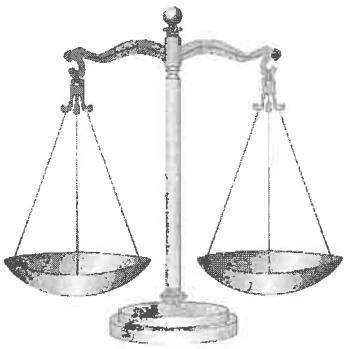
THIRD PARTY COMPLAINT FOR PATERNITY, CUSTODY OR VISITATION

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

- Third Party Complaint for Paternity, Custody, or Visitation
- Notice of Hearing
- Affidavit in Support of Motion
- Custody Affidavit
- Affidavit of Income & Expenses
- UCCJEA / Parenting Affidavit
- Health Insurance 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.

******IF THERE IS MORE THAN 1 FATHER, YOU MUST LIST ALL [ALLEGED] FATHERS, AND SERVE THEM. IF PATERNITY HAS NOT BEEN ESTABLISHED, YOU MUST ALSO PUBLISH/POST FOR JOHN DOE.**



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

IN THE MATTER OF:

_____, Minor(s)

_____ : **CASE NO.** _____

Your Name :

_____ :

Street Address :

_____ : **JUDGE** _____

City, State & Zip Code :

Plaintiff(s) :

:

_____ :

Child's Mother's Name :

_____ :

Street Address :

_____ :

City, State & Zip Code : THIRD PARTY COMPLAINT

: FOR PARENTAGE, CUSTODY

_____ : ALLOCATION OF PARENTAL RIGHTS

Child's Father's Name : OR VISITATION

_____ :

Street Address :

_____ :

City, State & Zip Code :

:

☐ If Father is unknown, check box. :

:

_____ :

Legal Custodian's Name :

_____ :

Street Address :

_____ :

City, State & Zip Code :

Defendant(s) :

This form is used to establish parentage of the child(ren), be designated as the residential parent, or obtain parenting time (companionship & visitation) with the child(ren). Other documents are required in addition to this form for filing.

Plaintiff states as follows:

1. Plaintiff is the _____parent _____relative/other
   (state relationship _____) of the following child(ren):

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

2. Defendant _____ (name) is the parent of the following child(ren):

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

3. The children have resided in _____ County, Ohio since _____ (date).

4. A parent-child relationship has been established for the following child(ren):

Name of Child	Paternity Established by
_____	___Acknowledgment/Signing Birth Certificate ___Administrative Order (through the CSEA) ___Court Order
_____	___Acknowledgment/Signing Birth Certificate ___Administrative Order (through the CSEA) ___Court Order
_____	___Acknowledgment/Signing Birth Certificate ___Administrative Order (through the CSEA) ___Court Order

5. A parent-child relationship has <u>not</u> been established for the following child(ren):

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

6. No Court has issued an order of parenting or support for the following child(ren):

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

7. The following child(ren) is/are subject to an existing order of parenting or support of another Court:

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

8. Plaintiff requests that this Court *(check all that apply)*:

_____ Order genetic testing and determine the parent of the child(ren).

_____ Find _____ to be the biological father of the child(ren):

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

_____ Change the child(ren)'s last name to _____.

_____ Correct the Birth Certificate to reflect the biological father's name and order the Ohio Department of Health to prepare a new Birth Certificate for the child(ren).

_____ Adopt the proposed Shared Parenting Plan or Parenting Plan which is attached.

_____ Designate _____ as the residential parent or legal custodian of the child(ren).

_____ Order reasonable parenting time (companionship or visitation).

_____ Order child support, allocate the tax benefits, and determine who should provide health insurance coverage for the child(ren).

_____ Other: *(specify)* _____

_____

_____ _____

Signature of Plaintiff Phone Number

_____

Printed Name

_____ _____

Address Email

_____

City, State & Zip Code

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

IN THE MATTER OF:

_____, a Minor **CASE #** _____

_____ **JUDGE** _____
Name

_____
Street Address

_____
City, State & Zip

Mother/Father/Plaintiff/Petitioner/_____ (circle one)

v./and

_____
Name

_____
Street Address

_____
City, State & Zip

Mother/Father/Defendant/Petitioner/_____ (circle one)

NOTICE OF HEARING AND REQUEST FOR SERVICE

A hearing shall be held on the _____ day of _____20____ at _____a.m./p.m. at the Stark County Family Court located at 110 Central Plaza South, 6th Floor, Canton, Ohio 44702.

