

**COMPLAINT FOR VISITATION ONLY BY A GRANDPARENT OR OTHER RELATIVE**

Use this packet if you meet the following:

1. You are a grandparent or other relative of a child.
2. The child was born to an unmarried mother OR one of the child’s parents is deceased.
3. If you are the paternal grandparents/relatives of the father, paternity must be established (either by Affidavit or Administrative/Court Order).
4. NO other court action has been filed regarding this child.

	Complaint for Parenting Time	Tells the court that you want them to grant you visitation with the minor children
Uniform Dom. Relations Affidavit #3*	Parenting Proceeding Affidavit	Tells the Court where the children have lived for the last five years and the names of the adults responsible for their care during the five-year period. (or since birth if under age 5).
Uniform Dom. Relations 31/Juv. Form 10	Request for Service	Tells the Court where to send copies to the other party. *Certified Mail is the normal method of service.
OH Sup. Ct. Civil Form 20*	Civil Fee Waiver Affidavit and Order	Tells the Court you cannot afford to pay the filing fee.

\*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 completely before taking them to the court. The court staff will not help you complete the forms.
- If you did not complete the poverty affidavit, there is a filing fee.
- After completing the forms, you must make copies before you file the forms, you will need one copy for each other party and one copy for yourself. The original documents will be filed with the Court.
- Once you file the forms, the Clerk will send you notice of any court dates. Attend all of these court dates.
- NOTE: if you move, call the Clerk with your new address.

**IN THE COURT OF COMMON PLEAS**  
**\_\_\_\_\_ COUNTY, OHIO**  
**DOMESTIC RELATIONS DIVISION**

\_\_\_\_\_  
**Plaintiff**

v.

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

\_\_\_\_\_  
**Defendant**

**COMPLAINT TO ESTABLISH**  
**VISITATION**

\_\_\_\_\_  
**Defendant**

Now comes Plaintiff and asks this Court to Order him/her parenting time with the minor child (name) \_\_\_\_\_, (age) \_\_\_\_\_ years, DOB \_\_\_\_\_.

1. Plaintiff is related to the following named child as follows: \_\_\_\_\_.
2. \_\_\_\_\_ is the legal mother of the minor child and resides at: \_\_\_\_\_.
3. \_\_\_\_\_ is the legal father of the minor child and resides at: \_\_\_\_\_.
4. I am requesting paternity pursuant to the following statute:
  - a.  R.C. §3109.12: the child was born to an unmarried mother.
  - b.  R.C. §3109.11: mother or father of the child is deceased.
5. Paternity  has  has not been established.
6. The minor child is currently residing with \_\_\_\_\_.

7. It is in the child's best interest that a visitation order be established granting me visitation with the minor child because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WHEREFORE, Movant(s) pray(s) for an order establishing visitation.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Movant name and address)

State of Ohio

\_\_\_\_\_ County, ss:

\_\_\_\_\_, being duly sworn, says that he/she/they has/have read the above motion by him/her/they signed and know(s) that the contents thereof and the same is true according to the best of his/her/their knowledge and belief.

\_\_\_\_\_  
Movant(s)

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

\_\_\_\_\_  
Notary

**IN THE COURT OF COMMON PLEAS**  
 \_\_\_\_\_  
**DIVISION**  
 \_\_\_\_\_  
**COUNTY, OHIO**

\_\_\_\_\_ Case No. \_\_\_\_\_  
 Plaintiff/Petitioner 1  
 Judge \_\_\_\_\_  
 vs./and Magistrate \_\_\_\_\_  
 \_\_\_\_\_  
 Defendant/Petitioner 2/Respondent

**Instructions:** Check local court rules to determine when this form must be filed. By law, this affidavit must be filed and served with any Complaint, Petition or Motion regarding the allocation of parental rights and responsibilities, parenting time, custody, or visitation. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, add additional pages.**

**PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))**

Affidavit of \_\_\_\_\_

**ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OR YOUR CHILD(REN) WOULD BE JEOPARDIZED BY THE DISCLOSURE OF YOUR ADDRESS OR IDENTIFYING INFORMATION. YOU ACKNOWLEDGE THAT THE COURT MAY CONDUCT A HEARING REGARDING THE BASIS FOR YOUR REQUEST.**

Pursuant to R.C. 3127.23(D), I allege that my health, safety, or liberty or that of my child(ren) would be jeopardized by the disclosure of identifying information to my spouse or the public. Therefore, I request that my address be placed under seal. I have marked the corresponding box next to each address I am requesting to be sealed.

