

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

In the Matter of:

(Child's name)

(Child's name)

(Child's name)

Case Number:

Judge: _____

**MOTION FOR TEMPORARY CUSTODY
PURSUANT TO OHIO JUVENILE RULE 13**

Now comes _____ and requests this Honorable Court for an order grant
(Your name)
the movant temporary custody of above named child children pending a hearing pursuant to Juvenile Rule
13(A). The reason for this request are more fully explained in the attached affidavit made a part hereof.

Respectfully submitted,

Movant Name, *Pro Se*

Address

City State Zip Code

Phone Number

E-mail address

AFFIDAVIT

I, _____, being duly sworn, depose and state the following:

1. The child children is are in immediate danger from his her their surroundings and that placing the child children in my custody is necessary to prevent immediate or threatened physical harm to wit:

The parent, legal custodian or guardian has neglected or abused the child by _____

_____.

The child children is are is in need of immediate medical or mental health care and the parent, legal custodian and guardian is unable or unwilling to seek the medical care because _____
_____.

The medical or mental health care needed is _____

_____.

Other _____

_____.

2. The parent or guardian is unavailable to consent to medical or mental health treatment for the child or enrolling the child in school and the child is in need of immediate medical or mental health treatment and/or needs to be immediately enrolled in school for the following reason:

The child children is are abandoned as the parent has failed to visit or maintain contact with the child children for more than ninety days (RC2151.011(C)).

The legal custodian _____ is deceased as of _____
(Date)

The legal custodian is incarcerated or in jail.

The parent's or legal custodian's residence is unknown and the movant has been unable to locate or communicate with parent or legal custodian.

The parent or legal custodian is impaired or incapacitated and is unable consent for the child to wit: _____

The immediate medical or mental health treatment that is need is _____

Other: _____

3. The affiant further states that the Cuyahoga County Division of Children and Family Services has conducted or is conducting an investigation and the results of the investigation are: _____

The undersigned hereby affirms that the statements made in the foregoing affidavit are true.

Applicant/Movant Signature

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

Notary Public