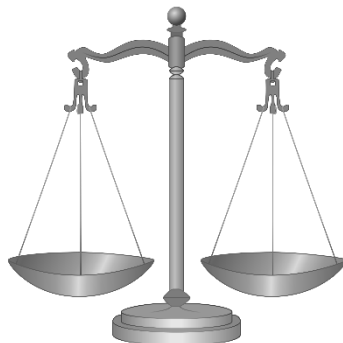


NOTICE OF INTENT TO RELOCATE

You will need to fill out completely and submit all of the following documents:

- Notice of Intent to Relocate with Instructions for Service
- UCCJEA / Parenting Affidavit

***Please make sure ALL documents are completely filled out and are signed, dated & notarized (where required). Failure to submit filled out, signed forms could result in the dismissal of your case and loss of your deposit.



**IN THE COURT OF COMMON PLEAS
FAMILY COURT DIVISION
STARK COUNTY, OHIO**

	:	CASE NO.
Plaintiff/Petitioner	:	
	:	
	:	
	:	
Address	:	JUDGE
	:	
and/v.	:	
	:	
	:	<u>NOTICE OF INTENT</u>
Defendant/Petitioner	:	<u>TO RELOCATE</u>
	:	
	:	
	:	
Address	:	
	:	

I, _____, residential parent in the above-captioned case, hereby give notice of my intent to relocate. The following children will be moving with me:

<u>Child</u> _____	<u>Date of Birth</u> _____
_____	_____
_____	_____
_____	_____

I plan to move to the following address:

Signature

Telephone number

INSTRUCTIONS FOR SERVICE

To the Clerk:

Please serve a copy of this Notice of Intent to Relocate to the **Plaintiff/Defendant** (circle one) by certified mail with return receipt requested at the address above.

Signature

NOTICE TO NON-RESIDENTIAL / NON-CUSTODIAL PARENT

YOU HAVE THE RIGHT TO FILE A MOTION AND REQUEST A HEARING FOR THE COURT TO DETERMINE WHETHER IT IS IN THE BEST INTERESTS OF THE CHILD(REN) TO REVISE THE PARENTING TIME SCHEDULE.

IT IS RECOMMENDED THAT YOU SPEAK WITH AN ATTORNEY SO THAT YOU MAY BE ADVISED OF YOUR RIGHTS IN THIS MATTER.

IN THE COURT OF COMMON PLEAS

DIVISION

COUNTY, OHIO

Plaintiff/Petitioner 1

vs./and

Defendant/Petitioner 2/Respondent

Case No. _____

Judge _____

Magistrate _____

Instructions: Check local court rules to determine when this form must be filed. By law, this affidavit must be filed and served with any Complaint, Petition or Motion regarding the allocation of parental rights and responsibilities, parenting time, custody, or visitation. 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 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 ☐ M ☐ F
Date of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	☐	_____ _____		_____
_____ to _____	☐	_____ _____		_____

to _____	☐	_____	_____
to _____	☐	_____	_____

b. Child's name _____	Place of birth _____	Date of birth _____	Sex ☐ M ☐ F
---------------------------------	--------------------------------	-------------------------------	--

☐ Check this box if the information below is the same as in Section 1(a). Skip to the next question.

Date of residence	Address Confidential	Person child lived with (name and address)	Relationship
_____ to present	☐	_____	_____
to _____	☐	_____	_____
to _____	☐	_____	_____
to _____	☐	_____	_____

c. Child's name _____	Place of birth _____	Date of birth _____	Sex ☐ M ☐ F
---------------------------------	--------------------------------	-------------------------------	--

☐ Check this box if the information below is the same as in Section 1(a). Skip to the next question.

Date of residence	Address Confidential	Person child lived with (name and address)	Relationship
_____ to present	☐	_____	_____
to _____	☐	_____	_____
to _____	☐	_____	_____
to _____	☐	_____	_____

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 **or** 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 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: _____

6. I understand that I have a continuing duty to advise this Court of any custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection order from domestic violence case concerning the children about whom information is obtained during this case.

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 _____)
) SS
 COUNTY OF _____)

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)