

**PROTECTION ORDER NOTICE TO NCIC (Required fields appear in bold print)**

- ☐ Initial NCIC Form
 ☐ Amended NCIC Form
 ☐ Removal from NCIC  
☐ Service Completed (Law Enforcement Agency: If unchecked, presume Service Unknown)

Pursuant to Rules 10.01, 10.02, 10.03, and 10.05 of the Rules of Superintendence for the Courts of Ohio, this information shall be promptly entered into the National Crime Information Center index.

**SUBJECT NAME**

(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (M.I.) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 (STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

PHYSICAL DESCRIPTION: HGT \_\_\_\_\_ WGT \_\_\_\_\_ HAIR \_\_\_\_\_  
 EYES \_\_\_\_\_ RACE \_\_\_\_\_ SEX ☐ M ☐ F

**NUMERICAL IDENTIFIER (NOTE: Only ONE of the 4 numerical identifiers is needed.)**

1. SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 2. DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 3.\* DRIVER'S LIC. NO. \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION YR. \_\_\_\_\_  
 4.\* VEHICLE LIC. NO. \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION YR. \_\_\_\_\_

(\* If #3 or #4 is used as a numerical identifier, entire line MUST be completed.)

**BRADY DISQUALIFIERS:**

Pursuant to 18 U.S.C. 922(g)(8), a "yes" response to all three Brady questions disqualifies the subject from purchasing or possessing any firearms, including a rifle, pistol, revolver, or ammunition.

- Does the Order protect an intimate partner or child(ren)? ☐ YES ☐ NO
- Did the subject have notice of the hearing and opportunity to participate in the hearing regarding the Order? ☐ YES ☐ NO
- Does the Order find the subject a credible threat or explicitly prohibit physical force? ☐ YES ☐ NO

**CASE / ORDER NO.** \_\_\_\_\_ (15 DIGIT MAXIMUM) **Is order term of probation/ community control?** ☐ YES ☐ NO  
**COURT ORIGINATING AGENCY IDENTIFIER** \_\_\_\_\_ (9 DIGIT ORI ASSIGNED BY NCIC)

NAME OF JUDGE/MAGISTRATE \_\_\_\_\_

**DATE OF ORDER** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **EXPIRATION OF ORDER** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (IN R.C. 2919.26 AND 2903.213 CASES, "NONEXP" MAY BE USED)

**TERMS AND CONDITIONS OF ORDER (Mark all that are applicable):**

- ☐ 01 The subject is restrained from assaulting, threatening, abusing, harassing, following, interfering, or stalking the protected person and/or the child(ren) of the protected person.
- ☐ 02 The subject shall not threaten a member of the protected person's family or household.
- ☐ 03 The protected person is granted exclusive possession of the residence or household.
- ☐ 04 The subject is required to stay away from the residence, property, school, or place of employment of the protected person or other family or household member.
- ☐ 05 The subject is restrained from making any communication with the protected person, including but not limited to, personal, written, or telephone contact, or their employer, employees, or fellow workers, or others with whom the communication would be likely to cause annoyance or alarm the victim.
- ☐ 06 The subject has visitation or custody rights of the child(ren) named in this Order.
- ☐ 07 The subject is prohibited from possessing and/or purchasing a firearm or other weapon as identified in the Miscellaneous Field.
- ☐ 08 See the Miscellaneous Field for comments regarding the specific terms and conditions of this Order.  
Miscellaneous comments: \_\_\_\_\_

- ☐ 09 The protected person is awarded temporary exclusive custody of the child(ren) named.

OHP DATA

ONLY

#EPO

Subject's Name \_\_\_\_\_

Case/Order No. \_\_\_\_\_

**LIST ALL PROTECTED PERSONS** (Total of 9 allowed. **SSN is NOT necessary if DOB is given.**)**PROTECTED PERSON**

\_\_\_\_\_  
 (LAST) (FIRST) (M.I.)  
 DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_  
 SEX ☐ M ☐ F

**PROTECTED PERSON**

\_\_\_\_\_  
 (LAST) (FIRST) (M.I.)  
 DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_  
 SEX ☐ M ☐ F

**PROTECTED PERSON**

\_\_\_\_\_  
 (LAST) (FIRST) (M.I.)  
 DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_  
 SEX ☐ M ☐ F

**PROTECTED PERSON**

\_\_\_\_\_  
 (LAST) (FIRST) (M.I.)  
 DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_  
 SEX ☐ M ☐ F

