

IN THE COURT OF COMMON PLEAS

Division
COUNTY, OHIO

IN THE MATTER OF:

A Minor

Name

Street Address

City, State and Zip Code

Plaintiff/Petitioner

vs.

Name

Street Address

City, State and Zip Code

Defendant/Petitioner

Case No. _____

Judge _____

Magistrate _____

L.C.R. 3.03
\$110.00 Filing Fee

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 Request for Service (Uniform Domestic Relations Form 28) and a proposed Show Cause Order, Notice and Instructions to the Clerk (Uniform Domestic Relations Form 22) must be filed with this Motion. Check local court procedures.

MOTION FOR CONTEMPT AND AFFIDAVIT

I, _____ (name), request 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 and a finding of contempt for violating
the court order regarding the following (check all that apply):

1. Interference with parenting time or other parenting orders filed on _____ (date).
2. Failure to pay child support, as required by the order filed on _____ (date)

and the total arrearage owed is \$ _____
(Bring to the hearing an up-to-date printout from the County Child Support Enforcement Agency showing the amount of the child support owed to you.)

3. Failure to pay spousal support, as required by the order filed on _____ (date) and the total arrearage owed is \$ _____
(Bring to the hearing an up-to-date printout from the County Child Support Enforcement Agency or other independent proof showing the amount owed to you.)

4. Payment or reimbursement of health care expenses incurred for the minor child(ren). Attach an Explanation of Health Care Bills (Form 26) 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 for payment signed by the health care provider, a copy of a cancelled check, or a copy of a credit card statement verifying the amount paid, and
- c. Explanation of Benefits forms showing payment made by the health insurance carrier.

5. Failure to comply with the Court's orders of _____ (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): _____

6. Costs and any other relief as necessary and proper are also requested.

Your Signature

Telephone number at which the Court may reach you or at which messages may be left for you

OATH

(Do not sign until Notary is present.)

I, _____ (name), swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

Sworn before me and signed in my presence this _____ day of _____, _____.

Notary Public
My Commission Expires: _____