

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

- **COMPLAINT FOR PARENTAGE, ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES (custody), AND PARENTING TIME (visitation)**
- **MOTION FOR CHANGE OF PARENTAL RIGHTS AND RESPONSIBILITIES**
- **MOTION FOR CHANGE OF PARENTING TIME**
- **MOTION FOR CHANGE OF CHILD SUPPORT, MEDICAL SUPPORT, TAX EXEMPTION, OR OTHER CHILD-RELATED EXPENSES**
- **DEFEND AGAINST A COMPLAINT FOR CUSTODY OR MOTION TO MODIFY CUSTODY**
- **MOTION FOR CONTEMPT**

Form	Form Name	Purpose and Instructions
Scioto County Form	Classification Form	To tell the Clerk what type of case you are filing
Scioto County Form	Vital Statistics Sheet	To give the Court information about you and the other party, and your children (if applicable)
Scioto County Form	Notice of Filing	This form is contained in the “public file” to notify others what documents are held in the “confidential” file.
Scioto County Form 1	Notice of Hearing	Use this form to ask the Court to set a hearing in your case

***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 your forms to the Judge’s office on the third floor of the courthouse. A staff member will review your forms to decide if they are complete.**
- **If your packet and forms are complete, you will be given a slip of paper from the Judge’s staff telling the Clerk that your packet is approved for filing. You can then make copies of all your forms and then take your packet, with the slip of paper, to the clerk’s office for filing.**

IN THE COURT OF COMMON PLEAS,
DOMESTIC RELATIONS DIVISION, SCIOTO COUNTY,
PORTSMOUTH, OHIO

CLASSIFICATION FORM

Case No. _____ Style: _____

Please check the appropriate box(es):

_____ **DR = Divorce**

_____ A: Termination of Marriage with Children

_____ B: Termination of Marriage without Children

_____ **DM = Dissolution**

_____ C: Dissolution of Marriage with Children

_____ D: Dissolution of Marriage without Children

_____ **DV = Domestic Violence**

_____ **DO = Other Domestic Relations Matters**

_____ E: Change of Custody

_____ F: Visitation Enforcement/Modification

_____ G: Child Support Enforcement/Modification

_____ I: U.I.F.S.A.

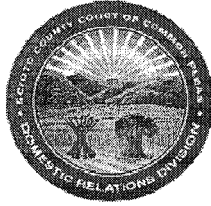
_____ J: Parentage

_____ K: All Others

Submitted By: _____

Address: _____

Telephone: _____



Domestic Relations Confidential Case Filing Information Sheet "Vital Statistics Sheet"

Instructions:

- Complete this form for all parties known at the time of filing. Provide the most appropriate Case Type and Party Type codes and descriptions.
- If additional space is needed, complete additional Confidential Case Filing Information Sheets.

Note: The **FULL** Social Security Number (SSN) is **required**.

Filing Date: _____

Style of Case: _____

Plaintiff/Petitioner Information:

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: ___/___/___ Gender: Male Female SSN: ___-___-___

Attorney (If represented by legal counsel): _____

Defendant/Respondent Information:

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: ___/___/___ Gender: Male Female SSN: ___-___-___

Attorney (If represented by legal counsel): _____

Employer Information

Plaintiff/Petitioner Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Defendant/Respondent Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

The following information regarding child(ren) is required.
Complete this section for any children subject to the action of this case.

CHILDREN:

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Check if more than ten children and attach additional sheet.

Submitted by: _____

Bar ID (required by attorney): _____

Address (if not shown on previous page): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Attorney signature: _____

Client signature: _____

INSTRUCTIONS TO THE CLERK:

Please maintain this document in the CONFIDENTIAL portion of this case. Access to the record must be restricted to avoid access to the closed portion of the record.

IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
SCIOTO COUNTY OHIO

Plaintiff

vs.

Defendant

Case No. _____

JUDGE JERRY L. BUCKLER
Magistrate Roxanne Hoover

NOTICE OF FILING

Please be advised the undersigned filed the following documents in the above captioned matter on the time-stamped date shown above:

- (1) Affidavit of Income and Expenses.
- (2) IV-D Application for Child Support Services.
- (3) Civil Fee Waiver Affidavit and Order.
- (4) Vital Statistics Form.

The same has been made a part of the confidential file in this matter.

(signature)

(print name)

(address)

cc: _____
(name of opposing party or attorney)

IN THE COURT OF COMMON PLEAS, SCIOTO COUNTY, OHIO
DOMESTIC RELATIONS DIVISION

HEARING REQUESTED BY: _____ DATE: _____

NAME: _____
ADDRESS: _____

CASE NO: _____

JUDGE JERRY L. BUCKLER
Magistrate Roxanne Hoover

ATTORNEY: _____

TYPE OF HEARING REQUESTED:

NAME: _____
ADDRESS: _____

AMOUNT OF TIME REQUESTED:

ATTORNEY: _____

ALL APPRAISALS AND/OR EVALUATIONS
HAVE BEEN COMPLETED:
_____ YES _____ NO _____ N/A

GUARDIAN AD LITEM: _____

NOTICE OF HEARING

The above captioned case has been set for hearing before:

- Judge Jerry L. Buckler,
- Magistrate Roxanne Hoover

Domestic Relations Court, in Room 303, 301,
Scioto County Courthouse, 602 7th Street, Portsmouth, Ohio 45662,
on the _____ day of _____, 20_____,
at _____ o'clock _____m.

PURSUANT TO OHIO REVISED CODE §3121.031, you are hereby notified:

1. At the hearing, both parties shall be asked to testify to the following: (a) their employment status (if employed, gross income per month, name and business address of employer); (b) their social security number and date of birth; (c) any other information necessary to enable the Court to issue any order described in §3121.03.
2. The parties shall take notice that the obligor is subject to an order for withholding a specific amount from his/her personal earnings if he/she is employed and to one or more other types of withholding or deduction order applies to all subsequent employers, other persons who pay or otherwise distribute income to the obligor and accounts.
3. The obligor may present evidence and testimony at the hearing to prove that any of the orders would not be proper because of mistake of fact.
4. **EITHER PARTY MAY BE ORDERED TO SEEK EMPLOYMENT.**
5. The parties should take notice that this is an order of the Court and a failure to appear at the stated hearing date may cause the action to be dismissed for lack of prosecution.

APPROPRIATE ATTIRE REQUIRED: NO SHORTS, NO CUT-OFF SHIRTS AND NO TANK TOPS!

Plaintiff

Defendant

Served by Bailiff