

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

JUDGE TERRE L. VANDERVOORT

TEMPORARY CUSTODY

Attached is a form packet for a temporary custody procedure. By local rule, the Fairfield County Juvenile Court has adopted the following procedures in a temporary custody action where **all parties are in agreement**:

PLEASE NOTE: THIS WILL NOT BE ACCEPTED WITHOUT AGREEMENT BY BOTH PARENTS

- ◆ Once the attached documents are completed (***must be typewritten***), the same can be filed with the Fairfield County Juvenile Court between the hours of 8:00 a.m. to 4:00 p.m., Monday through Friday.
- ◆ A **\$250 filing fee** is required at the time of filing (*\$85 will be applied towards costs and the remaining will be placed on deposit for payment of the required home investigation. Any remaining funds will be refunded to the petitioner*).
- ◆ After the documents have been filed, the Court will schedule an initial hearing in approximately 3 weeks. The court's investigator will contact the petitioners to arrange a mutually convenient time prior to the hearing date to conduct a home investigation.
- ◆ If the home investigation is favorable, the Court will grant the entry for temporary custody, the same to be reviewed after one year.
- ◆ If the information on the documents is incomplete or the Court has questions concerning the information, an oral hearing will be scheduled and the parties will be required to attend.
- ◆ Upon granting an order for temporary custody, the Court will set a non-oral hearing to review the matter for the following year. Notice will be given to the parties. It will be the responsibility of the petitioners to file a request for extension of temporary custody (*attaching current waiver and consent of the parties*) prior to that review date. If a request for an extension is not filed, the Court will schedule an oral hearing for the parties to appear and advise the Court of the status of the child.
- ◆ If, at any time, any of the parties wish to dismiss the temporary custody, said request must be made in writing, signed and filed with the Court. The Court will schedule an oral hearing, at which the parties will be required to attend, prior to ruling on the request.
- ◆ If all parties are in agreement that the temporary custody order should be dismissed, a request must be made in writing, signed by all parties and filed with the Court. The Court will review the request and most likely grant the same. In some situations, the Court may first set the matter for an oral hearing.

CHECKLIST

For your convenience, please use our checklist to make sure everything is complete prior to filing with the Court.

- Documents are typewritten** (*Handwritten pleadings will not be accepted as all records are computer imaged and would not be legible*)
- All information blanks are filled in** (If something does not apply or is unknown please indicate)
- \$250 filing fee is attached**
- All signatures have been notarized**
- A waiver & consent is attached for each parent and petitioner**

IN THE COURT OF COMMON PLEAS, FAIRFIELD COUNTY, OHIO
JUVENILE DIVISION

JUDGE TERRE L. VANDERVOORT

IN THE MATTER OF:

CASE NO. _____

MINOR CHILD

ID NO.: _____

COMPLAINT FOR TEMPORARY CUSTODY

NOW COMES THE PETITIONER(S), _____

who state(s) the following:

1. The above-named minor child was born on _____ and the child's social security number is _____.
2. The child is related to/has a significant relationship with the Petitioner(s) as follows:

(grandparent, aunt, sibling, other)
3. This Court has jurisdiction pursuant to O.R.C. 2151.23(A)(2).
4. The required custody affidavit and child support worksheet are attached hereto and incorporated herein.
5. The parents of the child are:

MOTHER:		FATHER:	
ADDRESS:		ADDRESS:	
CITY:		CITY:	
STATE:	ZIP:	STATE:	ZIP:
SSN:	DOB:	SSN:	DOB:

6. The parents of the child are not able to provide for the proper care and support of this child and it is in the best interest of the child that said child be placed in the temporary care and custody of the Petitioner(s), subject to the continuing jurisdiction of this Court.
7. At the time of the preparation of this Complaint for Temporary Custody, the parents and the petitioners are in agreement that the petition should be granted.

