

**IN THE COURT OF COMMON PLEAS**  
**DOMESTIC RELATIONS Division**  


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**GREENE COUNTY, OHIO**

Name	:	Case No. _____
Street Address	:	
City, State and Zip Code	:	Judge <u>MARTIN</u>
Plaintiff/Petitioner	:	Magistrate _____
vs.	:	
Name	:	<b><u>MOTION FOR CHANGE OF CHILD SUPPORT,</u></b>
Street Address	:	<b><u>MEDICAL SUPPORT, TAX EXEMPTION, OR OTHER</u></b>
City, State and Zip Code	:	<b><u>CHILD-RELATED EXPENSES AND MEMORANDUM</u></b>
Defendant/Petitioner	:	<b><u>IN SUPPORT</u></b>

I, \_\_\_\_\_ (name), request this Court change my obligation to provide support or my right to receive support for the minor child(ren) as follows (check all that apply):

1. The amount of child support to be paid each month. The change I want the Court to order is:
  
2. The person responsible for providing health insurance for the child(ren). The change I want the Court to order is:

3. The amount of non-insured health care expenses of the minor child(ren) that I have to pay.  
The change I want the Court to order is:

4. The person who can claim the child(ren) as tax dependents. The change I want the Court to order is:

5. Other child-related expenses. The change I want the Court to order is:

6. The circumstances have changed since the Court issued the existing order. The change in  
circumstances and any other reason for the requested change are as follows:

7. I believe that the requested changes are in the child(ren)'s best interests.

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Signature

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Typed or Printed Name

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Address Line 1

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Address Line 2

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Phone Number With Area Code

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Email Address

**IN THE COURT OF COMMON PLEAS, GREENE COUNTY, OHIO  
DOMESTIC RELATIONS DIVISION**

Name: \_\_\_\_\_,

CASE NO. \_\_\_\_\_

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

**JUDGE MARTIN**

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

**MAGISTRATE \_\_\_\_\_**

**PLAINTIFF/PETITIONER 1**

vs.

Name: \_\_\_\_\_,

**AFFIDAVIT OF FINANCIAL**

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

**DISCLOSURE**

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

**DEFENDANT/PETITIONER 2**

**STATE OF OHIO, SS:**

Now comes, \_\_\_\_\_, affiant herein, and having been duly cautioned and sworn, states that he/she has been advised that this affidavit may be used for any or all of the following purposes: (1) to make complete disclosure of affiant's income, liabilities, and expenses; (2) to assist in determining orders of support when applicable.

**TEMPORARY ORDERS**

I do not request a temporary order

I request a temporary order for     Custody     Child Support     Spousal Support

**OTHER ACTIVE CASES**

A Domestic Violence Order:                      Case No.

A Juvenile Court Case:                              Case No.

An Administrative Child Support Case:              SETS No.

Bankruptcy Case:                                      Case No.

**Date of Marriage:** \_\_\_\_\_

**Date of Separation:** \_\_\_\_\_

<b>PLAINTIFF/PETITIONER 1'S INCOME</b>		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name: _____		
<b>A. GROSS YEARLY INCOME FROM EMPLOYMENT</b>		
Base Yearly Wages	\$ _____	
<b>B. OTHER YEARLY INCOME</b>		
Interest/Dividend Income	\$ _____	
Unemployment Compensation	\$ _____	
Worker's Compensation	\$ _____	
Social Security or Other Disability Benefits	\$ _____	
Gross Self-Employment Income	\$ _____	
Ordinary & Necessary Business Expenses	\$ _____	
Retirement in Pay Status	\$ _____	
<b>C. OVERTIME, COMMISSION, AND BONUSES (Past 3 Year History; Year 3 is Most Recent)</b>		
Year 1, 20____ \$ _____	Year 2, 20____ \$ _____	Year 3, 20____ \$ _____
<b>TOTAL YEARLY INCOME FROM ALL SOURCES (A + B + Average of C)</b>		\$ _____