**1. (Number): \_\_\_\_\_ Minor child(ren) is/are subject to this case as follows:**

Insert the information requested below for all minor or dependent children of the parties. You must list the residences for all places where the children have lived for the last **FIVE** years.

a. Child's name		Place of birth	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
_____		_____	_____	
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	<input type="checkbox"/>	_____		_____
to _____	<input type="checkbox"/>	_____		_____
to _____	<input type="checkbox"/>	_____		_____
to _____	<input type="checkbox"/>	_____		_____

<b>b. Child's name</b> _____		<b>Place of birth</b> _____	<b>Date of birth</b> _____	<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____

<b>c. Child's name</b> _____		<b>Place of birth</b> _____	<b>Date of birth</b> _____	<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____

d. Additional children are listed on Attachment 1(d). (Provide requested information for additional children on an attachment labeled 1(d).)

**2. Participation in custody case(s): (Check only one box)**

- I **HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time), with any child subject to this case.
- I **HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time), with any child subject to this case.

Explain: \_\_\_\_\_  
\_\_\_\_\_

- a. Name of each child: \_\_\_\_\_
- b. Type of case: \_\_\_\_\_

- c. Court and State: \_\_\_\_\_
- d. Date and court order or judgment (if any): \_\_\_\_\_

**3. Information about custody case(s): (Check only one box)**

- I HAVE NO INFORMATION of any cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect, or abuse allegations; or adoptions concerning any child subject to this case.
- I HAVE THE FOLLOWING INFORMATION concerning cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect, or abuse allegations; or adoptions concerning a child subject to this case, other than listed in Paragraph 2.

Explain: \_\_\_\_\_  
 \_\_\_\_\_

- a. Name of each child: \_\_\_\_\_
- b. Type of case: \_\_\_\_\_
- c. Court and State: \_\_\_\_\_
- d. Date and court order or judgment (if any): \_\_\_\_\_

**4. Information about criminal convictions:**

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

NAME	CASE NUMBER	COURT/COUNTY/STATE	CHARGE

**5. Persons not a party to this case: (Check only one box)**

- I DO NOT KNOW OF ANY PERSON not a party to this case who has physical custody claims to have custody or visitation rights with respect to any child subject to this case.
- I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this case has/have physical custody or claim(s) to has/have custody or visitation rights with respect to any child subject to this case.

a. Name/Address of Person: \_\_\_\_\_  
 has physical custody    claims custody rights    claims visitation rights  
 Name of each child: \_\_\_\_\_

b. Name/Address of Person: \_\_\_\_\_  
 has physical custody    claims custody rights    claims visitation rights  
 Name of each child: \_\_\_\_\_

c. Name/Address of Person: \_\_\_\_\_  
 has physical custody    claims custody rights    claims visitation rights  
 Name of each child: \_\_\_\_\_



IN THE COURT OF COMMON PLEAS

DIVISION  
COUNTY, OHIO

IN THE MATTER OF:

\_\_\_\_\_ A Minor

\_\_\_\_\_ Name

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

\_\_\_\_\_ Street Address

Judge \_\_\_\_\_

\_\_\_\_\_ City, State and Zip Code

Magistrate \_\_\_\_\_

Plaintiff/Petitioner 1

vs./and

\_\_\_\_\_ Name

\_\_\_\_\_ Street Address

\_\_\_\_\_ City, State and Zip Code

Defendant/Petitioner 2/Respondent

**WARNING: This form is not a substitute for the benefit of the advice of legal counsel.  
It is highly recommended that you consult an attorney.**

**Instructions:** This form is used when you want to request documents to be served on the other party. You must indicate the requested method of service by marking the appropriate box. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Please serve the following documents: *(check all that apply)*

Complaint for Divorce with Children



- Complaint for Divorce without Children
- Complaint for Parentage, Allocation of Parental Rights and Responsibilities
- Petition for Dissolution
- Motion and Affidavit or Counter Affidavit for Temporary Orders
- Motion for Change of Parental Rights and Responsibilities (Custody)
- Motion for Change of Parenting Time (Companionship and Visitation)
- Motion for Change of Child Support, Medical Support, Tax Exemption, or Other Child-Related Expenses
- Motion for Contempt and Affidavit
- Separation Agreement
- Parenting Plan
- Shared Parenting Plan
- Affidavit of Income and Expenses
- Affidavit of Property
- Parenting Proceeding Affidavit
- Health Insurance Affidavit
- Explanation of Health Care Bills
- Agreed Judgment Entry
- Other: *(specify)* \_\_\_\_\_

