

**ASHTABULA COUNTY
COURT OF COMMON PLEAS
JUVENILE DIVISION**

JUDGE ALBERT S. CAMPLESE

Pro Se Instruction Check List

****PLEASE CHECK OFF EACH BOX AND SIGN BELOW BEFORE FILING YOUR PACKET WITH THE CLERK’S OFFICE.**

- I am aware of my right to have legal counsel represent at my own cost and I elect to proceed *Pro Se* with respect to my Complaint/Motion.
- I have READ Instruction pages 1, 2, and 3.
- I have supplied contact information (address, phone number, email, ect.) for all parties.
- *ONLY CHECK THIS BOX IF APPLICABLE*** I have requested service by publication to be made upon certain parties and I have supplied the relevant information required by pages 12 & 13.
- I have supplied notarized statements as instructed by pages 7, 10, & 13.
- I have supplied FOUR (4) copies of the entire packet
- I have cash, debit/credit card, or money order to pay the filing fee
***please note a convenience fee of \$2.95 will be applied when using a debit/credit card**

I understand that I am filing this *Pro Se* Complaint/Motion without the assistance of legal counsel and that I shall be held to the same standards, knowledge and understanding of the law and court procedure as though I were an attorney.

I accept all risk associated with this filing, including dismissal at my cost, in the event that I fail to familiarize myself with applicable law and/or the rules of procedure that are applicable to my case.

In the event of dismissal, I understand my filing fee will **NOT** be refunded.

Complainants Name, Please Print

Complainants Signature

Today’s Date

****PLEASE RETURN THIS CHECKLIST WITH YOUR *PRO SE* COMPLAINT/MOTION****

**ASHTABULA COUNTY
COURT OF COMMON PLEAS
JUVENILE DIVISION**

Judge Albert S. Complesse

Pro Se Packet Instructions

Parents of children who have never been married to each other and interested third parties may use the attached Pro Se Filing Packet Complaint/Motion for Custody and/or Visitation Form.

The non-residential parent may use the Motion for Visitation form to establish a visitation order with this Court. Please note, any Motion for Visitation will first be scheduled with Mediation and Conflict Management Services for mediation so that the parties may attempt to work out an agreement before the hearing.

Privately filed cases (not initiated by the State of Ohio) do not allow for Court Appointed Counsel. If you have a concern about your legal rights in court and are not sure what to do, you should contact an attorney, the Ashtabula County Bar Association (440) 415-4503, the Legal Aid Society (216) 687-1900, or Ohio Legal Help Online at ohiolegalhelp.org.

All pleadings MUST be delivered or mailed with the ORIGINAL and four (4) copies, including Notarized Signatures on pages 7, 10 and 13 (if necessary) to:

**Ashtabula County Juvenile Court
3816 Donahoe Drive
Ashtabula, Ohio 44004**

**Hours: Monday – Friday
8:00 a.m. - 4:00 p.m.**

Court Policy Regarding Employees Dispensing Legal Advice

Deputy clerks may only review your paperwork to determine whether you have provided the necessary information in order to process and file the documents with the Court. **Deputy clerks and/or other court staff CANNOT review the content of your filing for adequacy, nor may staff assist you in determining whether your filing will satisfy the requirements of the Court.** By law, court employees, including deputy clerks, are not allowed to give legal advice. Court staff, generally, although very knowledgeable about the duties and procedures, are not attorneys and are not licensed to practice law. Any person who practices law without a license could be held criminally and/or civilly liable for the Unauthorized Practice of Law, pursuant to R.C. 4507.07.

If you have any questions or concerns about your filing, you should consult with an attorney or conduct independent research at the law library.