Instructions: This form is used when you want to ask for documents to be sent (served) to the other party. You must MARK the line with an "X" for the type of service you are requesting. You must serve Mother, Father, any current Legal Custodian and the Department of Jobs & Family Services if that agency has been involved in the life of the child(ren).

TO THE CLERK: Please serve the pending documents on the following parties listed below:

____ **Defendant/Petitioner** at the address listed above
- ____ Certified Mail, Return Receipt Requested
- ____ Issuance to Sheriff of _____ County for
  ____Personal or ____ Residence Service
- ____ Ordinary US Mail, evidenced by a certificate of mailing
- ____ Other (specify) _____

____ **Plaintiff/Petitioner** at the address shown above
- ____ Certified Mail, Return Receipt Requested
- ____ Issuance to Sheriff of _____ County for
  ____Personal or ____ Residence Service
- ____ Ordinary US Mail, evidenced by a certificate of mailing
- ____ Other (specify) _____

____ **Stark County Child Support Enforcement Agency**,
221 3rd St. SE, PO Box 21337, Canton, Ohio 44702 or

____ _____ **County Child Support Enforcement Agency** (provide address)
(_____)
- ____ Certified Mail, Return Receipt Requested
- ____ Issuance to Sheriff of _____ County for
  ____Personal or ____ Residence Service
- ____ Ordinary US Mail, evidenced by a certificate of mailing
- ____ Other (specify) _____

____ **Stark County Department of Jobs & Family Services**, 402 2nd St. SE, Canton, Ohio 44702
- ____ Certified Mail, Return Receipt Requested
- ____ Issuance to Sheriff of _____ County for
  ____Personal or ____ Residence Service
- ____ Ordinary US Mail, evidenced by a certificate of mailing
- ____ Other (specify) _____

____ **Other** (Name)_____
(Address)_____
- ____ Certified Mail, Return Receipt Requested
- ____ Issuance to Sheriff of _____ County for
  ____Personal or ____ Residence Service
- ____ Ordinary US Mail, evidenced by a certificate of mailing
- ____ Other (specify) _____

_____ Your Signature

_____ Your Address

_____ Your Name (printed)

_____ Your Phone Number

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

_____	:	**CASE NO.** _____
	:	
	:	**JUDGE** _____
v.	:	
	:	
_____	:	AFFIDAVIT IN SUPPORT
	:	OF MOTION
	:	

(State your reasons.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Date Affiant

State of Ohio: Stark County, ss:
Sworn to and subscribed before me this _____ day of _____, 20___.

_____
Notary Public, State of Ohio
My Commission Expires _____

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

IN THE MATTER OF:

_____, a Minor **CASE #** _____

_____ **JUDGE** _____
Name

_____
Street Address

_____
City, State & Zip

Mother/Father/Plaintiff/Petitioner/_____ (circle one)

v./and

_____
Name

_____
Street Address

_____
City, State & Zip

Mother/Father/Defendant/Petitioner/_____ (circle one)

CUSTODY AFFIDAVIT

Answer all questions by marking an "X" next to the line that applies.

1. I **have** been involved in a custody or visitation case prior to today.
   ____ No. ____ Yes.
   If yes, give the name of the case, the parties involved, the case number(s) and the court, county and state where the matter was heard.
   _____
   _____

2. The **child(ren)** has/have been involved in a custody or visitation case prior to today.
   ____ No. ____ Yes.
   If yes, give the name of the case, the parties involved, the case number(s) and the court, county and state where the matter was heard.
   _____
   _____

3. I **have** been involved in a case involving the Department of Jobs & Family Services or Child Protective Services.

____ No. ____ Yes.

If yes, give the name of the case, the parties involved, the case number(s) and the court, county and state where the matter was heard.

_____

_____

4. The **child(ren)** has/have been involved in a case involving the Department of Job & Family Services or Child Protective Services.

____ No. ____ Yes.

If yes, give the name of the case, the parties involved, the case number(s) and the court, county and state where the matter was heard.

_____

_____

5. Neither I nor anyone in my home as ever been charged or convicted of either domestic violence or a crime against a child.

____ Correct. ____ Incorrect.

If **Incorrect**, give the name of the case and charge, the parties involved, the case number and date of offense, county and state of charge or conviction.

_____

_____

THE ABOVE STATEMENTS ARE TRUE & ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MY CASE MAY BE DISMISSED IF THE ABOVE STATEMENTS ARE DETERMINED TO BE NOT TRUE.

_____ _____

Your Signature Your Address

_____ _____

Your Name (printed) Your Phone Number

State of Ohio, Stark County ss:

Sworn to and subscribed before me this _____ day of _____, 20_____.

