

IN THE COURT OF COMMON PLEAS

DIVISION
COUNTY, OHIO

IN THE MATTER OF:

A Minor

Name

Street Address

City, State and Zip Code

Case No. _____

Judge _____

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 to request the enforcement of a Court order and hold the other party in contempt for violating the Court order. A proposed Show Cause Order and Notice (Uniform Domestic Relations Form 25/Uniform Juvenile Form 4) must be filed with this Motion. 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.**

MOTION FOR CONTEMPT, AFFIDAVIT, AND INSTRUCTIONS FOR SERVICE

Now comes _____ (name), the Movant, and requests an order for _____ (other party's name) to appear and show cause why he/she should not be held in contempt for violating a Court order regarding the following: *(check all that apply)*

1. Interference with parenting time or other parenting orders filed on _____ (date), as follows: _____

2. Failure to pay child support as required by the order filed on _____ (date). The total arrearage owed is \$ _____ as reflected in the attached printout from the County Child Support Enforcement Agency.

3. Failure to pay spousal support as required by the order filed on _____ (date). The total arrearage owed is \$ _____ as reflected in the attached printout from the County Child Support Enforcement Agency, if spousal support is paid through the agency.

4. Failure to pay or reimburse health care expenses incurred for the minor child(ren) as required by the order filed on _____ (date). The total amount owed is \$ _____ as reflected in the attached Explanation of Health Care Bills (Uniform Domestic Relations Form 29/Uniform Juvenile Form 8).

5. Failure to comply with the Court's order(s) filed on _____ (date) regarding: *(check all that apply)*
 - Transfer of real estate, as follows: _____

 - Payment of debt, as follows: _____

 - Refinance of debt, as follows: _____

 - Distribution of personal property, as follows: _____

 - Other: *(specify)* _____

Movant requests that the Court order the following: *(check all that apply)*

- Finding _____ (other party's name) in contempt of Court;
- Assessing reasonable attorney fees;
- Assessing Court costs of the proceedings;
and any further relief deemed proper.

Attorney or Self Represented Party Signature

Printed Name

Address

City, State, Zip

Phone Number

Fax Number

E-mail

Supreme Court Reg No. (if any)

OATH OR AFFIRMATION

(Do not sign until Notary Public is present)

I, _____ (name), swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Signature

STATE OF _____)
) **SS**
COUNTY OF _____)

Sworn to or affirmed before me by _____ this _____ day of _____,
_____.

Signature of Notary Public

Printed Name of Notary Public

Commission Expiration Date: _____

(Affix seal here)

INSTRUCTIONS TO THE CLERK

To the Clerk of Courts:

Please serve the Motion for Contempt, Affidavit, Show Cause Order and Notice and Instructions to the Clerk on the following party as I have indicated below:

_____ Plaintiff/Defendant/Petitioner/Respondent/Other Party by:

- Certified Mail, Return Receipt Requested
- Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
- Other: (*specify*) _____

Signature

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Instructions: This form is used to bring the other party to Court to defend his/her failure to follow the Court order. A Motion for Contempt, Affidavit, and Instructions for Service (Uniform Domestic Relations Form 24/Uniform Juvenile Form 3) must be filed with this order.

SHOW CAUSE ORDER AND NOTICE

TO: _____
PLAINTIFF/DEFENDANT/PETITIONER/RESPONDENT/OTHER PARTY

You are hereby ORDERED to appear and show cause why you should not be held in contempt for failure to obey the Court order as described in the Motion for Contempt.

NOTICE OF HEARING
(The Court will complete this part.)

You are ORDERED to appear in the _____ County Common Pleas Court
_____ Division, in Courtroom _____ located at _____
_____ on _____ at _____ o'clock and show cause why you should
not be held in contempt of this Court.

NOTICE

1. Failure to appear as ordered may result in the issuance of a bench warrant for an immediate arrest.
2. Failure to appear may result in an immediate income withholding or deduction.
3. You have the right to be represented by an attorney.
4. If you cannot afford an attorney, you must apply for a public defender or appointed counsel, as appropriate, within three business days after receipt of this show cause order.
5. A continuance may not be granted to obtain counsel if you have made no good faith effort to secure one.
6. If found guilty, you may be sentenced as follows:
 - a. First offense – a fine of not more than \$250.00 and/or a definite term of imprisonment of not more than thirty (30) days in jail or both.
 - b. Second offense – a fine of not more than \$500.00 and/or a definite term of imprisonment of not more than sixty (60) days in jail or both.
 - c. Third offense – a fine of not more than \$1,000.00 and/or a definite term of imprisonment of not more than ninety (90) days in jail or both.
7. The Court may grant you limited driving privileges under R.C. 4510.021 if your driver's license was suspended based on a notice issued by a child support enforcement agency because you are in default under a child support order or you have failed to comply with a subpoena or warrant issued by a court or agency with respect to a proceeding to enforce a child support order. You must request limited driving privileges and your request must be accompanied by a recent copy of your driver's abstract driving record from the registrar of motor vehicles.

JUDGE/MAGISTRATE

Name of Child: _____

Case No. _____

Instructions: This form is used when you are claiming the other party has not paid health care bills. Use a separate form for each child. A Motion for Contempt and Affidavit (Uniform Domestic Relations Form 24/Uniform Juvenile Form 3) and a Show Cause Order and Notice to the Clerk (Uniform Domestic Relations Form 25/Uniform Juvenile Form 4) must be filed. You must bring copies of health care bills, Explanation of Benefits forms, and proof of payment to the hearing. Be prepared to indicate the amount owed to you, service providers, collection agencies, or other entities. If more space is needed, add additional pages. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file.

EXPLANATION OF HEALTH CARE BILLS

<u>Date of Treatment</u>	<u>Name of Service Provider (e.g., Doctor, Dentist, Therapist, Hospital) & Services Provided</u>	<u>Total Bill</u>	<u>Date Bill Sent to Other Party</u>	<u>Amount Insurance Paid</u>	<u>Amount You Paid</u>	<u>Amount Paid by Other Party</u>	<u>Amount of Unpaid Bill</u>	<u>Amount Due from Other Party</u>

Your Signature

Date

Total Amount of Claim \$ _____

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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)