

**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 a change in child support or child support-related matters.

The following forms **must** be completed and filed with the court before a case may be initiated:

1. Motion for Change of Child Support, Medical Support, Tax Exemption or Other Child-Related Expenses
2. Request for Service
3. Affidavit of Basic Information, Income and Expenses

**YOU MUST UPDATE THE CLERK OF COURTS IF ANY  
OF YOUR CONTACT INFORMATION CHANGES.**

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

IN THE MATTER OF:

\_\_\_\_\_  
A MINOR

Case No. \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

Plaintiff

-v-

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

**MOTION FOR CHANGE OF CHILD SUPPORT, MEDICAL SUPPORT, TAX  
EXEMPTION, OR OTHER CHILD-RELATED EXPENSES**

Now comes \_\_\_\_\_ (name), Movant, and requests a change in the obligation to provide support or the right to receive support for the minor child(ren) as follows: (check all that apply)

- the amount of child support or cash medical support;
- the person responsible for providing health insurance;
- the division of non-insured health care expenses;
- the person who can claim the child(ren) as dependents for tax purposes;
- other child-related expenses.

Since the court issued the existing order, circumstances have changed as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Movant requests that the court change the existing order as follows:

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Movant believes that the requested changes are in the child(ren)'s best interest.

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

- assess reasonable attorney fees;
- assess court costs of the proceedings;
- any further relief deemed proper.

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Party's signature

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Party's printed name

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Address

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City, State, Zip Code

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Telephone Number

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E-mail

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

IN THE MATTER OF:

\_\_\_\_\_  
A MINOR

\_\_\_\_\_  
Name

Case No. \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

Plaintiff

-v-

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

Defendant

**REQUEST FOR SERVICE**

TO THE CLERK OF COURT:

Please serve the following documents: (check all that apply)

- Motion for Change of Child Support, Medical Support, Tax Exemption, etc.;
- Affidavit of Basic Information, Income and Expenses;
- Other: (specify)

\_\_\_\_\_

Please serve the following parties with the above-marked documents:

( ) Defendant at:

\_\_\_\_\_ (address) by:

( ) Certified Mail, Return Receipt Requested

( ) Issuance to Sheriff of \_\_\_\_\_ County, Ohio for ( ) Personal or ( ) Residential service –  
**party must prepay the cost for Sheriff's service.**

( ) Other: (specify) \_\_\_\_\_

( ) Plaintiff at:

\_\_\_\_\_ (address) by:

( ) Certified Mail, Return Receipt Requested

( ) Issuance to Sheriff of \_\_\_\_\_ County, Ohio for ( ) Personal or ( ) Residential service –  
**party must prepay the cost for Sheriff's 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 ( ) Residential service –  
**party must prepay the cost for Sheriff's service.**

( ) Other: (specify) \_\_\_\_\_

( ) Other at:

\_\_\_\_\_ (address) by:

( ) Certified Mail, Return Receipt Requested

( ) Issuance to Sheriff of \_\_\_\_\_ County, Ohio for ( ) Personal or ( ) Residential service –  
**party must prepay the cost for Sheriff's service.**

( ) Other: (specify) \_\_\_\_\_

SPECIAL INSTRUCTIONS TO SHERIFF:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Party's signature

\_\_\_\_\_  
Party's printed name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone Number

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

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

Case No. \_\_\_\_\_

\_\_\_\_\_  
 Plaintiff

-v-

\_\_\_\_\_  
 Defendant

**AFFIDAVIT OF BASIC INFORMATION, INCOME, AND EXPENSES**

**SECTION I – BASIC INFORMATION**

Plaintiff

Defendant

Date of Birth _____	Date of Birth _____
Last 4 Digits of Social Security # XXX-XX-____	Last 4 Digits of Social Security # XXX-XX-____
Phone Number _____	Phone Number _____
Email Address _____	Email Address _____
Is an interpreter needed? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain: _____	Is an interpreter needed? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain: _____
Health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If health is not good, please explain: _____	Health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If health is not good, please explain: _____

Education: <i>(Check highest level achieved)</i> <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post-Graduate	Education: <i>(Check highest level achieved)</i> <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post-Graduate
Other Technical Certifications:  Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Technical Certifications:  Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION II – INCOME**

	<b><u>Plaintiff</u></b>	<b><u>Defendant</u></b>
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Employment	_____	_____
Name of Employer	_____	_____
Payroll Address	_____	_____
Payroll City, State, Zip	_____	_____
Scheduled Paychecks Per Year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52

**A. YEARLY INCOME, OVERTIME, COMMISSIONS, AND BONUSES FOR PAST THREE YEARS**

	<b><u>Plaintiff</u></b>	Year	<b><u>Defendant</u></b>
Base yearly income	\$ _____	3 years ago <input type="checkbox"/> 20__	\$ _____
	\$ _____	2 years ago <input type="checkbox"/> 20__	\$ _____
	\$ _____	Last year <input type="checkbox"/> 20__	\$ _____
Yearly overtime, commissions, and/or bonuses	\$ _____	3 years ago <input type="checkbox"/> 20__	\$ _____
	\$ _____	2 years ago <input type="checkbox"/> 20__	\$ _____
	\$ _____	Last year <input type="checkbox"/> 20__	\$ _____

**B. COMPUTATION OF CURRENT INCOME**

	<b><u>Plaintiff</u></b>	<b><u>Defendant</u></b>
Base Yearly Income	\$ _____	\$ _____
Average yearly overtime, commissions, and/or bonuses over last 3 years (from part A)	\$ _____	\$ _____