_____

Notary Public, State of Ohio

My Commission Expires _____

IN THE COURT OF COMMON PLEAS
_____ DIVISION
_____ COUNTY, OHIO

_____
Plaintiff/Petitioner 1

vs./and

_____
Defendant/Petitioner 2

Case No. _____

Judge _____

Magistrate _____

Instructions: Check local court rules to determine when this form must be filed. This affidavit is used to make complete disclosure of income, expenses, and money owed. It is used to determine child and spousal support. Do not leave any category blank. For each item, if none, put "NONE." If you do not know exact figures for any item, give your best estimate, and put "EST." **If you need more space, add additional pages.**

AFFIDAVIT OF BASIC INFORMATION, INCOME, AND EXPENSES

Affidavit of _____
(Print Name)

Date of marriage _____ Date of separation _____

SECTION I – BASIC INFORMATION

Plaintiff/Petitioner 1	Defendant/Petitioner 2
Date of Birth _____	Date of Birth _____
Last 4 Digits of Social Security # XXX-XX-_____	Last 4 Digits of Social Security # XXX-XX-_____
Phone Number _____	Phone Number _____
Email Address _____	Email Address _____
Is an interpreter needed? ☐ Yes or ☐ No If yes, explain: _____	Is an interpreter needed? ☐ Yes or ☐ No If yes, explain: _____
Health: ☐ Good ☐ Fair ☐ Poor If health is not good, please explain:	Health: ☐ Good ☐ Fair ☐ Poor If health is not good, please explain:

Supreme Court of Ohio
Uniform Domestic Relations Form – Affidavit 1 AFFIDAVIT OF BASIC INFORMATION, INCOME, AND EXPENSES
Approved under Ohio Civil Rule 84
Amended: June 1, 2021

Education: (*Check highest level achieved*) ☐ Grade School ☐ High School ☐ Associate ☐ Bachelor's ☐ Post Graduate	Education: (*Check highest level achieved*) ☐ Grade School ☐ High School ☐ Associate ☐ Bachelor's ☐ Post Graduate
Other Technical Certifications: Active Member of the U.S. Military ☐ Yes ☐ No	Other Technical Certifications: Active Member of the U.S. Military ☐ Yes ☐ No

SECTION II – INCOME

	Plaintiff/Petitioner 1	Defendant/Petitioner 2
Employed	☐ Yes ☐ No	☐ Yes ☐ No
Date of Employment	_____	_____
Name of Employer	_____	_____
Payroll Address	_____	_____
Payroll City, State, Zip	_____	_____
Scheduled Paychecks Per Year	☐ 12 ☐ 24 ☐ 26 ☐ 52	☐ 12 ☐ 24 ☐ 26 ☐ 52

A. YEARLY INCOME, OVERTIME, COMMISSIONS, AND BONUSES FOR PAST THREE YEARS

	Plaintiff/Petitioner 1		Year	Defendant/Petitioner 2
Base yearly income	$_____	3 years ago —	20___	$_____
	$_____	2 years ago —	20___	$_____
	$_____	Last year —	20___	$_____
Yearly overtime, commissions, and/or bonuses	$_____	3 years ago —	20___	$_____
	$_____	2 years ago —	20___	$_____
	$_____	Last year —	20___	$_____

B. COMPUTATION OF CURRENT INCOME

	Plaintiff/Petitioner 1	Defendant/Petitioner 2
Base Yearly Income	$_____	$_____
Average yearly overtime, commissions, and/or bonuses over last 3 years (from part A)	$_____	$_____

	Plaintiff/Petitioner 1	Defendant/Petitioner 2
Unemployment Compensation	$_____	$_____
Disability Benefits		
Workers' Compensation	$_____	$_____
Social Security	$_____	$_____
Other: _____	$_____	$_____
Retirement Benefits		
Social Security	$_____	$_____
Other: _____	$_____	$_____
Spousal Support Received	$_____	$_____
Interest and dividend income (*source*) _____	$_____	$_____
Other income (*type and source*) _____	$_____	$_____
TOTAL YEARLY INCOME	$_____	$_____
Supplemental Security Income (SSI) and/or public assistance	$_____	$_____
Social Security or Veteran's benefits received for child(ren) ☐ Based on parent's disability ☐ Based on child's disability	$_____	$_____
Child support you receive from a child support enforcement agency or court order for minor and/or dependent child(ren) not of the marriage or relationship	$_____	$_____

SECTION III – CHILDREN AND HOUSEHOLD RESIDENTS

Minor and/or dependent child(ren) who is/are adopted or born from this marriage or relationship:

Name	Date of birth	Living with

In addition to the above child(ren):
Plaintiff/Petitioner 1 has_____other minor biological or adopted child(ren).
Defendant/Petitioner 2 has_____other minor biological or adopted child(ren).
There is/are_____adult(s) in your household.

