

You must file these added forms if you are filing one of the following actions in the Washington County Court of Common Pleas Domestic Relations Division:

- DIVORCE WITH CHILDREN
- DISSOLUTION WITH CHILDREN

|         |                          |   |
|---------|--------------------------|---|
| Form 1  | Court Information Sheet  | Supplies your information to the Court  |
|         | Revised IV-D Application | Use this form in place of the JFS 07076 Form in the main packet   |
|         | Motion for Mediation     | Asks the Court to order mediation for your case   |
| Order A | Journal Entry            | If you used Service by Posting, at the end of the six-week service period, provide this form to the Court for signing and filing. |

**\*Affidavits must be signed in front of a Notary who will administer an Oath**

**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.

## INFORMATION SHEET NOTICE TO WCCSEA

(Three copies must be filed in each domestic relations case/motion)

ALL BLANKS MUST BE COMPLETED.

IF INFORMATION CANNOT BE DETERMINED WRITE "UNKNOWN"

IF INFORMATION DOES NOT APPLY WRITE "NONE"

DIVORCE  
DISSOLUTION

  

CHANGE OF CUSTODY  
CHANGE OF SUPPORT

  

CASE NO. \_\_\_\_\_

JUDGE: \_\_\_\_\_

### WIFE'S INFORMATION

### HUSBAND'S INFORMATION

Attorney  
Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Number of this Marriage \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone # \_\_\_\_\_  
Gross Income \$ \_\_\_\_\_ per \_\_\_\_\_  
Date of Marriage \_\_\_\_\_

Attorney  
Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Number of this Marriage \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone # \_\_\_\_\_  
Gross Income \$ \_\_\_\_\_ per \_\_\_\_\_  
Place of Marriage \_\_\_\_\_

### EMPLOYER

### EMPLOYER

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone # \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone # \_\_\_\_\_

### PARENT'S INFORMATION

### PARENT'S INFORMATION

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone # \_\_\_\_\_

### LIST ALL CHILDREN UNDER THE AGE OF 18

| NAME  | BIRTH DATE | NAME  | BIRTH DATE |
|-------|------------|-------|------------|
| _____ | _____      | _____ | _____      |
| _____ | _____      | _____ | _____      |
| _____ | _____      | _____ | _____      |

The undersigned hereby certifies that a completed Title IV-D application has been filed with the Washington County Child Support Enforcement Agency prior to or contemporaneously with the filing of this action.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Copies to: Court  
CSEA

Revised 03/22/2012

DATE:  
APPLICATION NUMBER:

APPLICANT NAME  
ADDRESS  
ADDRESS

### APPLICATION AND QUESTIONNAIRE FOR CHILD SUPPORT SERVICES

The Child Support program aims to provide services to help families by promoting family self-sufficiency and child well-being. Services are available to either parent when one parent is living outside the home. Services are also available to caretakers of children. Services are available automatically for families receiving assistance under the Ohio Works First (OWF) program.

The child support enforcement agency (CSEA) can assist you with the following services:

**1. Establishment of Paternity – Legally Identifying a Child’s Father**

The CSEA can assist in establishing paternity (legal fatherhood) if there has not been a final and enforceable determination of paternity for the child.

**2. Establishment or Adjustment of Child Support and Medical Support Orders**

The CSEA can assist in obtaining an order for child support and medical support. A support order establishes how much a parent should pay for child support. It also allocates the costs of providing for the health care of the child between the parents. The CSEA can assist in modifying a support order (review and adjustment) every 36 months or sooner if there is a qualifying change in circumstances.

**3. Enforcement of Support Orders**

The CSEA can assist in collecting and disbursing current and past due support, as well as enforcing medical support orders. The parent ordered to pay support (obligor), will be required to pay child support by income withholding. The CSEA will issue income withholding orders to collect support from the parent’s wages and/or unearned income. Overdue support may also be collected from Federal or state income tax refunds and liens placed on property. In addition, when past-due support is owed, the following may occur:

- Unpaid child support may be reported automatically to credit reporting bureaus
- Driver’s, professional, occupational and recreational licenses may be suspended if the obligated parent is not paying the required support
- The U.S. State Department will deny a passport to a parent who owes more than \$2,500 in back child support
- Funds may be seized from accounts in financial institutions
- Court actions, such as contempt, and possibly criminal actions may be taken against chronic delinquent parents

**4. Location of Parents**

The CSEA can use available information to locate parents and their income and assets. The applicant can request “Location Only Services,” if the sole need is to find the whereabouts of the non-residential parent.