Albert S. Camplese, Judge

1. CONTENTS OF PRO SE PACKET:

- a. **There are four (4) documents in this packet:** a Complaint/Motion, an Affidavit of Jurisdiction (or Custody Affidavit), Instructions for Service, an Affidavit for Service by Publication, and child support paperwork.
- b. **ALL documents must be completed to the best of your ability.** Failure to complete and file all necessary documents will result in the filing being returned to you with no action being taken.
- c. **Addresses for all parties MUST be included at the time of filing.**
- d. **If addresses are not provided and cannot, with good faith and reasonable efforts be located, an Affidavit for Service by Publication, which is included in this packet, MUST be completed.**
- e. If this is a new case, a case number will be assigned for you by a deputy clerk.

2. FORM: Type or print neatly your responses in blue ink.

3. FILING FEES:

- a. **New Case - \$115.00**
- b. **Motion made in an Open/Pending Case - \$25.00**
- c. **Cash, Money Order, or Credit/Debit Card** *Processing Fees apply for use of Credit/Debit
- d. **Additional Filing Fee of \$70.00 for Service by Publication**
- e. ALL filing fees must be paid when your documents are given to (filed with) the Clerk's Office. This does not include any court costs that may be assessed at the end of the case.

4. PATERNITY: If the parents were not married when the child was born, paternity must be established. If paternity has been established, attach a copy of the order or acknowledgment. If paternity has NOT been established, indicate that in the space provided on the Complaint/Motion.

5. SCHEDULING: The Complaint/Motion will be set for hearing by the Court. If your hearing notice is returned as undeliverable as addressed and you have not notified the Court of your new address, in writing, the Complaint/Motion may be dismissed without further action.

6. SERVICE: If the hearing notice for another party is returned as undeliverable as addressed, you will be contacted for a new address. **It is your responsibility to supply a good address in writing to the Court as soon as possible. If you do not do so, and the Complaint/Motion is not served at the time of the hearing and the other party does not appear at the hearing, the Complaint/Motion may be dismissed without further action.** All Complaints shall be served on the parties by certified mail, unless service by the sheriff is requested in writing. If you request personal service by the sheriff, there may be an additional cost. If you want personal service by a process server, it is your responsibility to make those arrangements. If you do not know the address of an opposing party and cannot, through reasonable efforts, locate the party, you may utilize Service by Publication at an additional cost of \$70.00. *You may wish to consult an attorney for proper service by publication.*

PLEASE NOTE: A child MUST be a resident of Ashtabula County for six (6) months before this Court can assume jurisdiction over custody issues relating to the child. If the child is not a resident of Ashtabula County, the movant must go to the child's county of residence to file complaints for custody or visitation. The exceptions to this requirement are if this Court has previously issued a custody order and/or if the child is in this jurisdiction and is alleged to be Abused, Neglected, and/or Dependent.

**IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
ASHTABULA COUNTY, OHIO**

In Re:
Child No. 1 _____
Date of Birth _____

Case No. _____
Judge Albert S. Camplese

Child No. 2 _____
Date of Birth _____

VERIFIED COMPLAINT / MOTION:

- CUSTODY**
- PATERNITY**
- VISITATION**
- CHILD SUPPORT**
- SHOW CAUSE / FAILURE TO
COMPLY WITH COURT ORDER**

Child No. 3 _____
Date of Birth _____

Child No. 4 _____
Date of Birth _____

1. Family Information:

Mother's Name: _____
Date of Birth: _____
Address: _____
Phone No.: _____ **Email:** _____

Father/Putative Father's Name: _____
Date of Birth: _____
Address: _____
Phone No.: _____ **Email:** _____

Third Party Legal Custodian/Name: _____
Date of Birth: _____
Address: _____
Phone No.: _____ **Email:** _____

Relationship to the children: _____

Complainant/Other Third Party/Non-Custodian/Name: _____

Date of Birth: _____

Address: _____

Phone No.: _____ Email: _____

Relationship to the children: _____

Children reside with: _____, who is related to the child / is not related to the child.

2. **Paternity:** (CHECK ONE):

Has not been established¹

Has been established² via _____.

