

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

JUDGE RICK RODGER

PETITIONER (1) NAME

PETITIONER (2) NAME

ADDRESS

CITY, STATE, ZIP

Petitioner(s)

Case No.:

v.

RESPONDENT (1) NAME

ADDRESS

CITY, STATE, ZIP

and

RESPONDENT (2) NAME

ADDRESS

CITY, STATE, ZIP

and

RESPONDENT (3) NAME

ADDRESS

CITY, STATE, ZIP

Respondent(s)

**NON-PARENT MOTION
FOR CHANGE OF PARENTAL
RIGHTS AND RESPONSIBILITIES
(CUSTODY)**

NOW comes _____ [Name(s)],
Petitioner(s), who hereby request(s) a change in the allocation of parental rights and
responsibilities (custody) order issued by the Union County Juvenile Court on
_____ [Date] regarding the following minor child(ren):

Child (1) Name: _____ **DOB:** _____

Child (2) Name: _____ **DOB:** _____

Child (3) Name: _____ **DOB:** _____

Child (4) Name: _____ **DOB:** _____

Parental rights and responsibilities are currently allocated as follows [Describe]:

_____ [#] additional pages attached.

Since the Court issued the existing order, the circumstances of the child(ren), residential
parent, or legal custodian(s) have changed as follows [Describe]:

_____ [#] additional pages attached.

Petitioner(s) state that they can provide evidence to this Court that the parent(s)/custodian(s) of the child(ren) [Mark as appropriate]:

- abandoned the child(ren).
- contractually relinquished custody of the child(ren).
- is/are totally unable to provide care or support for the child(ren).
- is/are otherwise unsuitable such that an award of custody to the parent(s) would be detrimental to the child(ren).

Therefore, Petitioner(s) request(s) that this Court modify the existing order as follows [Mark as appropriate]:

- Designate the Petitioner(s) as the legal custodian(s) of the child(ren).
- Order reasonable parenting time (visitation) for the parent(s) of the children.
- Calculate and order child support for the care and support of the child(ren).
- Allocate the income tax dependency exemption(s).
- Determine responsible parties to provide health insurance coverage for the child(ren) and for payment of any uncovered medical expenses.

Petitioner(s) further state that said changes are in the child(ren)'s best interest.

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

AFFIDAVIT

I _____ [Petitioner (1)], hereby swear or affirm under penalty of perjury that I have read the foregoing Motion and to the best of my knowledge and belief, the facts and information stated herein are true, accurate and complete without material omission.

FURTHER, THE AFFIANT SAYETH NAUGHT.

Signature of Petitioner 1*

**Sign before Notary Public.*

STATE OF OHIO

}

SS:

COUNTY OF _____

}

The Affiant, either known personally to me or having provided sufficient identification, appeared before me and following oath or affirmation administered, signed this Affidavit in my presence on this _____ day of _____, 20_____.

Signature of Notary Public

My Commission Expires: _____

[SEAL]

AFFIDAVIT

I _____ [Petitioner (2)], hereby swear or affirm under penalty of perjury that I have read the foregoing Motion and to the best of my knowledge and belief, the facts and information stated herein are true, accurate and complete without material omission.

FURTHER, THE AFFIANT SAYETH NAUGHT.

Signature of Petitioner 2*

**Sign before Notary Public.*

STATE OF OHIO

}

SS:

COUNTY OF _____

}

The Affiant, either known personally to me or having provided sufficient identification, appeared before me and following oath or affirmation administered, signed this Affidavit in my presence on this _____ day of _____, 20_____.

Signature of Notary Public

My Commission Expires: _____

[SEAL]