

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

_____)	CASE NO.
Name)	
_____)	MOTION NO.
Address)	
_____)	CSEA ACCOUNT NO.
City, State, Zip)	
_____)	
Phone Number)	

Plaintiff/Petitioner) JUDGE

-vs.-) MAGISTRATE

_____)	<u>POST-DECREE MOTIONS</u>
Name)	
_____)	
Address)	
_____)	
City, State, Zip)	
_____)	
Phone No.)	
_____)	
Defendant/Respondent)	

_____ requests this Court make the following Order(s):
(Name)

- _____reallocation of parental rights and responsibilities (attach parenting affidavit)
- _____modification of visitation/companionship schedule
- _____visitation with the minor child(ren)
- _____modification of child support (attached Affidavit of Income & Expenses)*
- _____child support arrearages**
- _____modification of health care provisions
- _____health care arrearages***
- _____modification of tax dependency
- _____attorney fees and costs
- _____enforcement of a prior Court Order dated _____ regarding

Signature of Party
TELEPHONE NUMBER _____

NOTICE OF HEARING

A hearing shall be held before Magistrate _____, on the _____ day of _____, 200__, at _____m., at the Summit County Domestic Relations Court, 205 S. High Street, 3rd Floor Akron, Ohio 44308.

- * You must subpoena employers for wage information such as W2 for each party and have three years of tax returns or any other relevant information. You also need verification of child care and health insurance costs.
- ** You must subpoena CSEA to be present at the hearing and bring the records.
- *** You must submit an Explanation of Medical Bills Form (available at Court or on Website) and bring copies of insurance processing and recent bills.