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

CASE NO
SETS NO.
шрск
JUDGE
MAGISTRATE
POST-DECREE MOTIONS
AND
NOTICE OF HEARING
lren.
as follows:
Date of Birth:

3.	I,		request this Court to make the following parenting			
	Orde	er(s):				
	□ P	Permit	to intervene as a Third Party in this case.			
	□ <b>P</b> :	Provide legal custody to non-parent (	(attach Parenting Affidavit)			
	$\Box$ R	☐ Return legal custody to parent (attach Parenting Affidavit and attach prior Court Order)				
		Reallocation of parental rights and re	sponsibilities (attach Parenting Affidavit and Financial			
	□ <b>M</b>	Modification of companionship time	schedule (attach Parenting Affidavit)			
	$\Box$ V	□ Visitation /companionship with the minor child(ren) (attach Parenting Affidavit)				
		Request to Terminate <b>Shared Paren</b> Responsibilities ( <b>attach most recent</b>	ting Plan (SPP) and Reallocation of Parental Rights and t SPP)			
4.	Pare	ental rights and responsibilities are c	urrently allocated as follows (check one box):			
	□ L	egal custody to	<del>.</del>			
		Shared Parenting between Parent 1)	and (Parent 2)			
	(I	Parenting Plan between Parent 1) Parent 2 or Third Party/ies)	and 			
5.	<u>Pare</u>	enting Time				
	a.	Pursuant to Order filed follows:	(date), the current parenting time schedule is as			

b.	Movant requests that the Court modify the parenting time schedule because:
c.	Movant requests that the Court modify the parenting time schedule to:
I,	request this Court to make the following other Order(s):
	odification/Termination of child support, health care provisions, and tax dependency semption (attach Financial Affidavit)
<u>Pl</u>	ease bring to the Hearing: wage information - W2's for each party, most recent paystubs, three (3) years of tax returns and any other relevant information. Bring verification of child care and health insurance costs.
	ou are to be present at the Hearing and bring associated records.
(at	ealth care arrearages stach an Explanation of Medical Bills Form 29 [available at Court or on website court.org/forms] and bring copies of insurance processing and recent bills.)
□Мо	edification/Termination of Spousal Support (attach most recent order)
	forcement of a prior Court Order dated regarding ttach Order)
□ Oth	ner (explain):
_	
I belie	eve I am entitled to the relief requested because (state with particularity the grounds for the on):

8.	☐ Movant believes that the requested chang	ges are in the child(ren)'s best in	nterest(s).
9.	☐ Attorney fees and costs.		
		Attorney or Self Represe	nted Party Signature
		Printed Name	
		Address	
		City, State, Zip	
		Phone Number	E-Mail
1.	You are required to go to the 2 <sup>nd</sup> Floor	Supreme Court Reg. No. (i Scheduling Department, or ca	
1.	You are required to go to the 2 <sup>nd</sup> Floor schedule a Hearing before the Magistra Court. Fill in the Magistrate, date, and t	Scheduling Department, or cate, or your Motion will NOT	all <u>(330) 643-2365</u> , to
<ol> <li>2.</li> </ol>	schedule a Hearing before the Magistra	Scheduling Department, or cate, or your Motion will NOT ime of Hearing below.	all <u>(330) 643-2365</u> , to be addressed by the
	schedule a Hearing before the Magistra Court. Fill in the Magistrate, date, and t You are also required to serve the other result in the Hearing being continued.	Scheduling Department, or cate, or your Motion will NOT ime of Hearing below.	all <u>(330) 643-2365</u> , to be addressed by the
2.	schedule a Hearing before the Magistra Court. Fill in the Magistrate, date, and t You are also required to serve the other result in the Hearing being continued.	Scheduling Department, or cate, or your Motion will NOT ime of Hearing below.  party a copy of this Motion.  OF HEARING	all (330) 643-2365, to be addressed by the Failure to do so will
2. A H	schedule a Hearing before the Magistra Court. Fill in the Magistrate, date, and t You are also required to serve the other result in the Hearing being continued.  NOTICE ( Hearing shall be held before Magistrate	Scheduling Department, or cate, or your Motion will NOT ime of Hearing below.  party a copy of this Motion.  DF HEARING	all (330) 643-2365, to be addressed by the Failure to do so will on the day of
2. A H	schedule a Hearing before the Magistra Court. Fill in the Magistrate, date, and t You are also required to serve the other result in the Hearing being continued.  NOTICE ( Hearing shall be held before Magistrate	Scheduling Department, or cate, or your Motion will NOT ime of Hearing below.  party a copy of this Motion.  DF HEARING	all (330) 643-2365, to be addressed by the Failure to do so will on the day of