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

IN	THE MATTER OF: Case No(s).
(JUV	NILE'S NAME)
	MOTION FOR PERMISSION TO TRAVEL
	NOW comes [NAME], the Juvenile
[M	RK ONE] \square Parent \square Guardian \square Legal Custodian, who respectfully requests that the Cou
pei	nit the child to travel under the terms as described below:
1.	Purpose for Travel:
2.	Departure Date/Time:
3.	Return Date/Time:
4.	Method of Travel:
5.	Destination/location where child will be staying:
6.	If destination is a private residence, name of owner/lessee who resides in that residence:
7.	As to absence from school for travel [MARK ONE]:
	\square My child will not be absent from school.
	☐ My child will be absent from school for [NUMBER] days. I will communicate with my child's teachers and ensure any missed work is completed as required.
	Child's School and Grade:

8.	As to my child's supervision [MARK ONE] during this time:						
	\square I will be traveling with and personally supervise my child.						
	☐ I will not be traveling with my child, but will authorize the following adult(s) to supervise, who can be reached by phone at any time, as follows:						
	[NAME OF ADULT]	[PHONE NUMBER]					
	[NAME OF ADULT]	[PHONE NUMBER]					
	[NAME OF ADULT]	[PHONE NUMBER]					
	I have informed the named adult(s) that they must assist my child to abide by Court orders and the terms of Juvenile Probation, and that they shall inform me immediately if any circumstances arise that may violate or have violated those orders. The named adult(s) are not subject to parole or probation.						
9.		or custody decree, I share legal custody of the ll rights or responsibilities to the child. I will serve ents) upon the other parent.					
10.	. I am filing this request \square with [OR] \square without the assistance of legal counsel.						
11.	[IF APPLICABLE] My child's attorney is/wa	as:					
12.	[IF APPLICABLE] My attorney for this mat	ter is/was:					
13.	[IF APPLICABLE] \square I attached [NUMBER] of pages in support of this motion.						
	I am filing this motion to request the C	Court's permission for my child to travel under the					
terr	ns as I have described above, and for no o	ther reason. I am willing to appear for a hearing if					
the	Court deems that a hearing is necessary to	o consider this motion.					
	Respectfully Submitted,						
		(APPLICANT'S SIGNATURE)					
		(PRINT NAME)					
		(RELATIONSHIP TO CHILD)					
		(APPLICANT'S PHONE NUMBER)					
		(APPLICANT'S EMAIL ADDRESS)					

CERTIFICATE OF SERVICE

I, the undersigned applicant, o	ertify tha	t on				_ [DATE], I
served copies of the foregoing m	otion (aı	nd attachments,	if any)	upon	the	following
persons/parties/agencies:						
☐ Union County Prosecutor's Office, by	placing sa	me in Juvenile Cou	ırt in-box.			
☐ Juvenile Probation Dept./Officer,			_ [NAME],	by [CHO	OOSE (ONE]:
☐ Juvenile Court in-box				-		
☐ Personal Delivery on [DATE]:						
\square Other [SPECIFY METHOD]:						
☐ Other Parent,			[NAME]	by [CH	OOSE	ONE]:
☐ U.S. Mail to [ADDRESS]:						
\square Personal Delivery to Other Parent	on [date]:					
\square Other [SPECIFY METHOD]:						
☐ Juvenile's Attorney,			_[NAME], by [CHOOSE ONE]:			
\square Juvenile Court in-box						
\square Personal Delivery on [DATE]:						
\square Other [SPECIFY METHOD]:						
		,[NAME/AGE	ENCY], b	у [сн	OOSE ONE]:
\square Juvenile Court in-box						
\square U.S. Mail to [ADDRESS]:						
\square Personal Delivery on [DATE]:						
\Box Other [SPECIFY METHOD]:						
		, [NA	ME/AGENC	Y], by [CHOO	SE ONE]:
\square Juvenile Court in-box						
\square U.S. Mail to [ADDRESS]:						
\square Personal Delivery on [DATE]:						
\square Other [SPECIFY METHOD]:						
		APPLICANT'S SIGNATU	JRE			