#### **Seneca County Juvenile Court**

Judge Jay A. Meyer 103 E. Market St.; Tiffin, Ohio 44883; (419) 447-4912

#### Instructions for Pro Se Filings

Attached is a form motion requesting that a party be held in contempt for failure to follow a court order. These instructions are intended to be a general guide to help you fill out the forms to be filed with the court, served on the opposing party, and get your request properly heard by the Judge/Magistrate. These instructions are not intended to provide a legal analysis of your request or indicate whether you will or will not win your motion, but merely to assist you with preparing and presenting your request to the Court.

#### **FILLING OUT THE FORMS:**

- 1. You should fill out the forms <u>before</u> you come to the Court to file them. Other than telling you the proper case number and caption, the clerks can't help you complete the forms, or answer any legal questions for you.
- 2. You must complete all forms in their entirety and to the best of your ability. Failure to complete and file <u>all</u> attached documents may result in your filing being returned to you with no action being taken. You must type or print your responses in blue or black ink.
- 3. In the AFFIDAVIT IN SUPPORT describe the reason(s) you have for wanting the other party to be held in contempt of court for failure to obey a court order. You should be specific, but brief. You should write down what the other party did or did not do that you believe violated a written court order. You do not have to go into detail but do be specific enough that the other party will know from reading your motion why you want the hearing. A COPY OF THE COURT ORDER AT ISSUE MAY BE ATTACHED TO YOUR MOTION.

#### 4. You must sign the MOTION in front of a Notary.

- 5. Under the words "Request for Service" print the party's name, street address, city, state and zip in the spaces provided. You MUST have the party's valid address for the Clerk's office to be able to serve the motion. If you do not have a valid address for the other party please don't try to file this motion. The Court has no authority to grant your motion unless the other party has been served with a copy of it and has been given an opportunity to be heard.
- 6. The filing fee for this action is \$163.00 per case and is due at the time of filing. There may be additional Sheriff Fees that you will be responsible for at the conclusion of the hearings.

Make sure all forms are properly filled out and notarized. <u>The Clerks cannot notarize your paperwork.</u>

Ohio Revised Code 4705.01 prohibits the Juvenile Court from giving legal advice or from helping you prepare legal papers in a new or pending case in this or any Court.

## IN THE COURT OF COMMON PLEAS, SENECA COUNTY, OHIO JUVENILE DIVISION JUDGE JAY A. MEYER

In the Matter of:	
TO BE FILLED IN BY THE COURT	Case No: TO BE FILLED IN BY THE COURT SETS No
TO BE FILLED IN BY THE COURT Plaintiff VS.	Case No: TO BE FILLED IN BY THE COURT SETS No
TO BE FILLED IN BY THE COURT  Defendant	
	FFIDAVIT FOR CONTEMPT ************************************
I	(your name) requests an order for
	(other party's name) to appear and
show cause why they should not be he	ld in contempt for violating a Court Order and a
finding of contempt for violating the C	Court Order regarding the following: (Check all that
apply)	
1)Interference with parentin	g time (Visitation) Order filed on(date)
2)Failure to pay child suppo	rt as required by the Order filed on(date)

3)Payment or reimbursement of health care expenses incurred for the minor	
child(ren). Attach an explanation of Health Care Bills and bring to the hearing	
the following documents:	
a. Copies of each bill for which you seek reimbursement.	
b. Proof of payment by you. Proof of payment may include a receipt	
signed by the health care provider, a copy of a cancelled check, or a	
copy of a credit card statement.	
c. Explanation of benefits forms showing payment made by the health	
insurance carrier.	
4)OTHER	_
	_
5)Costs and any other relief as necessary and proper are also requested.	
AFFIDAVIT IN SUPPORT	
The facts upon which this request is made are as follows:	
Attach additional sheet if necessar	y.

### DO NOT SIGN UNTIL A NOTARY IS PRESENT.

I, being duly sworn, depose and state that I have read the forgoing document and that all the information and allegations contained herein are true.		
Your Signature	Date	
Printed Name		
Sworn and subscribed in my presence this	day of	20
	Notary Public My commission	expires

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In the Matter of:	
	Case No:
TO BE FILLED IN BY THE COURT	TO BE FILLED IN BY THE COURT
	SETS No
	Case No:
TO BE FILLED IN BY THE COURT	TO BE FILLED IN BY THE COURT
Plaintiff	SETS No
VS.	
	·
TO BE FILLED IN BY THE COURT  Defendant	
	MIECT EOD CEDVICE
	QUEST FOR SERVICE ************************************
TO THE CLEDY.	
TO THE CLERK:	M-4:
Please serve the foregoing	Motion and all associated papers on the following:
Name:	
Address:	
City·	StateZip Code
City.	
•	ified mail, return receipt requested, at the address
	of the Ohio Rules of Civil of Civil Procedure.
	ned "unclaimed" or "refused", please cause a true copy
to be served at the above address b	y regular mail pursuant to Rule 4.6 of the Ohio Rules
of Civil Procedure. Please also ser	ve Notice of hearing.
Your Signature:	