



to present	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		
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to	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		

**b. Child's Name:**

**Date of Birth:**

Check this box if the information requested below is the same as above.

<b>Period of Residence</b>		<b>Address (Do not list your address if confidential)</b>	<b>Person with whom Child Lived and Relationship to Child</b>
to present	<input type="checkbox"/> Address Confidential <input type="checkbox"/> Secretary of State Address Confidentiality Program		
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<b>c. Child's Name:</b>	<b>Date of Birth:</b>
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Check this box if the information requested below is the same as above.

Period of Residence		Address (Do not list your address if confidential)	Person with whom Child Lived and Relationship to Child
to present	<input type="checkbox"/> Address Confidential		
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**d.** List additional children on a page titled **Attachment 2(d)**. (Provide the following information for each additional child: name, date of birth, person with whom the child lived and child's relationship to the person, address, unless confidential, and dates when the child lived in that place with that person.)

**3. Participation in custody case(s): (check only one)**

- I **HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time) with any child subject to this case.
- I **HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time) with any child subject to this case. Explain:

\_\_\_\_\_

- a. Name of each child \_\_\_\_\_
- b. Type of case \_\_\_\_\_
- c. Court and State \_\_\_\_\_
- d. Date of court order or judgment (if any): \_\_\_\_\_

**4. Information about custody case(s): (check only one)**

- I **HAVE NO INFORMATION** of any cases that could affect the current case, any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations, or adoptions concerning any child subject to this case.
- I **HAVE THE FOLLOWING INFORMATION** concerning cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations, or adoptions concerning any child subject to this case, other than listed in Paragraph 3. Explain:

\_\_\_\_\_

- a. Name of each child \_\_\_\_\_
- b. Type of case \_\_\_\_\_
- c. Court and State \_\_\_\_\_
- d. Date of court order or judgment (if any): \_\_\_\_\_

5. List all of the criminal convictions including guilty pleas for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

NAME	CASE NUMBER	COURT/STATE/ COUNTY	TYPE OF CASE	RESULT OF CASE

6. **Persons not a party to this case:**

**I DO NOT KNOW OF ANY PERSON who is** not a party to this case and who has physical custody or claims to have custody or visitation rights with respect to any child subject to this case.

**I KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case:

a. Name and address of person \_\_\_\_\_  
has  physical custody  claims custody rights  claims visitation rights.  
Name of each child \_\_\_\_\_

b. Name and address of person \_\_\_\_\_  
 has physical custody  claims custody rights  claims visitation rights.  
Name of each child \_\_\_\_\_

c. Name and address of person \_\_\_\_\_  
has  physical custody  claims custody rights  claims visitation rights.  
Name of each child \_\_\_\_\_

7. **I have a continuing duty to inform this Court of any child custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or domestic violence case concerning the children in this state or in any other state that could affect the current case.**

**OATH OR AFFIRMATION**

I swear or affirm that the answers above are true, complete, and accurate to the best of my knowledge. I understand that making false statements in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and may also subject me to criminal penalties for perjury under R.C. 2921.11.

**DO NOT SIGN THE FORM UNLESS YOU ARE IN FRONT OF THE PERSON WHO WILL NOTARIZE THE PARENTING PROCEEDING AFFIDAVIT FOR YOU**

\_\_\_\_\_  
AFFIANT

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_,

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_, 2024.

\_\_\_\_\_  
NOTARY PUBLIC

**Pavan Parikh**

Clerk of the Common Pleas of Hamilton County, Ohio

By \_\_\_\_\_  
Deputy Clerk