**PROTECTED PERSON**

\_\_\_\_\_  
 (LAST) (FIRST) (M.I.)  
 DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_  
 SEX ☐ M ☐ F

**PROTECTED PERSON**

\_\_\_\_\_  
 (LAST) (FIRST) (M.I.)  
 DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_  
 SEX ☐ M ☐ F

**PROTECTED PERSON**

\_\_\_\_\_  
 (LAST) (FIRST) (M.I.)  
 DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_  
 SEX ☐ M ☐ F

**PROTECTED PERSON**

\_\_\_\_\_  
 (LAST) (FIRST) (M.I.)  
 DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_  
 SEX ☐ M ☐ F

**PROTECTED PERSON**

\_\_\_\_\_  
 (LAST) (FIRST) (M.I.)  
 DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_  
 SEX ☐ M ☐ F

Authorized by (signature): \_\_\_\_\_

\_\_\_\_\_  
 Judge/Magistrate (circle one)\_\_\_\_\_  
 Date

## IN THE COURT OF COMMON PLEAS

COUNTY, OHIO

Petitioner

Case No.

Judge/Magistrate

Address (Safe mailing address)

City, State, Zip Code

PETITION FOR DATING VIOLENCE CIVIL  
PROTECTION ORDER (R.C. 3113.31)

Date of Birth

v.

Respondent

Address (If home address unknown, put work  
address)

City, State, Zip Code

Date of Birth

**CHECK ALL BOXES THAT APPLY. IF YOU ARE ASKING FOR YOUR ADDRESS TO BE KEPT CONFIDENTIAL, PLEASE PUT A MAILING ADDRESS WHERE YOU CAN SAFELY RECEIVE MAIL. IF YOU ARE A PARTICIPANT IN THE SECRETARY OF STATE'S ADDRESS CONFIDENTIALITY PROGRAM, PLEASE USE THE P.O. BOX ADDRESS GIVEN TO YOU. THIS FORM IS A PUBLIC RECORD.**

☐ I need or a witness needs a foreign language interpreter in \_\_\_\_\_  
or an American Sign Language interpreter per Sup.R. 88.

1. I ☐ want ☐ do not want an **ex parte (emergency) protection order** per R.C. 3113.31. Petitioner further requests a full hearing trial be scheduled, even if the *ex parte* protection order is granted, denied, or not requested.
2. I am filing the Petition because I am in fear of continuing danger. I was 18 years old or older when the violence took place, and I am or was in a dating relationship with Respondent within one year before the violence took place.
- ☐ 3. I have listed below all family or household members who need protection other than me **(Leave blank if you are not seeking protection for other family or household members.)**

NAME	DATE OF BIRTH	RELATIONSHIP TO PETITIONER

4. Respondent committed an act of violence against me.
5. Respondent was 18 years old or older when the violence took place.
6. I have or had a romantic or intimate relationship with the Respondent.
7. My relationship with Respondent was **neither** a casual acquaintance **nor** an ordinary business or social relationship.
8. You **must** describe the relationship with Respondent. You may include: (If you need more space, attach an additional page.)
  - Whether you developed a special bond beyond a casual acquaintanceship or an ordinary business or social relationship
  - Length of the relationship with Respondent
  - Nature and frequency of contact with Respondent, including whether you had an intimate relationship with Respondent and communications that would show the relationship with Respondent was more than a casual acquaintanceship or an ordinary business or social relationship
  - Expectations about the relationship with Respondent
  - Statements or conduct by Respondent or you that could show to the Court the depth of or commitment to the relationship
  - Any other reason or explanation to prove the dating relationship

---

---

---

---

---

---

---

---

---

---

9. You **must** describe Respondent's threats or actions that made you afraid. When did it happen (if you do not know exact dates, give approximate dates)? Explain why you believe you are in danger. **If you need more space, attach an additional page.**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

10. You may want to describe, **if you want and know**, about any of the following. Not describing these items in the Petition does not mean dating violence did not happen. **If you need more space, attach an additional page.**

- Respondent's history of domestic violence or other violent acts
- Respondent's history of violating court orders
- Respondent's mental health
- Respondent's threats to other persons
- Respondent's access to deadly weapons, firearms, and ammunition or use of deadly weapons and acts or threats of violence with deadly weapon
- Respondent's abuse of alcohol or controlled substances (drugs)
- Respondent's violence resulted in serious physical injury, forced sex, strangulation (or choking), abuse during pregnancy, abuse of the family's pet, and/or forced entry to gain access to Petitioner or Petitioner's family and household members
- Recent separation from Respondent or relationship was recently terminated
- Respondent's obsessive and controlling behaviors, including stalking, spying, following, and/or isolating you (Petitioner)
- Respondent's threats to kill self or others

---

---

---

---

---

---

---

---

11. Petitioner further requests that the Court grant relief under R.C. 3113.31 to protect Petitioner and/or the family or household members named in this Petition from domestic violence by granting a civil protection order that: (Check all boxes that apply.)

