

You must file these added forms if you are filing one of the following actions in the **Adams County Court of Common Pleas Juvenile Division**:

- **MOTION FOR CHANGE IN CHILD SUPPORT, MEDICAL SUPPORT, TAX EXEMPTION, OR OTHER CHILD RELATED EXPENSES**
- **MOTION FOR CONTEMPT**

AC-001	Notice of Appearance	Tells the Court your contact information
AC-002	Waiver of Counsel	Tells the Court you will be representing yourself

**INSTRUCTIONS:**

- **All forms must either be typed or printed in ink. You must fill out the forms before taking them to the court. The Court staff will not help you complete the forms.**
- **Once you have completed the main packet and these added forms, you will take all the forms (and copies) to the Clerk's office for filing.**

COURT OF COMMON PLEAS,  
ADAMS COUNTY, OHIO

In Re:  ESTATE/ADOPTION OF

\_\_\_\_\_,  
 PLAINTIFF  PETITIONER

VS.

\_\_\_\_\_,  
 DEFENDANT  PETITIONER 2  RESPONDENT

Case No. \_\_\_\_\_

JUDGE: BRETT M. SPENCER

MAGISTRATE: DAVID M. HUNTER

NOTICE OF APPEARANCE

This case is in  Juvenile Division  Domestic Relations Division

Civil/Criminal Division  Probate Division

Select One

I am representing myself (*pro se*) and respectfully request notification of all Court orders and Court appearances in this matter. Form AC-002 also required

I am an attorney representing a client

Client/Party Information (Attorneys must provide this information for the client)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Street Address / Unit Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Email Address

The Attorney listed below has been retained by the party above and respectfully requests notification of all Court orders and Court appearances in this matter.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Supreme Court Number

\_\_\_\_\_  
Street Address / Unit Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

Please ensure that your writing is legible. The Court will use this information to contact you during your case. Unless otherwise requested, the Clerk will send notices and documents to Attorneys by email.

\_\_\_\_\_  
Attorney/Party Signature

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WAIVER OF COUNSEL

I am representing myself in the above captioned case and am acting as my own attorney in this matter. Although I may have obtained forms from the court's website or from court personnel, I understand that I have not been given legal advice. I also understand that in representing myself I am required to follow the applicable Ohio Rules of Civil Procedure, Ohio Rules of Evidence, statutory laws and Local Rules of Court. Furthermore, I have not relied on assistance from the court or its personnel in determining what to file or what to present as evidence in my case. I understand that if I am concerned about my rights or responsibilities in this matter, I must seek legal advice from an attorney, not from the court. I understand that any Attorney representing another party does not represent my legal interests.

\_\_\_\_\_  
Party Signature

\_\_\_\_\_  
Party Name PRINTED LEGIBLY