SECTION IV – EXPENSES

List monthly expenses below for your present household.

A. MONTHLY HOUSING EXPENSES

Rent or first mortgage (including taxes and insurance)	$_____
Second mortgage/equity line of credit	$_____
Real estate taxes (if not included above)	$_____
Renter or homeowner's insurance (if not included above)	$_____
Homeowner or condominium association fee	$_____
Utilities	
° Electric	$_____
° Gas, fuel oil, propane	$_____
° Water and sewer	$_____
° Telephone and/or cell phone	$_____
° Trash collection	$_____
° Cable/satellite television	$_____
° Internet service	$_____
Cleaning	$_____
Lawn service and/or snow removal	$_____
Other: _____	$_____
_____	$_____
TOTAL MONTHLY:	**$**_____

B. OTHER MONTHLY LIVING EXPENSES

Food	
° Groceries (including food, paper, cleaning products, toiletries, and other)	$_____
° Restaurant	$_____
Transportation	
° Vehicle loan, lease	$_____
° Vehicle maintenance	$_____
° Gasoline	$_____

° Parking, public transportation $_____

Clothing

° Clothes (other than child(ren)'s) $_____

° Dry cleaning and laundry $_____

Personal grooming

° Hair and nail care $_____

° Other: _____ $_____

Other: _____ $_____

TOTAL MONTHLY: $_____

C. MONTHLY MINOR CHILD-RELATED EXPENSES

(for child(ren) of the marriage or relationship)

Work and/or education-related child care $_____

Other child care $_____

Extraordinary parenting time travel cost $_____

School tuition $_____

School lunches $_____

School supplies $_____

Extracurricular activities and lessons $_____

Clothing $_____

Child(ren)'s allowances $_____

Special and extraordinary needs of child(ren) (not included elsewhere) $_____

Other: _____ $_____

TOTAL MONTHLY: $_____

D. MONTHLY INSURANCE PREMIUMS

Life $_____

Auto $_____

Health $_____

Disability $_____

Other: _____ $_____

TOTAL MONTHLY: $_____

E. MONTHLY WORK AND EDUCATION EXPENSES FOR SELF

Mandatory work expenses (union dues, uniforms, or other)	$_____
Additional income taxes paid (not deducted from wages)	$_____
Tuition	$_____
Books, fees, and other	$_____
College loan	$_____
Other: _____	$_____
_____	$_____
TOTAL MONTHLY:	**$**_____

F. MONTHLY HEALTH CARE EXPENSES
(not covered by insurance)

Physicians	$_____
Dentists and orthodontists	$_____
Optometrists and opticians	$_____
Prescriptions	$_____
Other: _____	$_____
TOTAL MONTHLY:	**$**_____

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) [for child(ren) who were not born of this marriage or relationship and were not adopted by these parties]	$_____
Child support for child(ren) who were not born of this marriage or relationship and were not adopted by these parties	$_____
Expenses paid for adult child(ren) or other dependent(s)	$_____
Spousal support paid to former spouse(s)	$_____
Subscriptions and books	$_____
Charitable contributions	$_____
Memberships (associations and clubs)	$_____
Travel and vacations	$_____
Pets	$_____
Gifts	$_____
Attorney fees	$_____

Other: _____ $_____

_____ $_____

TOTAL MONTHLY: $_____

H. MONTHLY INSTALLMENT PAYMENTS INCLUDING BANKRUPTCY PAYMENTS

(*Do not repeat expenses already listed.*)
Examples: car, credit card, rent-to-own, or cash advance payments

To whom paid	Purpose	Balance due	Monthly payment
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
		TOTAL MONTHLY:	$

GRAND TOTAL MONTHLY EXPENSES (Sum of A through H): $_____

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)

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)

IN THE COURT OF COMMON PLEAS

_____ **DIVISION**

_____ **COUNTY, OHIO**

_____
Plaintiff/Petitioner 1

vs./and

_____
Defendant/Petitioner 2

Case No. _____

Judge _____

Magistrate _____

Instructions: Check local court rules to determine when this form must be filed. This affidavit is used to disclose health insurance coverage that is available for children of the relationship. It is also used to determine child support. **If more space is needed, add additional pages.**

HEALTH INSURANCE AFFIDAVIT

Affidavit of _____
(Print Name)

	Plaintiff/Petitioner 1		**Defendant/Petitioner 2**	
Is/are your child(ren) currently enrolled in a government-provided 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 child(ren) 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, does/do 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 _____)
) 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)