- ☐ a. Directs Respondent to not abuse Petitioner and the family or household members named in this Petition by harming, attempting to harm, threatening, following, stalking, harassing, forcing sexual relations upon them, or by committing sexually oriented offenses against them.
- ☐ b. Directs Respondent to not enter, approach, or contact by any means the residence, school, business, and place of employment of Petitioner and the family or household members named in this Petition.
- ☐ c. Directs Respondent to not approach or have contact by any means with Petitioner and the family or household members named in this Petition.
- ☐ d. Directs Respondent to not remove, damage, hide, harm, or dispose of any companion animals or pets owned or possessed by Petitioner.
- ☐ e. Grants Petitioner permission to take Petitioner's pets or companion animals, as described below, away from the possession of Respondent:

---

---

---

- ☐ f. Directs Respondent to complete counseling, substance abuse counseling, or other treatment or intervention as determined necessary by the Court.

- ☐g. Directs the wireless service provider to separate Petitioner's account from Respondent's account, per R.C. 3113.45 to 3113.459. Petitioner will assume all financial responsibility for any costs associated with the wireless service number and any costs for the device associated with the wireless service number. The Respondent's billing telephone number is \_\_\_\_\_.

Petitioner's contact information is on page 1 of this Petition. The wireless service numbers to be transferred to Petitioner which are used by Petitioner or the minor children in the care of Petitioner is:

---

---

- ☐h. Includes the following additional provisions:

---

---

12. Petitioner further requests that the Court issue no mutual protection orders or other orders against Petitioner unless all of the conditions of R.C. 3113.31(E)(4) are met.
13. Petitioner further requests that if Petitioner has a victim advocate, the Court permit the victim advocate to accompany Petitioner at all stages of these proceedings as required by R.C. 3113.31(M).
14. Petitioner further requests at the ex parte hearing or full hearing that the Court grant such other relief as the Court considers equitable and fair, including orders or directives to law enforcement.
15. Petitioner has listed court cases (including children service/CPS case, animal cruelty, sexually oriented offense, no contact order, and protection order) and other legal matters regarding Respondent which may relate to this case: (If you need more space, attach an additional page.)

CASE NAME	CASE NUMBER	COURT/COUNTY	TYPE OF CASE	RESULT OF CASE

I swear or affirm that the answers above are true, complete, and accurate to the best of my knowledge. I understand that making false statements in this document may result in a contempt of court finding against me, which could result in a jail sentence and fine, and may also subject me to criminal penalties for perjury under R.C. 2921.11.

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
DATE

**IF YOU DO NOT HAVE AN ATTORNEY, PLEASE LEAVE THE INFORMATION BELOW BLANK.**

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Attorney's Registration Number

\_\_\_\_\_  
Name of Attorney

\_\_\_\_\_  
Attorney's Telephone

\_\_\_\_\_  
Attorney's Address

\_\_\_\_\_  
Attorney's Fax

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

\_\_\_\_\_  
Attorney's Email

IN THE COURT OF COMMON PLEAS

COUNTY, OHIO

Petitioner

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

v.

: Judge/Magistrate \_\_\_\_\_

Respondent

:

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Pursuant to Civ.R. 65.1(C)(2), please serve Respondent a copy of the Petition, ex parte protection order, if granted, and any other accompanying documents to the address below and as follows:

☐ Personal service

☐ Certified Mail, Return Receipt Requested

☐ Other (specify) \_\_\_\_\_

☐ Other (address): \_\_\_\_\_

☐ Personal Service

☐ Certified Mail, Return Receipt Requested

☐ Other (specify) \_\_\_\_\_

SPECIAL INSTRUCTIONS TO SHERIFF:

SIGNATURE OF ATTORNEY OR PETITIONER

RETURN OF SERVICE

Respondent was served on \_\_\_\_\_ .

Officer and Badge Number

Law Enforcement Agency

Date

CLERK'S CERTIFICATE OF MAILING

Service of Process was sent by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ .

