

INSTRUCTIONS FOR FILING AN APPLICATION TO DETERMINE
CUSTODY

**PLEASE NOTE YOU MUST MAKE YOUR OWN COPIES BEFORE YOU
FILE YOUR PAPER WORK AT THE CLERK'S OFFICE**

If you are requesting the court not to disclose your address or that of the child/ren because the health, safety, or liberty of yourself and/or the child/ren would be jeopardized if the information was disclosed, do not complete the portions of the Affidavit: UCCJEA and Application to Determine Custody that requires yours or the children's address. Please check confidential where appropriate.

All applications must include the following:

1. Application Packet (filled out completely).
2. Forms to be notarized prior to filing them at the court. Pages 1 and 5 should be notarized.
3. \$105.00 filing fee. Make checks and money orders out to the Juvenile Court.
4. Proof of Paternity for each child. Proof can be through marriage license, established at CSEA or the court or Paternity Acknowledgement registry number that can be obtained by calling 1-888-810-6446.
5. COPY of each child's birth certificate.
6. COPY of each child's social security card or letter of refusal.
7. Custody Intake sheet.

****If your filing is incomplete, your filing may be dismissed by the judge or magistrate.****

Return this packet to Custody Intake for review with the following:

1. Original Application packet (notarized) with copies of the motion, birth certificate(s), social security information, proof of paternity and filing fee.
2. Bring the completed original packet + copies = to the Intake Department for review before filing.
3. Our address is: Custody Intake
1910 Carnegie Avenue
Cleveland, Ohio 44115
216-443-3149

Office hours are 9:00 a.m. to 1:00 p.m. and 2:00 p.m. to 4:00 p.m..
No Appointment necessary.

IN THE COURT OF COMMON PLEAS
COUNTY OF CUYAHOGA
JUVENILE DIVISION

In the Matter of:

Case Number(s): _____

D.O.B. _____

D.O.B. _____

D.O.B. _____

**APPLICATION TO DETERMINE
CUSTODY**

Name of Mother: _____

Confidential

Address: _____

Phone: _____

Name of Father #1: _____

Confidential

Address: _____

Phone: _____

Name of Father #2: _____

Confidential

Address: _____

Phone: _____

Now comes, _____, applicant in the above entitled action and makes application to the Court to determine the custody of the child(ren) herein pursuant to Section 2151.23(A)(2) of the Ohio Revised Code.

Applicant Signature: _____

AFFIDAVIT

The applicant being duly sworn says:

1. The child(ren) last known or present address in Cuyahoga County is/was:

_____ Confidential.

2. That it is in the best interest of said child(ren) for the Court to determine his/her/their custody as will be more fully set forth at the hearing of this matter.

3. That the child(ren) is/are not ward(s) of any other Court of this State.

4. That a Uniform child custody jurisdiction and enforcement act affidavit is being filed with this matter and is incorporated herein as though fully rewritten.

Applicant Signature

Sworn to before me this _____ day of _____ 20_____ .

Notary Public

**IN THE COURT OF COMMON PLEAS
JUVENILE COURT
CUYAHOGA COUNTY, OHIO**

AFFIDAVIT:UCCJEA
(UNIFORM CHILD CUSTODY
JURISDICTION ENFORCEMENT ACT)

In the Matter of:

Case Number/s: _____

Child/ren of:

Mother

Father

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 3127.23D 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 is/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	
From :				
TO PRESENT				
TO				
TO				
TO				

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	
From :				
TO PRESENT				
TO				
TO				
TO				

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	
From :				
TO PRESENT				
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TO				

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	
From :				
TO PRESENT				
TO				
TO				
TO				

e. Additional children are listed on Attachment 2e. (Provide requested information for additional children on the 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 proceeding related 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 these proceedings.

I HAVE THE FOLLOWING INFORMATION concerning proceedings that could affect the current proceeding, including any proceedings relating to custody, domestic violence or protections 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, other than set out in item 3. Explain:

- a. Name of each child _____
- b. Name of parent or member of household _____
- c. Type of proceeding _____
- d. Court and State _____
- e. 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:

- a. Name and address of person _____
 has physical custody claims custody rights claims visitation rights
Name of each child _____

- b. Name and address of person _____
 has physical custody claims custody rights claims visitation rights
Name of each child _____

- c. Name and address of person _____
 has physical custody claims custody rights claims visitation rights
Name of each child _____

6. Knowledge of prior child support proceeding: (check only one)

The child/ren described in this affidavit is/are not subject to existing child support order/s in this or any state or territory.

The child/ren described in this affidavit IS/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 a dissolution of marriage, child abuse, neglect, or dependency) concerning the child/ren in this state or 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: _____ Phone # _____

I understand that I am swearing or affirming under oath to the truthfulness of the statement made in this affidavit and that the punishment for knowingly making a false statement includes fine and/or imprisonment.

Signature of Party Date

Printed Name Address, City, State, and Zip

Phone Number

SWORN TO ME THIS _____ DAY OF _____, 200_____.

NOTARY PUBLIC/DEPUTY CLERK

Seal above here