<b>DEFENDANT/PETITIONER 2'S INCOME</b>		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name: _____		
<b>A. GROSS YEARLY INCOME FROM EMPLOYMENT</b>		
Base Yearly Wages	\$ _____	
<b>B. OTHER YEARLY INCOME</b>		
Interest/Dividend Income	\$ _____	
Unemployment Compensation	\$ _____	
Worker's Compensation	\$ _____	
Social Security or Other Disability Benefits	\$ _____	
Gross Self-Employment Income	\$ _____	
Ordinary & Necessary Business Expenses	\$ _____	
Retirement in Pay Status	\$ _____	
<b>C. OVERTIME, COMMISSION, AND BONUSES (Past 3 Year History; Year 3 is Most Recent)</b>		
Year 1, 20____ \$ _____	Year 2, 20____ \$ _____	Year 3, 20____ \$ _____
<b>TOTAL YEARLY INCOME FROM ALL SOURCES (A + B + Average of C)</b>		\$ _____

## OTHER ASSETS & LUMP SUM INCOME

1. Describe income sources listed in Section B (i.e. disability income, interests or dividend income, rentals, annuities, etc.) Attach additional pages if needed.

Name & Address of Source:	Identifying Description:	Income or Benefits:

2. List any lump sum income (bonus, gifts, inheritance, etc.) in excess of \$500, expected to be received within the next six (6) months, not otherwise listed in this affidavit. Attach additional pages if needed.

<b>Source:</b>	<b>Value: \$</b>
<b>Source:</b>	<b>Value: \$</b>

3. List all funds on deposit in any and all accounts in any bank, savings & loan, credit union, regulated investment company, mutual fund or other financial institution. Account includes any of the following: checking, certificate of deposit ('CD'), investment, savings, retirement/pension accounts, IRA's, stock options, etc. Attach additional pages if needed.

Name & Address of Institution	Last 4 Digits of Account #	Name(s) on Account	Balance

4. Real Estate

Address of Property	Name(s) on Deed	Present Value

<b>MINOR AND/OR DEPENDENT CHILDREN OF THIS MARRIAGE</b>		
<b>Child's Name:</b>	<b>Child's DOB:</b>	<b>Child Resides With:</b>

<b>INFORMATION REGARDING CHILDREN NOT OF THIS MARRIAGE</b>		
	<b>Plaintiff/Petitioner 1</b>	<b>Defendant/Petitioner 2</b>
Number of Other Biological or Adopted Minor Children NOT of this marriage, NOT stepchildren		
Spousal Support Paid to a Former Spouse	\$	\$

<b>CHILD CARE EXPENSES</b>	
Does either party pay employment or school-related child care expenses for the minor child(ren) of this marriage?	
Plaintiff/Petitioner 1	<input type="checkbox"/> Yes <input type="checkbox"/> No \$_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Defendant/Petitioner 2	<input type="checkbox"/> Yes <input type="checkbox"/> No \$_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

<b>HEALTH INSURANCE Group Health Insurance Available for Dependent Children</b>	
Are your children currently enrolled in a low-income, government-assisted health care program (Medicaid/CareSource)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is either party enrolled in an individual (non-group or COBRA) health insurance plan?	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Neither
If neither party is enrolled, is health insurance available through a group (employer or other organization)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the available insurer cover primary services within 30 miles of the child's home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If a party is enrolled in a health insurance plan through a group or individual insurance plan:</b>	
Name of Parent Providing Health Insurance: _____	
Employee Cost for Insurance: \$_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Type of Coverage: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____	
<b>*If health insurance is provided, attach a copy of the front and back of the insurance card</b>	

## AFFIANT'S MONTHLY EXPENSES

List your ACTUAL expenses for your present household. If you expect changes in your expenses soon, attach a separate sheet with your ESTIMATED expenses. If you are living with your parents or someone is helping you with your living expenses, provide the

Person's Name: \_\_\_\_\_ The Amount of Support Provided: \$ \_\_\_\_\_

### MONTHLY EXPENSES: HOUSING

1. Rent or Mortgage (including taxes and insurance)	\$
2. Utilities:	
Gas & Electric (level billing or average per month)	\$
Water & Sewer	\$
Cell Phone (# of Phones on Plan _____)	\$
Trash Collection	\$
Other: _____	\$