Attest: \_\_\_\_\_ Deputy Clerk

## IN THE COURT OF COMMON PLEAS

COUNTY, OHIO

**Order of Protection**

Per R.C. 3113.31(F)(3), this Order is indexed at

Case No.

Judge/Magistrate

State

**OHIO**

LAW ENFORCEMENT AGENCY WHERE INDEXED

( ) -

PHONE NUMBER

**PETITIONER:**

--	--	--

First

Middle

Last

**v.****DATING VIOLENCE CIVIL PROTECTION ORDER  
(DTCPO) EX PARTE (R.C. 3113.31)****PERSON(S) PROTECTED BY THIS ORDER:**

Petitioner: \_\_\_\_\_

DOB: \_\_\_\_\_

Petitioner's Family or Household Members:

(☐ Additional forms attached.)

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

**RESPONDENT:**

--	--	--

First

Middle

Last

**RESPONDENT IDENTIFIERS**

SEX	RACE	HGT	WGT
EYES	HAIR	DOB	
DRIVER'S LIC. NO.	EXP. DATE	STATE	

Petitioner is or was in a dating relationship with Respondent within 12 months preceding the conduct resulting in this Order being requested.

Address where Respondent can be found:

Distinguishing features:

**☐ WARNING TO LAW ENFORCEMENT: RESPONDENT HAS FIREARMS ACCESS – PROCEED WITH CAUTION**

Violence Against Women Act, 18 U.S.C. 2265, Federal Full Faith &amp; Credit Declaration: Registration of this Order is not required for enforcement.

**THE COURT HEREBY FINDS:**

That it has jurisdiction over the parties and subject matter, and Respondent will be provided with reasonable notice and opportunity to be heard within the time required by Ohio law. **Additional findings of this Order are set forth below.**

**THE COURT HEREBY ORDERS:**

That the above named Respondent be restrained from committing acts of abuse or threats of abuse against Petitioner and other protected persons named in this Order. **Additional terms of this Order are set forth below.**

The terms of this Order shall be effective until

/ /

**UNLESS EXTENDED BY SEPARATE ENTRY.****WARNING TO RESPONDENT: See the warning page attached to the front of this Order.**





are likely to be, **even with a protected person's permission**. If Respondent accidentally comes in contact with protected persons in any public or private place, Respondent must depart *immediately*. This Order includes encounters on public and private roads, highways, and thoroughfares. [NCIC 04]

- ☐ 3. **RESPONDENT SHALL NOT INITIATE OR HAVE ANY CONTACT** with the protected persons named in this Order or their residences, businesses, places of employment, schools, day care centers, or child care providers. Contact includes, but is not limited to, landline, cordless, cellular or digital telephone; text; instant messaging; fax; e-mail; voicemail; delivery service; social media; blogging; writings; electronic communications; posting a message; or communications by any other means directly or through another person. Respondent may not violate this Order **even with the permission of a protected person**. [NCIC 05]
- ☐ 4. **RESPONDENT SHALL NOT** use any form of electronic surveillance on protected persons.
- ☐ 5. **RESPONDENT SHALL NOT REMOVE, DAMAGE, HIDE, OR DISPOSE OF ANY PROPERTY, COMPANION ANIMALS, OR PETS** owned or possessed by the protected persons named in this Order.
- ☐ 6. **THE PETITIONER IS AUTHORIZED TO REMOVE THE FOLLOWING COMPANION ANIMALS OR PETS** owned by Petitioner, from the possession of Respondent:

---

Exchange of the listed companion animals or pets shall take place as follows:

---



---

- ☐ 7. **RESPONDENT SHALL NOT CAUSE OR ENCOURAGE ANY PERSON** to do any act prohibited by this Order.
- ☐ 8. **RESPONDENT SHALL NOT POSSESS, USE, CARRY, OR OBTAIN ANY DEADLY WEAPON** at any time while the Order remains in effect in order to bring about a cessation of violence. Furthermore, Respondent may be subject to firearms and ammunition restrictions pursuant to 18 U.S.C. 922(g)(1) through (9), 18 U.S.C. 922(n), or R.C. 2923.13. [NCIC 07]

**RESPONDENT IS EXCEPTED** only for official use pursuant to 18 U.S.C. 925(a)(1), if no other firearms and ammunition prohibitions apply.

- ☐ 9. **RESPONDENT SHALL TURN OVER ALL DEADLY WEAPONS** owned by Respondent or in Respondent's possession to the law enforcement agency that serves Respondent with this Order no later than \_\_\_\_\_ or as follows: \_\_\_\_\_
- 
- 

Any law enforcement agency is authorized to accept possession of deadly weapons pursuant to this paragraph and hold them in protective custody for the duration of this Order. [NCIC 07]

Law enforcement shall immediately notify the Court upon receiving Respondent's deadly weapons for protective custody as set forth in this Order.

