

**SUMMIT COUNTY COURT OF COMMON PLEAS  
DOMESTIC RELATIONS DIVISION**

**New Case Designation Form  
LEGAL CUSTODY**

Case No.: _____
Sets No.: _____

**INSTRUCTIONS:** Pursuant to the Summit County Court of Common Pleas-Domestic Relations Division order filed on March 1, 2007, this form must be completed and submitted with any new cause of action filed with the Summit County Clerk of Courts. **You must include an email address for court correspondence.**

<b>Previous Domestic Relations Case?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Previous Case Number:</i> _____ <i>Previous Judge:</i> _____
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<b>Proposed Legal Custodian(s) - Petitioner(s)</b>	<b>Attorney for Petitioners</b>
First Name: _____ MI: _____ Last Name: _____ Suffix: _____ Address: _____ City: _____ State: _____ Zip: _____ DOB: _____ Telephone #: _____ Email (REQUIRED): _____	First Name: _____ MI: _____ Last Name: _____ Suffix: _____ Address: _____ City: _____ State: _____ Zip: _____ DOB: _____ Telephone #: _____ Email (REQUIRED): _____
<b>Mother</b>	<b>Attorney for Mother</b>
First Name: _____ MI: _____ Last Name: _____ Suffix: _____ Address: _____ City: _____ State: _____ Zip: _____ DOB: _____ Telephone #: _____ Email (REQUIRED): _____	First Name: _____ MI: _____ Last Name: _____ Suffix: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone #: _____ Email (REQUIRED): _____
<b>Father</b>	<b>Attorney for Father</b>
First Name: _____ MI: _____ Last Name: _____ Suffix: _____ Address: _____ City: _____ State: _____ Zip: _____ DOB: _____ Telephone #: _____ Email (REQUIRED): _____	First Name: _____ MI: _____ Last Name: _____ Suffix: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone #: _____ Email (REQUIRED): _____

Current Custodian if not Parent	Attorney for Current Custodian
First Name: _____ MI: _____ Last Name: _____ Suffix: _____ Address: _____ City: _____ State: _____ Zip: _____ DOB: _____ Telephone #: _____ Email (REQUIRED): _____	First Name: _____ MI: _____ Last Name: _____ Suffix: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone #: _____ Email (REQUIRED): _____

**Child Information**

1 <sup>st</sup> Child Name: _____ Address: _____	DOB: _____ CITY: _____ STATE: _____ ZIP: _____
2 <sup>nd</sup> Child Name: _____ Address: _____	DOB: _____ CITY: _____ STATE: _____ ZIP: _____
3 <sup>rd</sup> Child Name: _____ Address: _____	DOB: _____ CITY: _____ STATE: _____ ZIP: _____
4 <sup>th</sup> Child Name: _____ Address: _____	DOB: _____ CITY: _____ STATE: _____ ZIP: _____