

**COURT OF COMMON PLEAS  
JUVENILE DIVISION  
CUYAHOGA COUNTY, OHIO**

In the Matter of: \_\_\_\_\_  
(Child's name)

Case Number: \_\_\_\_\_

Judge: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

**UNIFORM CHILD CUSTODY JURISDICTION  
AND ENFORCEMENT ACT (UCCJEA) AFFIDAVIT  
R.C. 3127.23**

I, \_\_\_\_\_, being sworn according to law, certify that these proceedings  
(Full legal name)  
involve the custody of a child, and the following statements are true:

1.  I am requesting this Honorable Court to not disclose my address/addresses or that of the child. 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 would be **jeopardized by the disclosure** of the identifying information.

2. Insert the information requested below. The residence information must be given for the last **FIVE (5) years**.

Child's Gender: \_\_\_\_\_

Child's Place of Birth: \_\_\_\_\_

<b><u>Check if Confidential</u></b>	<b><u>Period of Residence</u></b>	<b><u>Address</u></b>	<b><u>Person(s) with whom child lived &amp; Relationship</u></b>
<input type="checkbox"/>	_____ to <u>present</u> (Date) <u>Date</u>	_____ (Address) _____ (City)                      (State)                      (Zip Code)	_____ (Name) _____ (Relationship to child)
<input type="checkbox"/>	_____ to _____ (Date)                      (Date)	_____ (Address) _____ (City)                      (State)                      (Zip Code)	_____ (Name) _____ (Relationship to child)
<input type="checkbox"/>	_____ to _____ (Date)                      (Date)	_____ (Address) _____ (City)                      (State)                      (Zip Code)	_____ (Name) _____ (Relationship to child)
<input type="checkbox"/>	_____ to _____ (Date)                      (Date)	_____ (Address) _____ (City)                      (State)                      (Zip Code)	_____ (Name) _____ (Relationship to child)
<input type="checkbox"/>	_____ to _____ (Date)                      (Date)	_____ (Address) _____ (City)                      (State)                      (Zip Code)	_____ (Name) _____ (Relationship to child)

**For each of the following items numbered 3-6:**

- ✓ Check **the first box if you DO NOT have** information regarding the topic requested and proceed to the next numbered item.
- ✓ Check the **second box if you DO have** information and complete all follow up fields.

**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 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 child: \_\_\_\_\_

b. Name and address of person: \_\_\_\_\_

has physical custody       claims custody rights       claims visitation rights

Name of child: \_\_\_\_\_

c. Name and address of person: \_\_\_\_\_

has physical custody       claims custody rights       claims visitation rights

Name of child: \_\_\_\_\_

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

The child described in this affidavit **is not** subject to existing child support order(s) in this or any state or territory.

The child described in this affidavit **is** subject to the following existing child support order(s).

a. Name of child:  
\_\_\_\_\_

b. Type of proceeding:  
\_\_\_\_\_

c. Court/Agency Name 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 Honorable Court of any custody, visitation, child support, or guardianship proceeding (including dissolution of marriage, child abuse, neglect, or dependency) concerning the child in this state or other state about which information is obtained during this proceeding.

I, \_\_\_\_\_, swear or affirm that I have read this document and, to the  
(Your printed name)  
best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

\_\_\_\_\_  
Applicant Signature

*Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.*

\_\_\_\_\_  
Notary Public

Seal here