Please serve the following parties with the above marked documents:

- Defendant/Petitioner 2/Respondent at \_\_\_\_\_ (address) by:
  - Certified Mail, Return Receipt Requested
  - Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service
  - Other: *(specify)* \_\_\_\_\_
  
- Plaintiff/Petitioner 1 at \_\_\_\_\_ (address) by:
  - Certified Mail, Return Receipt Requested
  - Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service
  - Other: *(specify)* \_\_\_\_\_
  
- \_\_\_\_\_ County Child Support Enforcement Agency at \_\_\_\_\_ (address) by:
  - Certified Mail, Return Receipt Requested
  - Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service
  - Other: *(specify)* \_\_\_\_\_

Other \_\_\_\_\_ at \_\_\_\_\_ (address) by:  
 Certified Mail, Return Receipt Requested  
 Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service  
 Other: (specify) \_\_\_\_\_

SPECIAL INSTRUCTIONS TO SHERIFF:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Attorney or Self Represented Party Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

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

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Supreme Court Reg No. (if any)

IN THE COURT OF \_\_\_\_\_  
 \_\_\_\_\_ COUNTY, OHIO

	)	CASE NO.
	)	
Plaintiff,	)	JUDGE
	)	
vs.	)	
	)	<b><u>FEE WAIVER AFFIDAVIT</u></b>
	)	<b><u>PURSUANT TO R.C. 2323.311 AND</u></b>
Defendant.	)	<b><u>ORDER</u></b>

Pursuant to R.C. 2323.311, the below-named Applicant requests that the Court determine that the Applicant is an indigent litigant and be granted a waiver of the prepayment of costs or fees in the above captioned matter. The Applicant submits the following information in support of said request.

Personal Information	
Applicant's First Name	Applicant's Last Name
Applicant's Date of Birth	Last 4 Digits of Applicant's SSN
Applicant's Address	

Other Persons Living in Your Household			
First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Public Benefits
I receive the following public benefits and my gross income, including the cash benefits marked below, does not exceed <b>187.5%</b> of the federal poverty guidelines.
Place an "X" next to any benefits you receive.
Ohio Works First <sup>1</sup> : <input type="checkbox"/> SSI <sup>2</sup> : <input type="checkbox"/> Medicaid <sup>3</sup> : <input type="checkbox"/> Veterans Pension Benefit <sup>4</sup> : <input type="checkbox"/> SNAP / Food Stamps <sup>5</sup> : <input type="checkbox"/>

Monthly Income			
I am <b>NOT</b> able to access my spouse's income <input type="checkbox"/>			
	Applicant	Spouse (If Living in Household)	Total Monthly Income
Gross Monthly Employment Income, including Self-Employment Income (Before Taxes)	\$	\$	\$
Unemployment, Worker's Compensation, Spousal Support (If Receiving)	\$	\$	\$
<b>TOTAL MONTHLY INCOME</b>			<b>\$</b>

**Pursuant to R.C. 2323.311(B)(3)**, upon the filing of a civil action or proceeding and the affidavit of indigency under division (B)(1) of this section, the clerk of the court shall accept the action, proceeding, or motion for filing.

Liquid Assets			
Type of Asset		Estimated Value	
Cash on Hand		\$	
Available Cash in Checking, Savings, Money Market Accounts		\$	
Stocks, Bonds, CDs		\$	
Other Liquid Assets		\$	
<b>Total Liquid Assets</b>		<b>\$</b>	
Monthly Expenses			
Column A		Column B	
Type of Expense	Amount	Type of Expense	Amount
Rent / Mortgage / Property Tax / Insurance	\$	Insurance (Medical, Dental, Auto, etc.)	\$
Food / Groceries	\$	Child or Spousal Support that You Pay	\$
Utilities (Heat, Gas, Electric, Water / Sewer, Trash)	\$	Medical / Dental Expenses or Associated Costs of Caring for a Sick or Disabled Family Member	\$
Transportation / Gas	\$	Credit Card, Other Loans	\$
Phone	\$	Taxes Withheld or Owed	\$
Child Care	\$	Other (Specify)	\$
<b>Total Column A Expenses</b>	<b>\$</b>	<b>Total Column B Expenses</b>	<b>\$</b>
<b>TOTAL MONTHLY EXPENSES (Column A + Column B)</b>			

I, \_\_\_\_\_, hereby, certify that the information I have provided on  
 (Print Name)  
 this financial disclosure form is true to the best of my knowledge and that I unable to prepay the costs or fees in this case.

