correctly applied in your case.

How to Ask for a Hearing

To ask for a hearing, call or write your local agency or write to the Ohio Department of Job and Family Services, Bureau of State Hearings, PO Box 182825, Columbus, Ohio 43218-2825. If you receive a notice denying, reducing or stopping your assistance or services, you will receive a state hearing request form. Fill out the request form and mail it to State Hearings. You may also fax your hearing request to State Hearings at (614) 728-9574.

We must receive your hearing request within 90 days of the mailing date of the notice of action. However, if you receive food assistance, you may request a hearing on the amount of your food assistance at any time during your certification period.

If someone else makes a written request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a request by telephone.

How to Request a Telephone Hearing

If you cannot attend the hearing at the scheduled location as a result of not having transportation, child care, medical limitations, etc., you can call 1-866-635-3748 and choose to participate by telephone. If you participate by telephone, the hearing officer assigned to your appeal will call you on the day of your hearing at the scheduled time for your hearing at the telephone number you provide.

Continuing Assistance or Services

If you receive a notice that your assistance or services will be reduced, stopped, or restricted, you must request a state hearing within 15 days of receiving that notice in order to continue receiving your benefits until your hearing decision is issued.

In the food assistance program, your benefits will not continue if you were denied or if the certification period has expired. After the certification period, you must reapply and be found eligible.

If your assistance or services have been changed without written notice, or if the change was made even though you requested a timely hearing, you can call the Bureau of State Hearings, to inquire if you should receive continuing benefits. Call us, toll free at the following number: 1-866-635-3748, and choose option number one from the automated voice menu.

If your assistance is continuing and you lose the hearing, you may have to pay back any benefits that you were not eligible to receive.

The continuing assistance provisions described in this section do not apply to the child support program. If you request a hearing about child support services, your hearing request will have no effect on your receipt of services while your hearing is pending.

County Conference

An informal meeting with a person from the local agency may settle the issue without the need for a state hearing.

Often this is the quickest way to solve a problem. At this meeting your case will be reviewed with you. If a mistake has been made, it can be corrected without the need for a state hearing. You can set up a county conference by asking your county worker. If you are not satisfied with the results, you can still have a state hearing.

You do not have to have a county conference to have a state hearing. Asking for a county conference will not delay your state hearing.

When Will the Hearing be Held?

After your request for a hearing is received, the Bureau of State Hearings will send you a scheduling notice giving the date, time and place of the hearing. This notice will be sent to you at least 10 days before the hearing. The notice will also tell you what to do if you cannot come to the hearing as scheduled.

Where are Hearings Held?

Hearings are usually held at the local agency. If you are unable to go there, the hearing may be held some other place that is convenient to you and to the other people involved. If you want the hearing held somewhere other than the local agency, be sure to tell us that in your hearing request.

Postponement of the Hearing

If you cannot come to the hearing as scheduled, or if you need more time to prepare, you can ask the hearings section for a postponement. In the food assistance program, postponement is limited to 30 days from the date of the first scheduled hearing. In all other programs, you must have a good reason to postpone the hearing.

If You Do Not Attend the Hearing

The Bureau of State Hearings will send you a dismissal notice if you do not come to the hearing. If you want to continue with your hearing request, you must contact State Hearings within 10 days and explain why you did not come to the hearing along with any verification. Verifications are documents or papers that prove why you missed your scheduled hearing. Once you have submitted your good cause verification, the hearing authority will decide if the documentation you provide is sufficient. If you do not call within 10 days and show good cause or proof for missing the hearing, it will be dismissed and you will lose the hearing. The local agency can then go ahead with the action it was planning to take.

If you disagree with the dismissal, the dismissal notice will tell you how to ask for an administrative appeal.

Before the Hearing

You may have someone (lawyer, welfare rights person, friend or relative) go to the hearing to present your case for you. If you are not going to be at the hearing, the person attending for you must bring a written statement from you saying he or she is your representative.

If you want legal help at the hearing, you must make arrangements before the hearing. Contact your local legal aid program to see if you qualify for free help.

If you do not know how to reach your local aid office, call 866-529-6446 (866-LAW-OHIO), toll-free, for the local number or search the Legal Aid directory at <http://www.ohiolegalservices.org/programs>. If you want notice of the hearing sent to your lawyer, you must give the Bureau of State Hearings your lawyer's name and address.

You and your representative have the right to look at your case file and the written rules being applied to your case. If your hearing is about work registration or employment and training, you may also look at your employment and training file. You can get a free copy of any case record documents that are related to your hearing request. Any person acting for you must provide a signed statement from you before looking at your case record or receiving copies of case record documents.