Upon the expiration or termination of this Order and if a full hearing order is not issued or consent agreement approved, Respondent may reclaim any deadly weapons held in protective custody by law enforcement pursuant to this Order unless Respondent is otherwise disqualified as verified by a check of the NCIC protection order file.

10. **RESPONDENT'S CONCEALED CARRY WEAPON LICENSE**, if any, is now subject to R.C. 2923.128.

- ☐ 11. **RESPONDENT SHALL NOT USE OR POSSESS** ☐ alcohol or ☐ illegal drugs.

- ☐ 12. **RESPONDENT SHALL NOT INTERFERE** with wireless service transfer, prevent the functionality of a device on the network, or incur further contractual or financial obligations related to the transferred numbers.

Wireless service rights to and billing responsibility for the wireless service number or numbers in use by the Petitioner or any minor children in the care of the Petitioner shall be transferred to Petitioner by separate order, Wireless Service Transfer Order (Form 10-E).

- ☐ 13. **IT IS FURTHER ORDERED:** [NCIC 08]

---



---



---



---

14. **ALL DISCOVERY SHALL STRICTLY COMPLY** with Civ.R. 65.1(D).
15. **THE CLERK OF COURT SHALL CAUSE A COPY OF THE PETITION, THIS ORDER, AND ANY OTHER ACCOMPANYING DOCUMENT** to be served on the Respondent as set forth in Civ.R. 65.1(C)(2). The Clerk of Court shall also provide copies of the Petition and certified copies of this Order to Petitioner upon request.
16. **THIS ORDER DOES NOT EXPIRE** because of a failure to serve notice of the full hearing upon the Respondent before the date set for the full hearing or because the Court grants a continuance, as set forth in R.C. 3113.31(D)(2)(b).
17. **IT IS FURTHER ORDERED THAT NO COSTS OR FEES SHALL BE ASSESSED AGAINST THE PETITIONER** for filing, issuing, registering, modifying, enforcing, dismissing, withdrawing, serving this protection order, or subpoenaing witnesses or obtaining a certified copy of this protection order. This Order is granted without bond.

**IT IS SO ORDERED.**

\_\_\_\_\_  
JUDGE/MAGISTRATE

**NOTICE TO RESPONDENT**

**NO PERSON PROTECTED BY THIS ORDER CAN GIVE YOU LEGAL PERMISSION TO CHANGE OR VIOLATE THE TERMS OF THIS ORDER. IF YOU VIOLATE ANY TERM OF THIS ORDER EVEN WITH THE PROTECTED PERSON'S PERMISSION, YOU MAY BE HELD IN CONTEMPT OR ARRESTED. ONLY THE COURT CAN CHANGE THIS ORDER. YOU ACT AT YOUR OWN RISK IF YOU DISREGARD THIS WARNING.**

**A FULL HEARING** on this Order, and on all other issues raised by the Petition, shall be held before Judge or Magistrate:

\_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

at \_\_\_\_\_ a.m./p.m. at the following location:

**On the day of the Full Hearing, come prepared to (1) tell the Court what happened, (2) bring with you any witnesses, evidence, and documentation to prove your case, and (3) be aware that the other party or party's attorney may ask you questions. If you do not have an attorney, you may ask for a brief continuance to obtain an attorney per R.C. 3113.31(D)(2)(a)(iii) or you may represent yourself.**

**Parties do not have to give discovery, answer questions, or give information to the other party or the other party's lawyer unless ordered by judge or magistrate (Civ.R. 65.1(D)(2)).**

**TO THE CLERK:**

**A COPY OF PETITION, THIS ORDER, AND ANY OTHER ACCOMPANYING DOCUMENTS SHALL BE SERVED ON RESPONDENT PURSUANT TO CIV.R. 65.1(C)(2):**

**COPIES OF THIS ORDER AND ANY OTHER ACCOMPANYING DOCUMENTS SHALL BE DELIVERED TO:**

- ☐ Petitioner
- ☐ Petitioner's Attorney
- ☐ Law Enforcement Agency Where Petitioner Resides:
- ☐ Sheriff's Office: \_\_\_\_\_
- ☐ Law Enforcement Agency Where Petitioner Works: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

IN THE \_\_\_\_\_ COURT  
\_\_\_\_\_  
COUNTY, OHIO

Petitioner \_\_\_\_\_

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

v.