	<u><b>Plaintiff</b></u>	<u><b>Defendant</b></u>
Unemployment Compensation	\$ _____	\$ _____
Disability Benefits		
Workers' Compensation	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Retirement Benefits		
Social Security	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Spousal Support Received	\$ _____	\$ _____
Interest and dividend income ( <i>source</i> ) _____	\$ _____	\$ _____
Other income ( <i>type and source</i> ) _____	\$ _____	\$ _____
<b>TOTAL YEARLY INCOME</b>	\$ _____	\$ _____
Supplemental Security Income (SSI) and/or public assistance	\$ _____	\$ _____
Social Security or Veteran's benefits received for child(ren)		
<input type="checkbox"/> Based on parent's disability		
<input type="checkbox"/> Based on child's disability	\$ _____	\$ _____
Child support you receive from a child support enforcement agency or court order for minor and/or dependent child(ren) not of the marriage or relationship	\$ _____	\$ _____

**SECTION III – CHILDREN AND HOUSEHOLD RESIDENTS**

Minor and/or dependent child(ren) who is/are adopted or born from this marriage or relationship:

Name	Date of birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to the above child(ren):

Plaintiff/Petitioner 1 has \_\_\_\_\_ other minor biological or adopted child(ren).

Defendant/Petitioner 2 has \_\_\_\_\_ other minor biological or adopted child(ren). There is/are \_\_\_\_\_ adult(s) in your household.

**SECTION IV – EXPENSES**

List monthly expenses below for your present household.

**A. MONTHLY HOUSING EXPENSES**

Rent or first mortgage (including taxes and insurance)	\$ _____
Second mortgage/equity line of credit	\$ _____
Real estate taxes (if not included above)	\$ _____
Renter or homeowner's insurance (if not included above)	\$ _____
Homeowner or condominium association fee	\$ _____
Utilities	
◦ Electric	\$ _____
◦ Gas, fuel oil, propane	\$ _____
◦ Water and sewer	\$ _____
◦ Telephone and/or cell phone	\$ _____
◦ Trash collection	\$ _____
◦ Cable/satellite television	\$ _____
◦ Internet service	\$ _____
Cleaning	\$ _____
Lawn service and/or snow removal	\$ _____
Other: _____	\$ _____
_____	\$ _____
<b>TOTAL MONTHLY:</b>	<b>\$ _____</b>

**B. OTHER MONTHLY LIVING EXPENSES**

Food	
◦ Groceries (including food, paper, cleaning products, toiletries, and other)	\$ _____
◦ Restaurant	\$ _____
Transportation	
◦ Vehicle loan, lease	\$ _____
◦ Vehicle maintenance	\$ _____
◦ Gasoline	\$ _____

◦ Parking, public transportation	\$ _____
Clothing	
◦ Clothes (other than child(ren)'s)	\$ _____
◦ Dry cleaning and laundry	\$ _____
Personal grooming	
◦ Hair and nail care	\$ _____
◦ Other: _____	\$ _____
Other: _____	\$ _____
<b>TOTAL MONTHLY:</b>	<b>\$ _____</b>

**C. MONTHLY MINOR CHILD-RELATED EXPENSES**

(for child(ren) of the relationship)

Work and/or education-related child-care	\$ _____
Other child-care	\$ _____
Extraordinary parenting time travel cost	\$ _____
School tuition	\$ _____
School lunches	\$ _____
School supplies	\$ _____
Extracurricular activities and lessons	\$ _____
Clothing	\$ _____
Child(ren)'s allowances	\$ _____
Special and extraordinary needs of child(ren) (not included elsewhere)	\$ _____
Other: _____	\$ _____
<b>TOTAL MONTHLY:</b>	<b>\$ _____</b>

**D. MONTHLY INSURANCE PREMIUMS**

Life	\$ _____
Auto	\$ _____
Health	\$ _____
Disability	\$ _____
Other: _____	\$ _____
<b>TOTAL MONTHLY:</b>	<b>\$ _____</b>

**E. MONTHLY WORK AND EDUCATION EXPENSES FOR SELF**

Mandatory work expenses (union dues, uniforms, or other)	\$ _____
Additional income taxes paid (not deducted from wages)	\$ _____
Tuition	\$ _____
Books, fees, and other	\$ _____
College loan	\$ _____
Other: _____	\$ _____
_____	\$ _____
<b>TOTAL MONTHLY:</b>	<b>\$ _____</b>

**F. MONTHLY HEALTH CARE EXPENSES**

(not covered by insurance)

Physicians	\$ _____
Dentists and orthodontists	\$ _____
Optometrists and opticians	\$ _____
Prescriptions	\$ _____
Other: _____	\$ _____
<b>TOTAL MONTHLY:</b>	<b>\$ _____</b>

**G. MISCELLANEOUS MONTHLY EXPENSES**

Extraordinary obligations for other minor/handicapped child(ren) [for child(ren) who were not born of this marriage or relationship and were not adopted by these parties]	\$ _____
Child support for child(ren) who were not born of this marriage or relationship and were not adopted by these parties	\$ _____
Expenses paid for adult child(ren) or other dependent(s)	\$ _____
Spousal support paid to former spouse(s)	\$ _____
Subscriptions and books	\$ _____
Charitable contributions	\$ _____
Memberships (associations and clubs)	\$ _____
Travel and vacations	\$ _____
Pets	\$ _____
Gifts	\$ _____
Attorney fees	\$ _____



**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 or affirmed before me by \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

Commission Expiration Date: \_\_\_\_\_

(Affix Seal here)