**Child Support Services Requested:**

All child support services available     Location of non-residential parent only     Other (please explain): \_\_\_\_\_

**PLEASE READ BEFORE SIGNING  
RIGHTS AND RESPONSIBILITIES**

**Confidentiality of Case Material**

You have the right to see the parts of your file at the CSEA about you and the actions taken for you by the agency. You cannot see some parts of your file that are protected by confidentiality laws, such as information obtained from the IRS. Information about you in the CSEA file is confidential. However certain portions of your file become public record when a court is notified about your case.

**Hearing Rights**

If you disagree with an action, lack of action or delay by the CSEA, you may request a state hearing.

**OWF Participants**

As a condition of eligibility to receive Ohio Works First (OWF) benefits, you give up the right to keep child and spousal support up to the amount of assistance you received. You must cooperate in establishing paternity for each child born, if you were not married to the father. You must assist the CSEA in getting support payments and any other payments. If you fail to cooperate without good cause (determined by the CSEA), you may be ineligible to receive OWF benefits.

While a family is receiving OWF, support collections are used to repay benefits. When a family leaves OWF, current support and family arrears are released to the family. Payments from the IRS are applied to repay OWF benefits before being applied to support payable to the household.

**Medicaid Participants**

While Medicaid benefits are received, medical support is paid to ODJFS to reimburse Medicaid benefits. If health insurance is available, that insurance will be used first for payment of medical bills. If you are eligible for Medicaid and are also covered by a health insurance plan, it is your responsibility to notify the provider of medical services that you have medical insurance coverage and Medicaid coverage for uninsured costs.

**IV-E Foster Care Participants**

If a child receives Title IV-E foster care benefits, the assignment includes current child support during the time the child is eligible for benefits and child support arrearages accruing before and during the time the child is eligible for benefits. Support received that does not exceed foster care maintenance payments is distributed to reimburse Title IV-E benefits. When IV-E foster care maintenance benefits stop, the assignment of support rights terminates, except for the amount of any unpaid support that accrued under that assignment.

**Fees**

There is an application fee of one dollar for applicants not receiving OWF or IV-E foster care benefits. Some counties waive this fee for the applicants.

**Child Support Overpayments**

An overpayment is child support that you are not entitled to keep because you have assigned your rights to support to ODJFS, the payment was made to you instead of ODJFS, or the payment was sent to you in error by ODJFS. You may be personally liable for returning any amounts paid in error, including amounts that must be returned because the IRS or ODT accepts an amended tax return or complaint from the non-obligated spouse. In tax refund situations you may be required to sign an affidavit attesting to the amount of support arrears.

The child support agency has provided sufficient information regarding the services available and my responsibilities.

I declare that I have examined this application and, to the best of my knowledge and belief, it is a true and correct statement of every material point. I understand that the CSEA, its staff, and any of its contracted agencies, represent only the county and the State of Ohio, and do not represent me, either parent, the child(ren), or other custodian of the children.

I understand that within 20 days of receiving this completed and signed application and questionnaire, the CSEA will send a written notice informing me whether my application for Title IV-D child support services has been accepted.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian if Applicant is a Minor : \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Ohio Child Support Website and Customer Service Portal available at [www.jfs.ohio.gov/ocs](http://www.jfs.ohio.gov/ocs)**

**If you are receiving a type of public assistance that requires cooperation with Child Support, you are required to complete and sign this questionnaire and to cooperate with the CSEA in establishing paternity or in establishing, modifying, or enforcing a support order. Unless the CSEA approves a good cause waiver of cooperation, failure to cooperate could result in delay, denial, and/or termination of your public assistance benefits.**

**INSTRUCTIONS**

**PLEASE COMPLETE EACH APPLICABLE FIELD CLEARLY, PROVIDING THE MOST INFORMATION YOU CAN, INCLUDING ANY PARTIAL INFORMATION. PLEASE SUPPLY COPIES OF ALL PERTINENT INFORMATION LISTED IN THE CHECKLIST ON THE LAST PAGE OF THE APPLICATION. YOUR SIGNATURE IS REQUIRED ON PAGE 4.**

