

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.

5. Paternity ___ has ___ has not been established.

6. The minor child resides with _____.

7. It is in the child's best interest that a visitation order establish visitation between the minor and the plaintiff for the following reasons _____

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

Movant

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 _____
 (Print Name)

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 |
|-------------------|--------------------------|--|---------------|---|
| _____ | | _____ | _____ | |
| Date 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. Child's name _____ | Place of birth _____ | Date of birth _____ | Sex <input type="checkbox"/> M <input type="checkbox"/> F |
|---------------------------------|--------------------------------|-------------------------------|--|

Check this box if the information below is the same as in Section 1(a). Skip to the next question.

| Date 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"/> | _____ | _____ |

| | | | |
|---------------------------------|--------------------------------|-------------------------------|--|
| c. Child's name _____ | Place of birth _____ | Date of birth _____ | Sex <input type="checkbox"/> M <input type="checkbox"/> F |
|---------------------------------|--------------------------------|-------------------------------|--|

Check this box if the information below is the same as in Section 1(a). Skip to the next question.

| Date 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 **or** 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 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: _____

6. I understand that I have a continuing duty to advise this Court of any custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection order from domestic violence case concerning the children about whom information is obtained during this case.

OATH OR AFFIRMATION
(Do not sign until Notary Public is present)

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

Your 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)

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 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)

FORM 20. CIVIL FEE WAIVER AFFIDAVIT AND ORDER

IN _____

| | | |
|------------|---|--|
| |) | CASE NO. |
| |) | |
| Plaintiff, |) | JUDGE |
| |) | |
| vs. |) | |
| |) | |
| Defendant. |) | <u>FINANCIAL DISCLOSURE / FEE- WAIVER AFFIDAVIT AND ORDER</u> |

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 187.5% of the federal poverty guidelines. | | | |
| Place an "X" next to any benefits you receive. | | | |
| Ohio Works First ¹ : ___ SSI ² : ___ Medicaid ³ : ___ Veterans Pension Benefit ⁴ : ___ SNAP / Food Stamps ⁵ : ___ | | | |
| Monthly Income | | | |
| I am NOT 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) | \$ | \$ | \$ |
| TOTAL MONTHLY INCOME | | | \$ |
| Liquid Assets | | | |
| Type of Asset | Estimated Value | | |
| Cash on Hand | \$ | | |
| Available Cash in Checking, Savings, Money Market Accounts | \$ | | |
| Stocks, Bonds, CDs | \$ | | |
| Other Liquid Assets | \$ | | |
| Total Liquid Assets | | | \$ |
| 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 / Paper Products/Cleaning Products/Toiletries | \$ | 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 (e.g. garnishments) | \$ |
| Total Column A Expenses | \$ | Total Column B Expenses | \$ |
| TOTAL MONTHLY EXPENSES (Column A + Column 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 am 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____,
 in _____ County, Ohio.

 Notary Public (Signature)

 Notary Public (Printed)
 My Commission expires: _____

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. 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.

- 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. Applicant is granted thirty (30) days from the issuance of this Order to make the required advance deposit or security. Failure to do so within the time allotted may result in dismissal of the applicant's filing.

IT IS SO ORDERED

Judge / Magistrate

Date

[Effective: April 15, 2020.]

APPENDIX

2020 FEDERAL POVERTY LIMIT (FPL)

| Persons in family/household | 100% Poverty | 100% Poverty Monthly Gross Income | 187.5% Poverty | 187.5% Poverty Monthly Gross Income |
|-----------------------------|--------------|-----------------------------------|----------------|-------------------------------------|
| 1 | \$12,760 | \$1,063.33 | \$23,925 | \$1,993.74 |
| 2 | \$17,240 | \$1,436.67 | \$32,325 | \$2,693.75 |
| 3 | \$21,720 | \$1,810 | \$40,725 | \$3,393.75 |
| 4 | \$26,200 | \$2,183.33 | \$49,125 | \$4,093.75 |
| 5 | \$30,680 | \$2,556.67 | \$57,525 | \$4,793.75 |
| 6 | \$35,160 | \$2,930 | \$65,925 | \$5,493.75 |
| 7 | \$39,640 | \$3,303.33 | \$74,325 | \$6,193.75 |
| 8 | \$44,120 | \$3,676.67 | \$82,725 | \$6,893.75 |

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.

