

## **Disclaimer**

Please be aware that these forms do not include instructions or legal advice regarding your rights, responsibilities, and legal options.

To be fully informed and get answers to your questions, you should seek the advice of an attorney.

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

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

**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

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:**

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

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

\_\_\_\_\_  
Address

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

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

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

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

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