**APPLICANT INFORMATION**

|   |      |  |                |        |  |
|---|------|--|----------------|--------|--|
| LAST NAME   |      | FIRST NAME   |                | MIDDLE |  |
| MAIDEN OR OTHER   |      | SSN  |                | DOB    |  |
| CURRENT MARITAL STATUS  |      |  | NAME OF SPOUSE |        |  |
| GENDER  | RACE | DO YOU NEED AN INTERPRETER? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>LANGUAGE OR OTHER SERVICE REQUESTED: |                |        |  |
| RESIDENTIAL ADDRESS-STREET  |      | CITY   | STATE          | ZIP    |  |
| MAILING ADDRESS-STREET  |      | CITY   | STATE          | ZIP    |  |
| HOME PHONE  |      |  | WORK PHONE     |        |  |
| CELL PHONE<br>Can you receive texts from the CSEA? <input type="checkbox"/> YES <input type="checkbox"/> NO |      |  | OTHER PHONE    |        |  |
| EMAIL:  |      |  |                |        |  |
| EMPLOYER NAME AND ADDRESS   |      |  | EMPLOYER PHONE |        |  |

**CHILD 1 SERVICES REQUESTED FOR THIS CHILD :**     PATERNITY     SUPPORT ESTABLISHMENT     ENFORCEMENT  
**\*PLEASE MAKE COPIES AS NEEDED TO PROVIDE INFORMATION FOR ADDITIONAL CHILDREN\***

|   |  |  |  |   |                                   |
|---|--|--|--|---|-----------------------------------|
| LAST NAME   |  | FIRST NAME   |  | MIDDLE  | CITY & STATE OF BIRTH             |
| SSN   |  | DOB  |  | WHERE WAS THE CHILD CONCEIVED (STATE)?                                | WHEN WAS CHILD CONCEIVED (MO/YR)? |
| APPLICANT'S RELATIONSHIP TO CHILD 1: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER (Please specify)  |  |  |  | GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |                                   |
| IS THERE A FATHER'S NAME ON THE BIRTH CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO   |  | IF YES, WHAT IS THE FATHER'S NAME (LAST, FIRST)?   |  |   |                                   |
| WAS AN ACKNOWLEDGEMENT OF PATERNITY AFFIDAVIT SIGNED? <input type="checkbox"/> YES, <input type="checkbox"/> NO    IF YES, WHERE AND WHEN:  |  |  |  | NAME OF FATHER THAT SIGNED THE AFFIDAVIT (LAST, FIRST)?               |                                   |
| CHILD'S MOTHER'S NAME (LAST, FIRST)   |  |  | CHILD'S FATHER/ALLEGED FATHER'S NAME (LAST, FIRST) |   |                                   |
| COULD THERE BE MORE THAN ONE POSSIBLE ALLEGED FATHER? <input type="checkbox"/> YES <input type="checkbox"/> NO    (Sex with anyone 2 months before or 2 months after becoming pregnant)<br>If yes, please list the names here and complete an Other Parent Information Sheet for each named father. |  |  |  |   |                                   |
| WAS THE MOTHER EVER MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO   |  | WAS THE MOTHER MARRIED WHEN THE CHILD WAS BORN? <input type="checkbox"/> YES <input type="checkbox"/> NO |  |   |                                   |
| HUSBAND'S NAME:   |  | DATE OF MARRIAGE:  |  | CITY, STATE:  |                                   |
| HUSBAND'S NAME:   |  | DATE OF MARRIAGE:  |  | CITY, STATE:  |                                   |
| IS THERE AN ORDER DETERMINING PATERNITY FOR THIS CHILD?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  | WHEN WAS THE ORDER FILED?  |  | IN WHICH COUNTY, STATE?   |                                   |
| IS THERE A CHILD SUPPORT ORDER FOR THIS CHILD?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  | WHEN WAS THE ORDER FILED?  |  | IN WHICH COUNTY, STATE?   |                                   |
| IS THERE ANY PENDING LEGAL ACTION INVOLVING THIS CHILD?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  | MOST RECENT FILE DATE?   |  | IN WHICH COUNTY, STATE?   |                                   |

