

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 before 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 all 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, and the forms must be printed on one side of the page only.
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 should 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 for service, etc. that you will be responsible for at the conclusion of the hearings.**

Make sure all forms are properly filled out and notarized where indicated.

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.

SENECA COUNTY JUVENILE COURT INFORMATION SHEET

Please complete the following information. This will allow the court to have needed demographic information without it being released to the other parties on your case.

Please do NOT provide complete Social Security numbers. You should place the last four digits of the Social Security number where required, and it should appear in this format: xxx-xx-1234.

Do NOT provide financial account numbers, debit/credit/charge numbers, or employer and/or employee ID numbers since they are also considered personal identifiers which must be omitted prior to submission or filing.

YOU MUST COMPLETE A SEPARATE INFORMATION SHEET FOR EACH CASE NUMBER.

THE FOLLOWING INFORMATION MUST BE PRINTED OR TYPED:

Juvenile Court Case # _____
Sets# _____

COMPLAINANT/PETITIONER/Plaintiff

Name: _____
Address: _____

SSN: XXX-XX-_____ (Last 4 digits only) Date of Birth: ____/____/____

Respondent/Petitioner/Defendant

Name: _____
Address: _____

SSN: XXX-XX-_____ (Last 4 digits only) Date of Birth: ____/____/____

Child's Name

Child's Name: _____
Address: _____

SSN: XXX-XX-_____ (Last 4 digits only) Date of Birth: ____/____/____
Mother's Name: _____ Father's Name: _____

Additional Party

Circle the party's role: Petitioner/Plaintiff OR Respondent/Defendant
Name: _____
Address: _____

SSN: XXX-XX-_____ (Last 4 digits only) Date of Birth: ____/____/____

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

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

MOTION AND AFFIDAVIT FOR CONTEMPT

I, _____ (your name) requests an order for
_____(other party's name) to appear and
show cause why they should not be held in contempt for violating a Court Order and a
finding of contempt for violating the Court Order regarding the following:

(Check all that apply)

- 1) ____ Interference with parenting time (Visitation) Order filed on ____ (date)
- 2) ____ Failure to pay child support 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 necessary.

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 _____

**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

REQUEST FOR SERVICE

TO THE CLERK:

Please serve the foregoing Motion and all associated papers on the following:

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Please issue service by certified mail, return receipt requested, at the address above in accordance with Rule 4.1 of the Ohio Rules of Civil Procedure.

If the same should be returned "unclaimed" or "refused", please cause a true copy to be served at the above address by regular mail pursuant to Rule 4.6 of the Ohio Rules of Civil Procedure. Please also serve Notice of Hearing.

Your Signature: _____