

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

JUDGE RICK RODGER

IN THE MATTER OF:

CHILD (1) NAME

CHILD (2) NAME

CHILD (3) NAME

CHILD (4) NAME

Minor Child(ren)

Case No.: _____

MOTION TO INTERVENE

Juv.R. 2(BB), Civ.R. 24

NOW comes _____ [Name(s)], Petitioner(s),
who respectfully request this Court grant them leave to intervene and name them as a party
(parties) to this matter pursuant to Juv.R. 2(BB) and Civ.R. 24(B), as applicable.

Petitioner(s) seek(s) to intervene in the action(s) to file [Describe Motion, Pleadings]:

Petitioner(s) state(s) that their relationship to the minor child(ren) is [Describe]:

_____ [#] additional pages attached.

Petitioner(s) further state that [Mark as appropriate]:

- Since _____ [Date], in the absence of the minor child(ren)'s natural parents, the Petitioner(s) assumed care and control of the child(ren) and exercised parental rights, duties and responsibilities for the benefit of the child(ren).
- A court granted the Petitioner(s) custodial or visitation rights to the child(ren) on _____ [Date]. A certified copy of that court order is submitted herewith.
- It is in the child(ren)'s best interests that Petitioner(s) be permitted to intervene, because [Describe]:

_____ [#] additional pages attached.

Respectfully Submitted,

Petitioner (1) Signature

Petitioner (2) Signature

Petitioner (1) Typed Name

Petitioner (2) Typed Name

Petitioner(s) Address

Petitioner (1) Phone

Petitioner (2) Phone

Petitioner (1) Email

Petitioner (2) Email

CERTIFICATE OF SERVICE

I/We, the undersigned Petitioner(s), certify that on _____ [DATE], I/we served copies of the foregoing motion (and attachments, if any) upon all parties and counsel of record for this matter, by the method indicated below.

Petitioner (1) Signature

Petitioner (2) Signature

Mark as appropriate. If a party is represented by an attorney, serve their attorney.

Party Name (and Attorney Name, if represented): _____
Address: _____
Method: U.S. Mail Certified Mail Other [SPECIFY]: _____

Party Name (and Attorney Name, if represented): _____
Address: _____
Method: U.S. Mail Certified Mail Other [SPECIFY]: _____

Party Name (and Attorney Name, if represented): _____
Address: _____
Method: U.S. Mail Certified Mail Other [SPECIFY]: _____

Party Name (and Attorney Name, if represented): _____
Address: _____
Method: U.S. Mail Certified Mail Other [SPECIFY]: _____

Party Name (and Attorney Name, if represented): _____
Address: _____
Method: U.S. Mail Certified Mail Other [SPECIFY]: _____

Union County Human Services/ DJFS/Children’s Services By: U.S. Mail Juvenile Clerk’s Office In-box
 Other [SPECIFY]: _____

Union County CSEA By: U.S. Mail Juvenile Clerk’s Office In-box
 Other [SPECIFY]: _____

CASA and/or GAL By: U.S. Mail Juvenile Clerk’s Office In-box
 Other [SPECIFY]: _____

Union County Prosecuting Attorney By: U.S. Mail Juvenile Clerk’s Office In-box
 Other [SPECIFY]: _____

[ATTACH ADDITIONAL PAGES TO INDICATE ADDITIONAL CERTIFICATIONS OF SERVICE, IF NECESSARY]