**CHILD 2 SERVICES REQUESTED FOR THIS CHILD :**     PATERNITY     SUPPORT ESTABLISHMENT     ENFORCEMENT

|  |  |  |  |   |                                   |
|--|--|--|--|---|-----------------------------------|
| LAST NAME  |  | FIRST NAME   |  | MIDDLE  | CITY & STATE OF BIRTH             |
| SSN  |  | DOB  |  | WHERE WAS THE CHILD CONCEIVED (STATE)?                                | WHEN WAS CHILD CONCEIVED (MO/YR)? |
| APPLICANT'S RELATIONSHIP TO CHILD 2: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER (Please specify)   |  |  |  | GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |                                   |
| IS THERE A FATHER'S NAME ON THE BIRTH CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO  |  | IF YES, WHAT IS THE FATHER'S NAME (LAST, FIRST)?   |  |   |                                   |
| WAS AN ACKNOWLEDGEMENT OF PATERNITY AFFIDAVIT SIGNED? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, WHERE AND WHEN:  |  |  |  | NAME OF FATHER THAT SIGNED THE AFFIDAVIT (LAST, FIRST)?               |                                   |
| CHILD'S MOTHER'S NAME (LAST, FIRST)  |  |  | CHILD'S FATHER/ALLEGED FATHER'S NAME (LAST, FIRST) |   |                                   |
| COULD THERE BE MORE THAN ONE POSSIBLE ALLEGED FATHER? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, please list the names here and complete an Other Parent Information Sheet for each named father. |  |  |  |   |                                   |
| WAS THE MOTHER EVER MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO  |  | WAS THE MOTHER MARRIED WHEN THE CHILD WAS BORN? <input type="checkbox"/> YES <input type="checkbox"/> NO |  |   |                                   |
| HUSBAND'S NAME:  |  | DATE OF MARRIAGE:  |  | CITY, STATE:  |                                   |
| HUSBAND'S NAME:  |  | DATE OF MARRIAGE:  |  | CITY, STATE:  |                                   |
| IS THERE AN ORDER DETERMINING PATERNITY FOR THIS CHILD?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  | WHEN WAS THE ORDER FILED?  |  | IN WHICH COUNTY, STATE?   |                                   |
| IS THERE A CHILD SUPPORT ORDER FOR THIS CHILD?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  | WHEN WAS THE ORDER FILED?  |  | IN WHICH COUNTY, STATE?   |                                   |
| IS THERE ANY PENDING LEGAL ACTION INVOLVING THIS CHILD?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  | MOST RECENT FILE DATE?   |  | IN WHICH COUNTY, STATE?   |                                   |

### INFORMATION ABOUT THE OTHER PARENT

**THIS OTHER PARENT IS THE**  **MOTHER**  **FATHER/ALLEGED FATHER OF** \_\_\_\_\_ (LIST CHILD(REN))  
**OTHER PARENT** REFERS TO THE NON-APPLICANT PARENT OF THE CHILD(REN) **OR** IN THE CASE OF A CARETAKER APPLICANT, IT REFERS TO **BOTH** THE MOTHER AND FATHER OF THE CHILD(REN) AND AN INFORMATION SHEET FOR EACH PARENT IS NEEDED.  
**\*IF THERE ARE MORE THAN 2 OTHER PARENTS, PLEASE MAKE COPIES AS NEEDED TO PROVIDE INFORMATION FOR EACH ADDITIONAL OTHER PARENT.\***

IS THERE A HISTORY OF DOMESTIC VIOLENCE WITH THIS OTHER PARENT?  YES  NO  
 IF YES, PROVIDE AVAILABLE DOCUMENTATION OR A STATEMENT EXPLAINING THE SITUATION.

APPLICANT'S RELATIONSHIP TO THIS OTHER PARENT:  NEVER MARRIED  MARRIED  LEGALLY SEPARATED  DIVORCED  OTHER (note below)

|           |       |        |                 |
|-----------|-------|--------|-----------------|
| LAST NAME | FIRST | MIDDLE | MAIDEN OR OTHER |
|-----------|-------|--------|-----------------|

|     |                |                               |
|-----|----------------|-------------------------------|
| SSN | DOB/AGE (APPX) | PLACE OF BIRTH (CITY & STATE) |
|-----|----------------|-------------------------------|

|        |      |  |
|--------|------|--|
| GENDER | RACE | DOES OTHER PARENT NEED AN INTERPRETER? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>LANGUAGE OR OTHER SERVICE NEEDED: |
|--------|------|--|

|                        |      |       |     |
|------------------------|------|-------|-----|
| MAILING ADDRESS-STREET | CITY | STATE | ZIP |
|------------------------|------|-------|-----|

|                                     |      |       |     |
|-------------------------------------|------|-------|-----|
| RESIDENTIAL OR OTHER ADDRESS-STREET | CITY | STATE | ZIP |
|-------------------------------------|------|-------|-----|

|               |                    |
|---------------|--------------------|
| MOTHER'S NAME | HER ADDRESS/PHONE: |
|---------------|--------------------|

|               |                    |
|---------------|--------------------|
| FATHER'S NAME | HIS ADDRESS/PHONE: |
|---------------|--------------------|

