

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

PLAINTIFF / PETITIONER 1

Address

City, State, Zip Code

Phone Email

vs.

DEFENDANT / PETITIONER 2

Address

City, State, Zip Code

Phone Email

THIRD PARTY

Address

City, State, Zip Code

Phone Email

Case No. _____

Sets No. _____

Judge _____

Magistrate _____

MOTION FOR CONTEMPT

NOTICE OF HEARING

**WARNING: This form is not a substitute for the benefit of the advice of legal counsel.
It is highly recommended that you consult an attorney.**

Instructions: This form is used to request the enforcement of a Court Order and hold the other party in contempt for violating the Court Order. A proposed Show Cause Order and Notice (Domestic Relations FORM 25) must be filed with this Motion, along with a completed and notarized Affidavit FORM 24(2) and a Request for Service FORM 31. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

MOTION FOR CONTEMPT

1. Now comes _____ (name), the Movant, and requests an order for _____ (other party's name), to appear and show cause why he/she should not be held in contempt for violating a Court order regarding the following (check all that apply):

- a. Interference with parenting time or other parenting orders filed on _____ (date), as follows:

- b. Failure to pay child support as required by the Order filed on _____ (date). The total arrearage owed is \$_____ (**attach printout from the Summit County Child Support Enforcement Agency**).

- c. Failure to pay spousal support as required by the Order filed on _____ (date). The total arrearage owed is \$_____ (**attach printout from the Summit County Child Support Enforcement Agency, if spousal support is paid through the agency**).

- d. Failure to pay or reimburse health care expenses incurred for the minor child(ren) as required by the Order filed on _____ (date). The total amount owed is \$_____.
(attach Explanation of Health Care Bills Uniform Domestic Relations Form 29, available at Court or on website drcourt.org/forms, and bring to the Hearing copies of insurance processing and recent bills.

- e. Failure to comply with the Court's Order(s) filed on _____ (date) regarding [Check all that apply]:
 - Transfer of real estate, as follows:

 - Payment of debt, as follows:

 - Refinance of debt, as follows:

 - Distribution of personal property, as follows:

Other (specify):

2. The applicable Order was issued on _____. It states that (**attach applicable Order**):

3. Movant requests that the Court order the following [check all that apply]:

- Finding (other party's name) _____ in contempt of Court;
- Assessing reasonable attorney fees;
- Assessing Court costs of the proceedings; and
any other further relief the Court deems proper.

Attorney or Self Represented Party Signature

Printed Name

Address

City, State, Zip

Phone Number

E-Mail

Supreme Court Reg. No. (if any)

You must complete Affidavit Form 24(2) and have it Notarized.

- You are required to go to the 2nd Floor Scheduling Department, or call (330) 643-2365, to schedule a Hearing before the Magistrate, or your Motion will NOT be addressed by the Court. Fill in the Magistrate, date, and time of Hearing below.**
- You are also required to serve the other party a copy of this Motion. Failure to do so will result in the Hearing being continued.**

NOTICE OF HEARING

A Hearing for this Motion shall be held before Magistrate / Judge _____, on the _____ day of _____, 20____, at _____ .M., at the Summit County Domestic Relations Court, 205 South High Street, _____ Floor, Akron Ohio 44308.

Signature of Party