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

²SSI 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)

³Medicaid 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

⁴Veterans 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

⁵Supplemental 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)

ELIGIBILITY FOR TANF (Guardian Ad Litem) SERVICES

Applicant Name: _____ Date: _____

Social Security Number: _____

To be eligible for TANF services the assistance group must include a minor child under age 18, full-time student, or pregnant individual. Services are also available to non-custodial parents of a minor eligible child who resides in the county but does not live in the same household as the minor child. An eligible family may consist of a pregnant individual or minor child who resides with parent, caretaker relative, legal guardian, or legal custodian. An eligible child may be "temporarily absent" from the home, up to six months, with a case plan for reunification. In order to receive services, a member of the assistance group must be a citizen of the United States or a qualified alien.

In addition, to qualify for the TANF services, the family must meet at least one of the following criteria. Check all that apply:

- Items 1 & 2 are with regard to income and need to be verified:**
- 1. Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.
 - a. The family is receiving OWF/Food Stamps/Medicaid Yes – attach Print-out No
 - b. Family meets 200% of the federal poverty guideline Yes – Income Attached No
 - 2. End dependence of needy parents on government benefits by promoting job preparation, work and marriage.
 - a. The family is receiving OWF/Food Stamps/Medicaid Yes No
 - b. Family meets 200% of the federal poverty guideline Yes – Income Attached No

| 200% Federal Poverty Guideline (effective 1/31/17) | | | | | | | | |
|---|--------|--------|--------|--------|--------|--------|--------|--------|
| Family Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Monthly Income Limit | \$2010 | \$2707 | \$3403 | \$4100 | \$4797 | \$5493 | \$6190 | \$6887 |

Items Below are response boxes only for JFS Determination ONLY:

- YES, party signing is TANF eligible, documentation attached
- NO, party signing does not receive above services, other factors may determine eligibility.

 JFS Agency Signature Date

Signature of Applicant

Child Support for Your Grandchildren:



You have the right to seek a paternity (fatherhood) determination and child support for your grandchild if:

1. You are the parent of an unmarried minor (under the age of 18) who has her/his own children.

AND

2. Your minor child and grandchildren are living with you and being supported by you.

How to do this:

1. Request that your local child support enforcement agency bring a paternity/child support action on your behalf.

OR

2. File a request for a paternity determination and child support order in Juvenile Court.

NOTE: The child support you request may come from the child's other set of grandparents.

This pamphlet was developed from information provided by "Grandparent Visitation" Northeast Ohio Legal Services.



Prepared by:

NAPIL Fellow
Ohio State Legal Services
Association
© 2001

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Grandparent's Rights With Regard to Grandchildren



Obtaining Child Support and Visitation Rights With Your Grandchildren:

When Can Grandparents Collect Child Support or Get Visitation With Grandchildren?

In Ohio, grandparents can receive court orders for visitation with grandchildren, but only in certain instances.

You, as the grandparent, can petition the court for visitation if you can prove:

- 1) visitation is being denied,
- 2) such visitation will be in the best interest of your grandchild,
- 3) AND one the following:
 - the child's parents are or have been involved in a divorce, dissolution of marriage, legal separation, annulment, or child support proceeding,
 - the parent of the child has died,
 - the child was born to an unmarried woman, **her** parents may request visitation rights;
 - the child was born to an unmarried woman, **his** parents may request visitation only if paternity has been legally established,

NOTE:

If the father dies or disappears before paternity is legally established, paternal grandparents will have a difficult time seeking visitation.

If the child lives with his/her natural married parents who are not divorcing, yet are denying you the right to visit with your grandchildren - there is nothing you can do. In this situation, the law respects the parents' right to decide who the child may see and the Court will be hesitant to grant you the right to visit.

•••

How Do I Go About Requesting Visitation?

You must file a Motion to Establish Visitation with the Court. Which court you file this motion with depends on the circumstances involved:

- If there is a prior case involving the child (divorce, support action, paternity), you must file in the Court where the prior case was filed.
- If the parents of the child are unmarried and there is no prior case, then the grandparents Motion has to be filed in the Court of Common Pleas in the county where the child lives.

•••

What if the Court Grants Me a Visitation Order and Child's Parent Still Refuses to Let me Visit?

You can enforce a visitation order by filing a Contempt action with the same court that granted you the original order.