#### INFORMATION ABOUT OTHER PARENT'S EMPLOYMENT

|                  |                |      |       |     |
|------------------|----------------|------|-------|-----|
| CURRENT EMPLOYER | ADDRESS-STREET | CITY | STATE | ZIP |
|------------------|----------------|------|-------|-----|

|                                   |                |      |       |     |
|-----------------------------------|----------------|------|-------|-----|
| IF UNEMPLOYED, NAME LAST EMPLOYER | ADDRESS-STREET | CITY | STATE | ZIP |
|-----------------------------------|----------------|------|-------|-----|

|            |            |           |
|------------|------------|-----------|
| OCCUPATION | UNION NAME | LOCAL NO. |
|------------|------------|-----------|

ADDITIONAL INFORMATION THAT COULD ASSIST IN LOCATION OF PARENT, INCOME AND ASSETS. INCLUDE NAMES AND CONTACT INFORMATION OF OTHER FAMILY MEMBERS AND FRIENDS. LIST TYPES AND LOCATION OF ANY PROPERTY OR ASSETS OWNED BY OTHER PARENT.

### ADDITIONAL INFORMATION

Please provide any additional information here.

### SIGNATURE AND DOCUMENTATION

|                        |                         |      |
|------------------------|-------------------------|------|
| SIGNATURE OF APPLICANT | PRINT NAME OF APPLICANT | DATE |
|------------------------|-------------------------|------|

|  |                               |      |
|--|-------------------------------|------|
| SIGNATURE OF PARENT/GUARDIAN IF APPLICANT IS A MINOR | PRINT NAME OF PARENT/GUARDIAN | DATE |
|--|-------------------------------|------|

#### CHECKLIST OF INFORMATION TO SUBMIT

- Copy of Social Security Card for Each Child
- Copies of all Court Orders including Civil Protection Orders
- Copy of Marriage Certificate(s)
- Copy of birth certificate for each child, if child was born outside of the State of Ohio
- Copy of Out of State Support Payment Records
- Copy of Medical Insurance Cards

**Ohio Child Support Website and Customer Service Portal available at [www.jfs.ohio.gov/ocs](http://www.jfs.ohio.gov/ocs)**

IN THE COURT OF COMMON PLEAS  
DIVISION  
WASHINGTON COUNTY, OHIO

In The Matter of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_,

Plaintiff,

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

Judge \_\_\_\_\_

vs.

MOTION FOR MEDIATION

\_\_\_\_\_,

Defendant.

Now comes \_\_\_\_\_ and moves this Court for an order requiring the parties to attempt to mediate the issue of custody/visitation pursuant to local rules, see attached completed mediation referral form.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

IN THE COURT OF COMMON PLEAS  
DIVISION  
WASHINGTON COUNTY, OHIO

In The Matter of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_,

Plaintiff,

vs.

\_\_\_\_\_,

Defendant.

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

Judge \_\_\_\_\_

ENTRY OF MEDIATION

Upon consideration of the request of \_\_\_\_\_ and in accordance with local rules, it is hereby ORDERED that \_\_\_\_\_ and \_\_\_\_\_ shall be referred to mediation and that all hearings in this matter shall be stayed 90 days.

\_\_\_\_\_  
JUDGE



Order A

IN THE COURT OF COMMON PLEAS  
WASHINGTON COUNTY, OHIO

\_\_\_\_\_  
(Your Name)

Plaintiff,

vs.

\_\_\_\_\_  
(Your Spouse's Name)

Defendant.

Case No. \_\_\_\_\_  
(Court will complete)

Judge/Magistrate \_\_\_\_\_  
(Court will complete)

JOURNAL ENTRY

The Plaintiff having filed an Affidavit pursuant to Civil Rule 4.4(A)(2) which satisfies the Court that the residence of the Defendant is unknown, and the Court being satisfied that due diligence has been exercised by Plaintiff, now ORDERS the Clerk of Courts to post service of notice pursuant to O.R.C. Rule 4.4(A)(2) and any applicable local rules.

\_\_\_\_\_  
MAGISTRATE BROOKER

**NOTICE: A party may appeal to the Court from a magistrate's order by filing a motion to set aside within ten days of the filing of the magistrate's order as permitted by Civil Rule 53(D)(2)(b). An appeal from a magistrate's order shall be specific and state with particularity all grounds for appeal. The pendency of a motion to set aside does not stay the effectiveness of the magistrate's order unless the magistrate or the court grants stay.**

cc: Plaintiff