The local agency does not have to show you confidential records, such as names of people who have given information against you, records of criminal proceedings, and certain medical records.

Confidential records which you could not look at or question cannot be presented at the hearing or be used by the hearing officer in reaching a decision.

Subpoena

You can ask the hearing authority to subpoena documents or witnesses that would not otherwise be available and are essential to your case. You must request the subpoena at least five calendar days before the date of the hearing and provide the name and the address of the person or document you want to subpoena.

At the Hearing

You may bring witnesses, friends, relatives, or your lawyer to help you present your case. The hearing officer may limit the number of witnesses allowed in the hearing at any one time if there is not enough room. You and your representative will have the right to look at the evidence used at the hearing, present your side of the case without undue interference, ask questions, and bring papers or other evidence to support your case.

The hearing will be recorded by the hearing officer so that the facts are taken down correctly. After the hearing decision is issued, you can get a free copy of the recording by contacting the Bureau of State Hearings.

The hearing officer will listen to both sides but will not make a decision at the hearing. Instead, you will receive a written decision in the mail issued by the hearing authority.

Group Hearings

The Bureau of State Hearings may combine several individual hearing requests into a single group hearing, but only if there is no disagreement about the facts of each case and all involve related issues of state or federal law or county policy. The notice to schedule your hearing will tell you if you are scheduled for a group hearing.

You and your representative will be allowed to present your own case individually and you will have the same rights at a group hearing as you would at an individual hearing.

After the Hearing

You should receive a hearing decision within 60 days of your hearing request if the hearing was only about food assistance, and within 90 days for all other programs.

If you disagree with the hearing decision, your written decision will tell you how to ask for an administrative appeal.

Compliance with the Hearing Decision

If the hearing decision orders an increase in your food assistance, you should get the increase about 10 days from the decision date. If the decision orders a decrease in your food assistance, you should get the new, smaller amount the next time you regularly get food assistance.

In all other programs, the agency must take the action ordered by the decision within 15 days of the date the decision is issued, but always within 90 days of your hearing request. Contact the Bureau of State Hearings if you have not promptly received the benefits awarded by the hearing decision.

Another Action Requires Another Hearing

If you receive another prior notice that says the local agency wants to change your assistance or services while you are waiting for a hearing or hearing decision, you must ask for another hearing if you disagree with the new action. A separate hearing will be conducted on the new notice.

Applicant Name: _____

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

IMPORTANT: If you are receiving ADC or Medicaid, do not complete this application because you became eligible for child support services when you signed the ADC/Medicaid application.

I, _____, request child support services from the Franklin County CSEA (Child Support Enforcement Agency). I understand and agree to the following:

- A. I am a resident of the county in which services are requested and no other Ohio county has jurisdiction over support – OR – I am requesting services from the Ohio county of jurisdiction.
- B. The only fee that can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).
- D. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

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

APPLICANT INFORMATION

Name:	_____	Date of Birth:	_____
Home Address:	_____	Mailing Address:	_____
	_____		_____
	_____		_____
Home Phone #:	_____		
Social Security #:	_____	Sex:	_____
Race:	_____	<input type="checkbox"/> Single	<input type="checkbox"/> Married
Relationship to Children:	_____	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
Military Service	_____	Ever been on	
(Branch, Dates):	_____	Public Assistance?	_____
	_____	(When and Where)	_____
	_____		_____

EMPLOYER INFORMATION

Employer Name:	_____	Employer Phone #:	_____
Employer	_____	Is Medical	
Address:	_____	Insurance	
	_____	Available?	_____

	CHILD 1	CHILD 2	CHILD 3
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Race:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security #:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Location of Birth: (Country, State, City)			
Has Paternity (Fatherhood) been Established?			
Name(s) of Absent Parent(s):			
Is there an Order for Support?			
Is the Child covered by Medical Insurance?			