3. **This Complaint and/or Motion is being filed to:** (CHECK APPROPRIATE BOX OR BOXES BELOW):

Establish Paternity.

Request an original allocation of parental rights and responsibilities between parents. ***Please note that the Court cannot allocate parental rights and responsibilities unless and until Paternity has been established.***

Request a modification of a previous Order/Judgment allocating parental rights and responsibilities *between parents*. If a previous Order/Judgment has been issued, please set forth the case number, identify the court that issued the Order/Judgment, and state the factual or legal basis for your request to modify the previous Order/Judgment:

Case # and Court _____

¹ If Paternity has NOT been established, and you do not know the identity of the Father, then an Affidavit for Publication for Service upon an Unknown Father MUST be filed.

² If paternity has been established, documentation establishing paternity MUST be provided to the Court if you are a Father seeking the allocation of parental rights and responsibilities.

Request a Modification of a previous Order/Judgment *granting legal custody to a third party*. If a previous Order/Judgment has been issued, please set forth the case number, identify the court that issued the Order/Judgment, and state the basis for your request to modify the previous Order/Judgment:

Case # and Court _____

ABUSE/NEGLECT/DEPENDENCY

Request Temporary or Legal Custody of a child(ren) alleged to be Abused/Neglected/Dependent. **(Abused pursuant to Ohio Revised Code Section 2151.031, Neglected pursuant to Ohio Revised Code Section 2151.03, and/or Dependent pursuant to Ohio Revised Code Section 2151.04.)**

If you are alleging the child(ren) is/are Abused, Neglected and/or Dependent, set forth the basis for your allegation:

MOTION TO SHOW CAUSE FOR NONCOMPLIANCE WITH PRIOR COURT ORDER

Allege that another party is not complying with a Court Order/Judgment. Please set forth the case number, the Court that issued the Order/Judgment, and state the specific portion of the Order/Judgment you believe the other party is violating:

Case # and Court _____

EMERGENCY

Request Emergency *Ex Parte* Temporary Custody of the minor child(ren). It is my good faith belief that this Complaint/Motion presents an Emergency situation that warrants immediate relief. Please set forth the factual or legal basis for your belief: (inability to enroll in school generally is NOT an emergency)

Is this a referral by the Ashtabula County Children’s Services Board? _____

If this is a referral from the Ashtabula County Children’s Services Board, set forth the name of the person making the referral: _____

Is there an open Ashtabula County Children’s Services case? _____. If there is an open case, set forth the name of the caseworker: _____

4. I am requesting the Court to:

OATH

(Do Not Sign Until A Notary is Present)

I, _____, 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.

Printed Name

Signature

Address: _____

Phone Number: _____ Email Address: _____

Sworn to before me and subscribed in my presence this _____ day of _____, _____.

Notary Public, State of Ohio

**IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
ASHTABULA COUNTY, OHIO**

In Re:
Child No. 1 _____
Date of Birth _____
Child No. 2 _____
Date of Birth _____
Child No. 3 _____
Date of Birth _____
Child No. 4 _____
Date of Birth _____

Case No. _____
Judge Albert S. Campese

**AFFIDAVIT OF JURISDICTION /
CUSTODY AFFIDAVIT (R.C. 3127.23)**

I, _____, being first duly sworn, depose and say:

1. That the current address of the minor child(ren), who are the subject of this Complaint/Motion is:

2. The addresses at which the minor child(ren) has/have lived *for the past five years*, (including their current address), are:

First Address (<i>oldest</i> address):	From:	to
_____	_____	_____
_____	_____	_____

Second Address: (second oldest)	From:	to
_____	_____	_____
_____	_____	_____

<i>Current</i> Address:	From:	to
_____	_____	_____
_____	_____	_____

If there are more than three addresses for the minor child(ren) in the past five years, please use an extra sheet to complete your response.

