

INSTRUCTIONS FOR FILING A MOTION AFTER TERMINATION OF THE MARRIAGE WITH MINOR CHILDREN

You must print clearly or type the information that you fill out for each case. If the forms are not completely filled out, the Court will not accept the forms for filing. If you do not know an answer, you must state "unknown". Once the clerk has given your case a case number, you will use that case number in all documents that are filed in this case.

The filing fees for court costs for a post termination motion are \$250. The above filing fees are deposits for court costs. Court costs in your case may be more or less than the deposit. The Court will decide who pays the court costs at the end of the case.

If you do not have funds to pay the filing fee, you must complete the "Motion to File Without Payment of Costs" papers, **Court Form 1**, which must be signed in front of a notary and then notarized by the notary public, and the Court will then determine whether you qualify to have the filing fee waived. It is possible that you will still have to pay the court costs, in whole or part, at the end of the hearing.

Praeipce for Service - The Praeipce for Service must be completed by you at the time that you file your court documents. Service of process (the way that the person(s) receive a copy of the court papers that you are filing at this time) is one of the most important procedures which you must decide at the beginning of the legal action. All necessary parties must be served with the court documents that you are about to file. It is your responsibility to make sure that the documents are served on the other party(ies). You may choose to have the documents served by 1. Certified mail or 2. personal service, usually by the county sheriff where the person resides. If the certified mail is returned unclaimed, then you may attempt service by regular mail. All costs for service will be added to the court costs and or the filing fees.

Child Custody Affidavit Form - Court Form 6 In all cases where there are minor children, unless this form is completed, **YOUR CASE WILL NOT BE SET FOR HEARING**. This form is required by law to be completed and submitted to the court at the time that the complaint for divorce, the petition for dissolution or the motion for change of custody is filed. All questions must be answered. When you list where the child has lived for the last five years, please start with the most recent address and work backwards. Answer all questions. This form must be signed in front of a notary public who will notarize this before it is filed with the court.

IV-D Application – In all cases where there are minor children and child support will be ordered and/or health insurance will be provided, the person receiving the child support or health insurance must sign and complete the IV-D application if an application has not already been signed and filed with the SCCSEA.

Post Decree Motions include:

Motion for Modification of Child Support/Health Insurance Order

You must have completed the following:

1. The Motion for Change of Parenting Time and Affidavit in Support or Memorandum in Support of your motion;
 2. The Classification form, **Court form 2**;
 3. The Affidavit of Income and Expenses, which must be signed in front of a notary and then notarized by the notary public, **Court form 4**;
 4. The Health Insurance Information Worksheet, **Court form 5**,
 5. The Child Custody Affidavit, which must be signed in front of a notary and then notarized by the notary public, **Court form 6**;
 6. The Praeipce for Service
 7. Completed IV-D application signed by the party receiving child support or insurance
- You must provide the Clerk of Courts the original and four copies of all the above.

Form: Motion for Modification of Child Support/Health Insurance Order

IN THE COMMON PLEAS COURT OF SENECA COUNTY
DOMESTIC RELATIONS DIVISION

Name

Case No. _____

Street address

City and state

DOB: _____

Plaintiff

vs

Judge _____

Name

Street address

City and state

DOB: _____

Defendant

**MOTION FOR MODIFICATION OF
CHILD SUPPORT/HEALTH INSURANCE
ORDER**

1. This day, the undersigned party, _____ requests this Court to modify the prior child support orders as to the following minor children:

DOB: _____ SSN: ***-**-_____

DOB: _____ SSN: ***-**-_____

DOB: _____ SSN: ***-**-_____

2. The prior Court order as to child support was filed on _____ (date) and Orders _____ to pay \$_____ per month per child beginning _____ (date).

3. The prior Court order requires _____ to provide private health insurance and should be modified as follows: _____

4. A change has occurred since the last court hearing which requires that the child support be modified as explained in the attached affidavit.

5. The modification is in the best interest of the child(ren).

6. I have attached an arrearage print out from the SCCSEA.

7. _____

Therefore, I am asking that the court modify the prior orders and for such other relief as the Court may determine is just and proper.

Your signature

Your phone number (optional)

Affidavit

State of Ohio)

County of _____) SS:

The following changes have occurred since the last court hearing: _____

Because of these changes, I am asking the Court to modify the prior Orders. These modifications are in the best interest of my child(ren).

I swear that the above statements are true and accurate to the best of my knowledge and belief.

Your signature

Print name

Your phone number, optional

Sworn to and signed in my presence this _____, 200__.

Notary public

My commission expires:

NOTE: This must be notarized before this will be accepted by the clerk of courts for filing and four copies filed with this original.