ABSENT PARENT INFORMATION

	PARENT 1	PARENT 2	PARENT 3
Name (and alias):			
Home Address:			
Mailing Address:			
Social Security #:			
Date of Birth:			
Location of Birth (Country, State, City):			
Race:			
Sex:			
Height / Weight:			
Hair / Eye Color:			
Identifying Marks (Tattoos, scars, etc.):			
Names of Children:			
Name and Address of Employer:			

Employer Phone #:			
Medical Insurance Provided?			
Support Order #:			
Date of Support Order:			
Amount of Support:	\$	\$	\$
Order Frequency:	Per	Per	Per
Location where Order was issued:			
Military Service (Branch, Dates):			
Ever Incarcerated? (Location, Dates):			
Arrest Record (Location, Dates):			
Name, Address Current Spouse:			
Father's Name:			
Mother's Name (Maiden):			
Ever been on Public Assistance? (Location, Dates)			

Type(s) of Service(s) Requested:

- ☐ All services listed
- ☐ Location of absent parent only
- ☐ Other (please explain)

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: _____

APPENDIX 1-24
**RIGHTS AND RESPONSIBILITIES OF PARENTS
RECEIVING CHILD SUPPORT SERVICES**

Confidentiality of Case Material Information

- You have the right to see the parts of your file at the Child Support Enforcement Agency (CSEA) about you and action taken for you by the agency.
- You cannot see some parts of your file that are protected by confidentiality laws, such as information obtained from the IRS.
- Information about you in the CSEA file is confidential. However, certain portions of your file become public record when a court is notified about your case.

Hearing Rights

If you disagree with any action, lack of action or delay by the CSEA, you can ask for a state hearing. For a full explanation of your hearing rights and the hearing process, please read the attached JFS 04059, Explanation of State Hearing Procedures.

OWF Participants

- As a condition of eligibility to receive OWF benefits, you give up the right to keep child and spousal support up to the amount of assistance you received.
- You must cooperate in establishing paternity for each child born, if you were not married to the father.
- You must assist the agency in getting support payments and any other payments.
- If you fail to cooperate without good cause (determined by your CSEA) you may be ineligible to receive OWF benefits.

While a family is receiving OWF, support collections are used to repay benefits. When a family leaves OWF, current support and family arrears are released to the family. Payments from the Internal Revenue Service (IRS) are applied to repay benefits before being applied to support payable to the household.

Medicaid Participants

While Medicaid benefits are received, cash medical support is paid to ODJFS to reimburse Medicaid benefits. If health insurance is available, that insurance will be used first for payment of medical bills. If you are eligible for medical assistance and are covered by a health insurance plan, it is your responsibility to notify the physician, hospital or other provider of medical services that you have medical insurance coverage and Medicaid coverage for the uninsured costs.

IV-E Foster Care Participants

If a child receives Title IV-E foster care benefits, the assignment includes current child support during the time the child is eligible for benefits and child support arrearages accruing before and during the time the child is eligible for benefits. Support that does not exceed foster care maintenance payments is distributed to reimburse Title IV-E benefits. When IV-E foster care maintenance benefits cease, the assignment of support rights terminates, except for the amount of any unpaid support that accrued under the assignment.

The CSEA Can Assist You With the Following Available Services:

1. **Location of Absent Parent(s)**, including "Location Only Services" if the sole need is to find the absent parent.
2. **Establishment or Adjustment of Child Support and Medical Support**, if you are separated, have been deserted or need to establish paternity. The CSEA can help with a Review and Adjustment of your support order (if timely) and help establish a medical support order.
3. **Enforcement of Existing Orders**, to help you get current support and back child support.
4. **Federal and State Income Tax Refund Offset**, by intercepting a non-payor's federal and state tax refunds.
5. **Withholding of Various Types of Income**, to help you get payroll deductions for current and back support.
6. **Establishing Paternity**, by obtaining an order for paternity establishment, if you were not married to the father of the child. An absent parent may also request paternity services.
7. **Collection and Disbursement of Payments**, and send you a check for the amount of payments received.
8. **Interstate Collection of Support**, can assist you if the payor is living in another state or in some foreign countries.

Review and Adjustment of Child Support Orders

Each party to the support order has a right to request a review for adjustment of the order thirty-six (36) months from the establishment of the order or from the date of the most recent review, or sooner, if certain circumstances are met. Contact the CSEA for further details.

Fees

- There is an application fee of one dollar for applicants not receiving OWF, Medicaid, or IV-E foster care benefits. The application fee may be absorbed by the CSEA.
- There is no charge to recipients of OWF, Medicaid, and IV-E foster care.

Child Support Overpayments

An overpayment is child support that you are not entitled to keep because:

- You have assigned (transferred) your rights to support to ODJFS.
- The payment was made to you instead of ODJFS.
- The payment was sent to you in error by ODJFS.

I understand that I am personally liable for returning any amounts paid to me in error, including amounts that must be returned because IRS or ODT accepts an amended tax return or complaint from the non-obligated spouse. I also understand, that in tax refund situations, I may be required to sign an affidavit attesting to the amount of support arrears.

Signature	Date
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