

# INSTRUCTIONS

**FOR USE ON *MOTION FOR CONTEMPT FOR*  
(1) INTERFERENCE WITH PARENTING / VISITATION ORDERS  
and/or  
(2) FAILURE TO PAY CHILD SUPPORT**

## **GENERAL INFORMATION**

This *Motion for Contempt* packet contains several fill-in-the-blank forms which must be completed before your request will be considered by the Court. The forms are mandatory and must be completed **in full** before the Clerk may accept the packet. These forms are being provided for you as a convenience. They are not a substitute to you having legal advice; therefore, you may wish to consult with an attorney prior to filing.

No one at the Court is permitted to give you legal advice, fill out the forms for you, or tell you how the forms are to be completed.

## **AFFIDAVIT**

The affidavit must be completed in full. You only need to fill out one affidavit per case. The affidavit must be notarized **before** turning the packet in for filing.

## **REQUEST FOR SERVICE**

If any parent of the child or any person having rights to custody or visitation is not in agreement with all aspects of the motion for contempt, a request for service must be completed and filed. Normally certified mail is used; however, you may elect to have service made by a private process server or by the county sheriff of the county in which the person resides. If you are requesting service by other than certified mail, you must make prior arrangements with the process server. You may be charged additional costs for these services.

## **SUMMONS**

You do not need to fill this form out. Upon filing of the motion for contempt the Clerk of Courts will assign a court date. Please mark this date on your calendar. You are expected to be prompt and dress appropriately, meaning no shorts, cutoffs, tank tops, etc.

## **APPLICATION FOR CHILD SUPPORT SERVICES**

This form must be filled out and will be sent to the Warren County Child Support Enforcement Agency (CSEA). This form does not obligate you to accept CSEA services and is required by law in any custody, visitation, or support case. Please fill out the form completely and sign at the bottom of the second page. Questions regarding this form should be directed to the CSEA at 513.695.1580.

## **OTHER REQUIREMENTS**

At the time of filing, a fee of \$75.00 must be paid (plus service fees if personal service is requested). Personal checks are not accepted.



3.  Failure to pay spousal support, as required by the order filed on \_\_\_\_\_ (date) and the total arrearage owed is \$ \_\_\_\_\_  
*(Bring to the hearing an up-to-date printout from the County Child Support Enforcement Agency or other independent proof showing the amount owed to you.)*
4.  Payment or reimbursement of health care expenses incurred for the minor child(ren). Attach an Explanation of Health Care Bills and bring to the hearing the following documents:
- a. Copies of each bill for which you seek reimbursement;
  - b. Proof of payment by you. Proof of payment may include a receipt for payment signed by the health care provider, a copy of a cancelled check, or a copy of a credit card statement verifying the amount paid; and
  - c. Explanation of Benefits forms showing payment made by the health insurance carrier.
5. Costs and any other relief as necessary and proper are also requested.

\_\_\_\_\_  
 Your Signature

\_\_\_\_\_  
 Telephone number at which the Court may reach you or at which messages may be left for you

**OATH** (Do not sign until Notary is present.)

I, \_\_\_\_\_ (name), swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

\_\_\_\_\_  
 Your Signature

Sworn before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public  
 My Commission Expires: \_\_\_\_\_

**STATE OF OHIO, WARREN COUNTY  
COMMON PLEAS COURT  
JUVENILE DIVISION**

IN THE MATTER OF:

\_\_\_\_\_  
A Minor

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Street Address

: Judge Joseph W. Kirby

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

Plaintiff/Petitioner

: Magistrate \_\_\_\_\_

vs./and

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

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

Defendant/Petitioner

**Instructions:** This form is used to bring the other party to Court to defend his/her failure to follow the court order. A Motion for Contempt and Affidavit must be filed with this order.

**SHOW CAUSE ORDER, NOTICE AND INSTRUCTIONS TO THE CLERK**

TO: \_\_\_\_\_  
PLAINTIFF/PETITIONER

TO: \_\_\_\_\_  
DEFENDANT/PETITIONER

You are hereby ORDERED to appear and show cause why you should not be held in contempt for failure to obey the court order as described in the Motion you are now receiving.

**COURT**

(The Court will complete this part.)

You are ORDERED to appear in  
the

Juvenile Division, in Courtroom Warren County Common Pleas Court  
located at 900 Memorial Drive, Lebanon, Ohio 45036

on \_\_\_\_\_ at \_\_\_\_\_ o'clock and show cause why you  
should not be held in contempt of this Court.

**NOTICE**

1. Failure to appear as ordered may result in the issuance of a bench warrant for an immediate arrest.
2. Failure to appear may result in an immediate income withholding or deduction.
3. You have the right to be represented by an attorney.
4. If you cannot afford an attorney, you must apply for a public defender or appointed counsel, as appropriate, within three business days after receipt of this show cause order.
5. A continuance may not be granted to obtain counsel if you have made no good faith effort to secure one.
6. If found guilty, you may be sentenced as follows:
  - a. First offense – a fine of not more than \$250.00 and/or a definite term of imprisonment of not more than thirty days in jail or both.
  - b. Second offense – a fine of not more than \$500.00 and/or a definite term of imprisonment of not more than sixty days in jail or both.
  - c. Third offense – a fine of not more than \$1,000.00 and/or a definite term of imprisonment of not more than ninety days in jail or both.

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

**INSTRUCTIONS TO THE CLERK**

You are directed to serve this Order along with the Motion for Contempt and Affidavit to the

Defendant/Petitioner or  Plaintiff/Petitioner by:

Certified Mail, Return Receipt Requested

Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service

Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Your Signature



CAROLYN A. DUVELIUS  
JENNA L. SEITZ  
JEFFREY W. STUEVE  
MEGAN M. DAVENPORT  
Magistrates



LAURA A. SCHNECKER  
Court Administrator

JOHN C. KASPAR  
Staff Attorney/Mediator

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**In the Matter of:** \_\_\_\_\_

**Case No:** \_\_\_\_\_

**RE: Contact Information of All Interested Parties**

**Name & Relationship to Child:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Name & Relationship to Child:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Name & Relationship to Child:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Name & Relationship to Child:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Probate Division  
513.695.1180  
513.695.2945 (Fax)

Juvenile Division  
513.695.1160  
513.695.2948 (Fax)

Detention Center  
513.695.1393  
513.695.1394 (Fax)

Mary Haven  
513.695.1366  
513.695.1839 (Fax)