\_\_\_\_\_  
 Signature

**NOTARY PUBLIC:**

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

If available, an individual duly authorized to administer this oath at the Clerk of Court's Office will do so at no cost to the Applicant.

**ORDER**

- Upon the request of the Applicant and the Court's review, the Court finds that the Applicant **IS** an indigent litigant and **GRANTS** a waiver of the prepayment of costs or fees in this matter.
- Upon the request of the Applicant and the Court's review, the Court finds that the Applicant is **NOT** an indigent litigant and **DENIES** a waiver of the prepayment of costs or fees in this matter.

**IT IS SO ORDERED**

\_\_\_\_\_  
 Judge / Magistrate

\_\_\_\_\_  
 Date

**Pursuant to R.C. 2323.311(B)(3)**, upon the filing of a civil action or proceeding and the affidavit of indigency under division (B)(1) of this section, the clerk of the court shall accept the action, motion, or proceeding for filing.

APPENDIX

**2020 FEDERAL POVERTY LIMIT (FPL)**

<b>Persons in family/household</b>	<b>100% Poverty</b>	<b>100% Poverty Monthly Gross Income</b>	<b>187.5% Poverty</b>	<b>187.5% Poverty Monthly Gross Income</b>
1	\$12,760	\$1,063.33	\$23,926	<b>\$1,994</b>
2	\$17,240	\$1,436.67	\$32,325	<b>\$2,694</b>
3	\$21,720	\$1,810.00	\$40,725	<b>\$3,394</b>
4	\$26,200	\$2,183.33	\$49,125	<b>\$4,094</b>
5	\$30,680	\$2,556.67	\$57,525	<b>\$4,794</b>
6	\$35,160	\$2,930.00	\$65,925	<b>\$5,494</b>
7	\$39,640	\$3,303.33	\$74,325	<b>\$6,194</b>
8	\$44,120	\$3,676.67	\$82,725	<b>\$6,894</b>

R.C. 2323.311(B)

(4) A judge or magistrate of the court shall review the affidavit of indigency as filed pursuant to division (B)(2) of this section and shall approve or deny the applicant's application to qualify as an indigent litigant. The judge or magistrate shall approve the application if the applicant's gross income does not exceed one hundred eighty-seven and five-tenths per cent of the federal poverty guidelines as determined by the United States department of health and human services for the state of Ohio and the applicant's monthly expenses are equal to or in excess of the applicant's liquid assets as specified in division (C)(2) of section 120-1-03 of the Administrative Code, as amended, or a substantially similar provision. If the application is approved, the clerk shall waive the advance deposit or security and the court shall proceed with the civil action or proceeding. If the application is denied, the clerk shall retain the filing of the action or proceeding, and the court shall issue an order granting the applicant whose application is denied thirty days to make the required advance deposit or security, prior to any dismissal or other action on the filing of the civil action or proceeding.

(6) Nothing in this section shall prevent a court from approving or affirming an application to qualify as an indigent litigant for an applicant whose gross income exceeds one hundred eighty-seven and five-tenths per cent of the federal poverty guidelines as determined by the United States department of health and human services for the state of Ohio, or whose liquid assets equal or exceed the applicant's monthly expenses as specified in division (C)(2) of section 120-1-03 of the Administrative Code, as amended, or a substantially similar provision.

<sup>1</sup>Ohio Works First Income Limit: 50% FPL (R.C. 5107.10(D)(1)(a))

<sup>2</sup>SSI Income Limit: cannot have countable income that exceeds the Federal Benefit Rate (FBR). 2019 FBR: \$771 monthly for single disabled individual; \$1157 monthly for disabled couple (20 CFR 416.1100)

<sup>3</sup>Medicaid Income Limit:

Modified Adjusted Gross Income (MAGI):138% FPL (OAC 5160:1-4-01; 42 USC 1396a(a)(10)(A)(i)(VIII))  
Aged, Blind or Disabled: \$791 for single person; \$1177 for disabled couple

<sup>4</sup>Veterans Pension Benefit Income Limit: \$13,535 annually / \$1,127 monthly for a single person; \$17,724 annually / \$1,477 monthly for a veteran with one dependent

<sup>5</sup>Supplemental Nutrition Assistance Program (SNAP) Income Limit: 130% FPL for assistance groups with nondisabled/nonelderly member; 165% FPL for elderly and disabled assistance groups (OAC 5101:4-4-11; Food Assistance Change Transmittal No. 61)