**HOUSING TOTAL: \$ \_\_\_\_\_**

### MONTHLY EXPENSES: OTHER

1. Grocery (include food, laundry & cleaning products, toiletries, etc.)	\$
2. Gasoline & Oil	\$
3. Car Repairs	\$
4. Insurance (Life/Auto/Renter's)	\$
5. Medical (not covered by insurance)	\$
6. Clothing	\$
7. Internet/Cable/TV Subscription	\$
8. Other: _____	\$

**OTHER TOTAL: \$ \_\_\_\_\_**

### MONTHLY DEBT PAYMENTS (Do not list expenses previously listed in Section A. Attach additional pages if needed.)

To Whom Paid (Write the name(s) account is under)	Purpose/Security (For car loans, write model & who drives it)	Monthly Payment	Total Balance Due
		\$	\$
		\$	\$
		\$	\$

**MONTHLY DEBT PAYMENTS TOTAL: \$ \_\_\_\_\_**

**GRAND TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_**

Affiant states that the information contained herein and attached hereto, is complete and accurate to the best of his/her information, knowledge, or belief under penalty of law.

- \_\_\_\_\_  
 **Signature of Affiant Plaintiff/Petitioner 1**  
 **Signature of Affiant Defendant/Petitioner 2**

**Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_,**  
**\_\_\_\_\_.**

\_\_\_\_\_  
**Notary Public Signature**

**My Commission Expires:** \_\_\_\_\_

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\_\_\_\_\_  
**Signature of Attorney for** \_\_\_\_\_

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone #**

\_\_\_\_\_  
**Supreme Court #**



**IN THE COURT OF COMMON PLEAS, GREENE COUNTY, OHIO  
DOMESTIC RELATIONS DIVISION**

\_\_\_\_\_

**PLAINTIFF**

v.

\_\_\_\_\_

**DEFENDANT**

**CASE NO.** \_\_\_\_\_

**JUDGE MARTIN**

**MAGISTRATE** \_\_\_\_\_

**NOTICE OF HEARING**

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**PLEASE TAKE NOTICE THAT THE** Motion for Change of Child Support will be heard on the \_\_\_\_\_ day of \_\_\_\_\_, **20**\_\_, at \_\_\_\_\_ **AM/PM** before **Judge/Magistrate** \_\_\_\_\_ in the Greene County Court of Common Pleas, Division of Domestic Relations, 595 Ledbetter Road; Xenia, Ohio 45385.

The party filing for the child support modification shall contact the Child Support Enforcement Agency and obtain an audit of their child support account prior to the hearing scheduled herein. Failure to obtain an audit will result in the case being continued or dismissed.

*Failure to appear as scheduled herein at the appointed time and date may result in the case proceeding without your attendance, dismissal of your pleadings/motions, or other appropriate sanctions.*

\_\_\_\_\_  
**Assignment Commissioner**

**Service of Copy Upon:**

\_\_\_\_\_  
(Plaintiff/1<sup>st</sup> Petitioner Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(Defendant/2<sup>nd</sup> Petitioner Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Email Address)



**GREENE COUNTY CLERK OF COURTS  
ANDREW J. WILLIAMS, Clerk**

**INSTRUCTIONS FOR SERVICE**

**TO:** THE GREENE COUNTY CLERK OF COURTS

**CASE NO.** \_\_\_\_\_

YOU ARE INSTRUCTED TO MAKE SERVICE BY (select method):

PERSONAL     CERTIFIED MAIL     REGULAR MAIL

OTHER \_\_\_\_\_

**UPON:**

**NAME:** \_\_\_\_\_

**ADDRESS:**

**SPECIAL INSTRUCTIONS FOR SERVER:** Please serve the above party with a copy of the:  
Motion for Change of Child Support, Affidavit of Financial Disclosure, and Notice of Hearing

**Attorney/Pro Se:** \_\_\_\_\_  
(Sign here)