Judge: \_\_\_\_\_

Respondent \_\_\_\_\_

**INFORMATION FOR PARENTING  
PROCEEDING AFFIDAVIT (R.C. 3127.23)**

**(Filed with Form 10.01-D: Petition for  
Domestic Violence Civil Protection Order)**

Use this form if you are requesting a parenting (custody or visitation) order in your Domestic Violence Civil Protection Order Petition (Form 10.01-D). If another court is already addressing or has addressed custody issues involving the children, custody and visitation issues may be handled in that case. By law, this form **must** be filed and served with the first pleading filed by each party in every parenting (custody or visitation) proceeding in this Court including a Petition for a Domestic Violence Civil Protection Order. **If you need more space, attach an additional page.**

I (full legal name) \_\_\_\_\_,  
state under oath or affirmation that these cases involve the custody of a child or children and the following statements are true:

1. ☐ Pursuant to R.C. 3127.23(D), I am requesting that the Court not disclose my current address or that of the children. My address is confidential and should be placed under seal because my health, safety, or liberty or that of the children would be jeopardized by the disclosure of the identifying information.
2. \_\_\_\_\_ (number) Minor children are subject to this case as follows:

(NOTE: Provide residence information for the last FIVE years.)

a. Child's Name:		Date of Birth:	
Period of Residence		Address (Do not list your address if confidential)	Person with whom Child Lived and Relationship to Child

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

to present	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		
to	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		
to	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		
to	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		
<b>b. Child's Name:</b>		<b>Date of Birth:</b>	
<input type="checkbox"/> Check this box if the information requested below is the same as above.			
<b>Period of Residence</b>		<b>Address (Do not list your address if confidential)</b>	<b>Person with whom Child Lived and Relationship to Child</b>
to present	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		
to	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		

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

to	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		
to	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		

<b>c. Child's Name:</b>		<b>Date of Birth:</b>	
<input type="checkbox"/> Check this box if the information requested below is the same as above.			
<b>Period of Residence</b>		<b>Address (Do not list your address if confidential)</b>	<b>Person with whom Child Lived and Relationship to Child</b>
to present	<input type="checkbox"/> Address Confidential		
to	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		
to	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		
to	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		

- d.** List additional children on a page titled **Attachment 2(d)**. (Provide the following information for each additional child: name, date of birth, person with whom the child lived and child's relationship to the person, address, unless confidential, and dates when the child lived in that place with that person.)

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

**3. Participation in custody case(s): (check only one)**

- ☐ 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 of court order or judgment (if any): \_\_\_\_\_

**4. Information about custody case(s): (check only one)**

- ☐ I **HAVE NO INFORMATION** of any cases that could affect the current case, 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 any child subject to this case, other than listed in Paragraph 3. Explain:

a. Name of each child \_\_\_\_\_

b. Type of case \_\_\_\_\_

c. Court and State \_\_\_\_\_

d. Date of court order or judgment (if any): \_\_\_\_\_

5. 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 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/STATE/ COUNTY	TYPE OF CASE	RESULT OF CASE

**6. Persons not a party to this case:**

- ☐ I **DO NOT KNOW OF ANY PERSON who is** not a party to this case and who has physical custody or claims to have custody or visitation rights with respect to any child subject to this case.



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

- ☐ **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 and address of person \_\_\_\_\_  
has ☐ physical custody ☐ claims custody rights ☐ claims visitation rights.  
Name of each child \_\_\_\_\_

b. Name and address of person \_\_\_\_\_  
☐ has physical custody ☐ claims custody rights ☐ claims visitation rights.  
Name of each child \_\_\_\_\_

c. Name and address of person \_\_\_\_\_  
has ☐ physical custody ☐ claims custody rights ☐ claims visitation rights.  
Name of each child \_\_\_\_\_

7. **I have a continuing duty to inform this Court of any child custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or domestic violence case concerning the children in this state or in any other state that could affect the current case.**

**OATH OR AFFIRMATION**

I swear or affirm that the answers above are true, complete, and accurate to the best of my knowledge. I understand that making false statements in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and may also subject me to criminal penalties for perjury under R.C. 2921.11.

**DO NOT SIGN THE FORM UNLESS YOU ARE IN FRONT OF THE PERSON WHO WILL NOTARIZE THE PARENTING PROCEEDING AFFIDAVIT FOR YOU.**

\_\_\_\_\_  
**Signature of Petitioner**

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**