

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

_____))
Name))
_____))
Address))
_____))
City, State, Zip))
_____))
Phone Number))
_____))
Email Address))
 Plaintiff/Petitioner))
_____))
 -vs.-))
_____))
Name))
_____))
Address))
_____))
City, State, Zip))
_____))
Phone Number))
_____))
Email Address))
 Defendant/Petitioner/Respondent))
_____))
Name))
_____))
Address))
_____))
City, State, Zip))
_____))
Phone Number))
_____))
Email Address))
 Third Party))

CASE NO. _____
SETS NO. _____
JUDGE _____
MAGISTRATE _____

POST-DECREE MOTIONS

NOTICE OF HEARING

_____ requests this Court to make the following Order(s):

- Provide legal custody to non-parent (attach Parenting Affidavit)
- Return legal custody to parent (attach Parenting Affidavit and attach prior Court Order)
- Reallocation of parental rights and responsibilities (attach Parenting Affidavit and Financial Affidavit)
- Modification of companionship time schedule (Attach Parenting Affidavit)
- Visitation /companionship with the minor child(ren) (Attach Parenting Affidavit)
- Modification of child support, health care provisions, and tax dependency exemption (attach Financial Affidavit)*
- Enforcement of a prior Court Order dated _____ regarding _____
- Child support arrearages**
- Health care arrearages***
- Attorney fees and costs

Other (explain) _____

I believe I am entitled to the relief requested because (state with particularity the grounds for the motion)

Signature of Party
Telephone Number _____

NOTICE OF HEARING

A Hearing shall be held before Magistrate _____, on the _____ day of _____, 20____, at _____m., at the Summit County Domestic Relations Court, 205 South High Street, 3rd Floor, Akron, Ohio 44308.

Signature of Party

- * You must subpoena employers for wage information such as W2 for each party and have three (3) years of tax returns or any other relevant information. You also need verification of child care and health insurance costs.
- ** You must subpoena CSEA to be present at the hearing and bring the records.
- *** You must submit an Explanation of Medical Bills Form (available at Court or on website drcourt.org/forms) and bring copies of insurance processing and recent bills.