IN THE COURT OF COMMON PLEAS, FAIRFIELD COUNTY, OHIO
JUVENILE DIVISION

JUDGE TERRE L. VANDERVOORT

IN THE MATTER OF:

CASE NO. _____

MINOR CHILD

CUSTODY AFFIDAVIT

I, _____, am the parent of the above-captioned child and being first duly sworn, state that:

Said child has lived at the following places with the following persons during the past five (5) years (*start with child's present address and work backwards*):

DATE FROM	DATE TO	LIVED WITH	RELATIONSHIP	ADDRESS (with city & state)

- I **have** **have not** participated as a party, witness or in any other capacity in any other case, in this state or any other state, regarding the custody of this child.
- I **do** **do not** have knowledge of any parenting, custody, visitation or support proceeding in this state or any other state
✓ If you do, state the name and address of the court _____

- I **do** **do not** know of any person that is not a party to this action that has physical custody of the child or claims to have parental rights, custody rights or visitation rights.
- I **do** **do not** currently receive financial support or medical benefits for this child.
✓ If so, please list amount and from whom: _____

I understand that, while this action is pending, I must inform the court if I learn of any other parenting action involving this child.

AFFIANT

COUNTY OF _____, STATE OF OHIO.

Sworn to and subscribed before me by _____ on _____ 20 ____ .

NOTARY PUBLIC/DEPUTY CLERK

IN THE COURT OF COMMON PLEAS, FAIRFIELD COUNTY, OHIO
JUVENILE DIVISION

JUDGE TERRE L. VANDERVOORT

IN THE MATTER OF:

CASE NO.: _____

MINOR CHILD

WAIVER OF SERVICE OF PETITION FOR TEMPORARY CUSTODY
& CONSENT TO TEMPORARY CUSTODY ORDER

We, the undersigned petitioner(s) and parent(s) of the above minor child, hereby voluntarily, of our own free will and accord, waive service of summons and formal notice of hearing and acknowledge that we have each received a copy of the Petition for Custody filed by the petitioner(s) wherein they are requesting that the above child be placed in the temporary legal care and custody of the petitioner(s), subject to the continuing jurisdiction of this Court.

Further, we, the undersigned parent(s) of the child, being 18 years of age or older, being under no physical or mental disability, and without threat or promises having been made to either of us, hereby voluntarily, of our own free will and accord, consent to the Court entering a Temporary Custody Decree placing said child in the temporary legal care and custody of the petitioner(s).

Signature of Petitioner

Signature of Petitioner

Address

City State Zip

Phone

Signature of Mother

Address

City State Zip

Phone Number

Signature of Father

Address

City State Zip

Phone

COUNTY OF _____, STATE OF OHIO, ss.

Before me, a notary public/deputy clerk, came _____,
_____, who being first duly sworn, did sign the foregoing
document as his/her/their free and voluntary act and deed on _____ 20 _____.

NOTARY PUBLIC/DEPUTY CLERK

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

CHILD SUPPORT INFORMATION FORM

CHILD FOR WHOM SUPPORT IS BEING COLLECTED

NAME:		CASE NO.	
DOB:	SSN:	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	RACE:

Support Order:\$ _____, plus processing as to: _____

Support Order:\$ _____, plus processing as to: _____

Date of Order: _____ Effective: _____

ORDER BY: JUDGE TERRE L. VANDERVOORT, Fairfield County Juvenile Court, Lancaster, Ohio 43130

CUSTODIAN

NAME:			
ADDRESS:			
CITY:		STATE:	ZIP:
HOME PHONE:	WORK PHONE:	CELL PHONE:	
SSN:	DOB:	RACE:	

MOTHER'S INFORMATION

NAME:			
ADDRESS:			
CITY:		STATE:	ZIP:
HOME PHONE:	WORK PHONE:	CELL PHONE:	
SSN:	DOB:	RACE:	
EMPLOYER:		DATE OF HIRE:	
ADDRESS:		CITY:	
STATE:	ZIP:	PHONE:	
INCOME:			

FATHER'S INFORMATION

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	WORK PHONE:	CELL PHONE:
SSN:	DOB:	RACE:
EMPLOYER:		DATE OF HIRE:
ADDRESS:		CITY:
STATE:	ZIP:	PHONE:
INCOME:		

MEDICAL INSURANCE INFORMATION

NAME OF INSURED:			
INSURANCE COMPANY:			
ADDRESS:			
CITY:		STATE:	ZIP:
POLICY NO.:	GROUP NO.:	PLAN TYPE:	START DATE:
INDIVIDUALS COVERED:			

INDIVIDUAL OR ATTORNEY SUBMITTING INFORMATION

_____	_____	_____
INDIVIDUAL	ATTORNEY	S. Ct. Reg. No.
_____	_____	_____
INDIVIDUAL	ADDRESS	
_____	_____	_____
	CITY	State
_____	_____	_____
	TELEPHONE	