The names and addresses of all persons with whom the minor child(ren) has/have lived at the above referenced addresses, *for the five years prior to filing this court action, and dates the minor child(ren) lived at those addresses* are:

Name: _____ From: _____ to _____

Name: _____ From: _____ to _____

Name: _____ From: _____ to _____

4. That I **(have)** **(have not)** participated as a party, witness, or in any other capacity in any litigation concerning the custody of this/these minor child(ren) *in this or any other state*.

If so, state the case number and location of the court that held prior proceedings.

5. That I **(have)** **(do not have)** information of any custody proceeding concerning the minor child(ren) *pending* in a court of this or any other state.

If so, state the case number and location of the court that held prior custody proceedings:

6. That I **(have)** **(do not have)** knowledge of any person not a party to the proceedings who has physical custody of the minor child(ren) or claims to have custody or visitation rights with respect to the minor child(ren).

If so, state the name and address of the person who has physical custody of the minor child(ren):

7. I **(have)** **(have not)** been convicted or pleaded guilty to any criminal offense involving any act that resulted in a child being an abused child or a neglected child, or **(have)** **(have not)** previously been determined, in a case in which a case in which a child has been adjudicated an abused child or a neglected child, to be the perpetrator of the abusive or neglected act that was the basis of the adjudication.

If 4, 5, 6, or 7 is/are answered in the affirmative, and the space afforded is insufficient for a full explanation, please attach an extra sheet and incorporate herein any necessary information.

I realize that I have a continuing duty to inform the court of any custody proceedings concerning the minor child(ren) in this or any other state of which I obtain information during the pendency of this proceeding.

OATH

(Do Not Sign Until a Notary is Present)

I, _____, 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.

Printed Name

Signature

State of Ohio)
 SS:
County of Ashtabula)

Sworn to before me and subscribed in my presence this _____ day of _____, _____.

Notary Public, State of Ohio

**IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
ASHTABULA COUNTY, OHIO**

In Re:
Child No. 1 _____
Date of Birth _____

Case No. _____
Judge Albert S. Campese

Child No. 2 _____
Date of Birth _____

INSTRUCTIONS FOR SERVICE

Child No. 3 _____
Date of Birth _____

Child No. 4 _____
Date of Birth _____

TO THE CLERK:

Please serve the following individuals with a copy of the complaint and summons by certified mail, return receipt requested, to the following address:

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

If you need to serve more than three (3) parties, please use a separate sheet of paper for the names and addresses of any other parties that must be served.

Printed Name

Signature

**IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
ASHTABULA COUNTY, OHIO**

In Re:
Child No. 1 _____
Date of Birth _____

Case No. _____
Judge Albert S. Campese

Child No. 2 _____
Date of Birth _____

**AFFIDAVIT FOR SERVICE
BY PUBLICATION / POSTING**

Child No. 3 _____
Date of Birth _____

Child No. 4 _____
Date of Birth _____

_____, first being duly sworn, deposes and states that he/she is the **plaintiff/petitioner** **counsel for plaintiff/petitioner** in the above entitled action, and that service of summons cannot be made upon the following defendant(s) and/or party:

List each defendant and/or party to be served by publication with a last known address (if there is one):

The plaintiff/petitioner has exercised reasonable diligence to ascertain the residence of the above named party/parties and the residence, other than that which is listed in the pleadings, is unknown, and cannot with reasonable diligence be ascertained.

The following are all of the reasonable, good faith efforts made to ascertain the residence of the party you wish to have served by publication. If there is more than one party, list the specific efforts made to locate each party you are requesting to be served via publication.

Continuation of Affidavit in Support of Service by Publication/Posting

OATH

(Do Not Sign Until a Notary is Present)

I, _____, 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.

Plaintiff / Petitioner

State of Ohio)
 SS:
County of Ashtabula)

Sworn to before me and subscribed in my presence this _____ day of _____, _____.

Notary Public, State of Ohio