

VISITATION/PARENTING TIME
MOTION TO INTERVENE AND REQUEST FOR
COMPANIONSHIP OR VISITATION - BY A NON-PARENT

INSTRUCTIONS

What follows are the forms to request that the Court grant you visitation. **ONLY USE IF YOU ARE NOT THE PARENT OF THE CHILD(REN) AND AN ORDER EXISTS.**

These instructions are intended to be a general guide to help you get the forms filled out, filed with the Court, and properly before the Judge. These instructions are not intended to be a legal analysis of your request or advice as to whether you should win your request. They are merely to assist you in preparing and presenting your request.

WARNING

It may be difficult for a non parent to get visitation if the custodial parent does not agree.
DO NOT USE THIS PACKET IF THERE IS NOT AN EXISTING ORDER.

A. FILLING OUT THE FORMS - TYPEWRITTEN OR IN INK

1. All of the enclosed forms should be filled out before you go to the Court to file them. The Clerk of Courts staff will not help you in completing the forms.
2. **Motion to Intervene and Request for Companionship or Visitation** - Looking at a copy of the existing order, fill in the name of the county and court division (i.e., Juvenile, Domestic Relations), the Plaintiff/Petitioner and the Defendant/Petitioner, the case number, and address, telephone number, and birth date for both parties. This information is available from other papers that have been filed previously with the Court in this case. You must have valid addresses for both parents so that the Clerk's office can notify them. If you do not have a valid address for the other party/parties, you will have problems.

List the name(s) and birthdate(s) of the children.

Under **Memorandum in Support of Motion**, fill in why you believe it is in the best interests of the child(ren) that you be granted visitation. Sign your name above MOVANT.

Under **Instructions for Service**, fill in the name and address of the person you want the Court to serve the papers on. Sign your name above Movant and list your address and telephone number.

3. **Entry** - Fill in the name of the county, court division, Plaintiff, Defendant, and Case No.

4. **Judgment Entry** - Fill in the name of the county, court division, Plaintiff, Defendant, and Case No.
5. **Financial Disclosure/Affidavit of Indigency** - Detailed instructions attached.
6. Remove the instructions sheets and make three copies of each page of each form.

FILING THE MOTION

1. After the forms are filled out and copied, YOU MUST TAKE THEM to the Clerk of Court's office to be filed.
2. When you file your Motion, the Clerk's office staff will take the original and three copies of your papers. You should ask the Clerk to time-stamp your copy of the Motion and accompanying forms. This will be your proof that you filed the originals. The Judgment Entries will not be file-stamped at this time.

PREPARATION FOR THE HEARING

1. You should present a neat appearance to the Court. The Court will not permit anyone to appear in court if s/he is wearing any of the following items of clothing: a hat, shorts, sandals, sleeveless shirts, tops, or blouses, clothing displaying indecent language or pictures, or clothing with large rips or holes. Make sure that your witnesses know this and comply with these requirements.
2. The Judge will want to know basically these things: Why you should be able to visit, what the parent(s) want, and what is in the best interests of the child(ren).
3. At the hearing, you will be asked questions by the Judge or by an attorney. Respond directly to the questions. Listen to the question and make sure that you provide the information that you are asked for. If you do not understand the question or are not sure what you are being asked, you have the right to have the question explained to you before answering it.

A WORD ABOUT MEDIATION

The Court may order you and the other party to go to mediation. **YOU MUST GO IF ORDERED.** If there is a reason mediation would not be appropriate, you should tell the Court immediately. Mediation is a chance to work out your dispute without lengthy hearings.

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

(Name))

(Address))

(City, State, Zip))

(Telephone Number))

(Date of Birth))
Plaintiff/Petitioner)

vs)

(Name))

(Address))

(City, State, Zip))

(Telephone Number))

(Date of Birth))
Defendant 1/Respondent 1)

(Name))

(Address))

(City, State, Zip))

(Telephone Number))

(Date of Birth))
Defendant 2/Respondent 2)

Case Number _____

Judge:

Magistrate:

**MOTION TO INTERVENE
AND REQUEST
COMPANIONSHIP TIME
OR VISITATION**

The undersigned Movant requests that he/she/they be granted permission to intervene in the above-styled case as a party and pursuant to 3109.0SI(B) of the Ohio Revised Code, moves the Court for an Order granting him/her/them visitation with the minor child(ren) listed below:

Child's Name	Date of Birth

MEMORANDUM IN SUPPORT OF MOTION

Movant states that it is in the best interest of the parties' minor child(ren) that he/she/they be granted companionship time/visitation because:

As will be more fully shown at the hearing of this cause.

Respectfully submitted,

Certificate of Service

I hereby certify that a copy of this motion was served by regular U.S. Mail on

_____ on this _____ day of _____, 20____.

Movant, Pro Se

IN THE COURT OF COMMON PLEAS

**DIVISION
COUNTY, OHIO**

Plaintiff/Petitioner 1

vs./and

Defendant/Petitioner 2/Respondent

Case No. _____

Judge _____

Magistrate _____

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
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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
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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)

FORM 20. CIVIL FEE WAIVER AFFIDAVIT AND ORDER

IN _____

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