



CUYAHOGA COUNTY COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS

**JOINT MOTION TO
MODIFY PARENTING ORDER**

For use when:

- Changing Shared Parenting or Sole Legal Custody status; and
- When child support may need to be changed

**Download
the Court's App:
CourtConnect**



Register for E-Filing

[HERE](#)

to see your case info online

**If you have questions,
Call the Help Center at (216) 443-8880**

- Joint Motion (BOTH parents must sign)
- Statement in Support (each parent to complete their own)
- Waiver of Legal Counsel (BOTH parents must sign)
- Waiver of Service (each parent to complete their own)
- Parenting Proceeding Statement (each parent to complete their own)
- Health Insurance Statement (each parent to complete their own)
- Filing fee: \$200.00

How to File: [E-Filing, Mail or Drop-Off](#)

WHAT TO EXPECT AFTER YOU FILE:

- After the documents are filed and posted on the Clerk of Court docket, call the Help Center at (216) 443-8880.
- The Help Center will assist you with submitting the Agreed Judgment Entry (AJE) for review and approval.
- After the AJE has been submitted, check your mail, the CourtConnect App or the online Clerk of Court docket to determine if the AJE was signed by the Judge or if a hearing is needed.
- Once the Agreed Judgment Entry is signed by the Judge and posted on the docket, call the Clerk of Court to request a certified copy of it at (216) 443-7938.

NOTICE:

These documents do not offer legal advice. Court employees cannot give legal advice.

For legal advice, please contact an attorney to represent you.

Cleveland Metropolitan Bar Association Lawyer Referral Service (216) 696-3532

Legal Aid Society (216) 687-1900

**COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
CUYAHOGA COUNTY, OHIO**

PLAINTIFF/PETITIONER-01

CASE NO. DR: _____

JUDGE _____

ADDRESS

CITY/STATE/ZIP

vs.

**JOINT MOTION TO MODIFY
PARENTING ORDER**

DEFENDANT/PETITIONER-02

ADDRESS

CITY /STATE/ZIP

Now comes:

_____, Plaintiff/Petitioner-01 and
_____, Defendant/Petitioner-02,

and respectfully move this Honorable Court for an order modifying the current parenting order.

The current parenting order in place is: *(choose one of the options below)*

- Allocation of Parental Rights and Responsibilities to One Parent *(sole custody to one parent)*
- or-*
- Shared Parenting Plan *(joint decision making)*

The request for modification is in regard to the following minor children:

_____ (DOB: _____)
_____ (DOB: _____)
_____ (DOB: _____)
_____ (DOB: _____)

- This request includes a modification of child and/or medical support.

The prior parenting order was issued on: _____ .

The prior child support order was issued on: _____ .

We state that the following change has occurred that affects the current **custody and/or visitation** order:

We state that the following change has occurred that affects the current **child support and/or medical support** order:

As a result of the above-stated changes, the Parties jointly agree that it would be in the best interests of the children for this Honorable Court to:

- Award _____ (*insert name of party*) with the Allocation of Parental Rights and Responsibilities for the children as indicated in the Proposed Agreed Judgment Entry attached. (*Sole custody awards this parent the ability to make all decisions regarding the child and designates this parent as the residential parent for school purposes.*)

- Issue an Order for Shared Parenting (*joint decision making*) and to designate _____, (*insert name of one party*) as the residential parent for school purposes for children indicated in the Proposed Agreed Judgment Entry attached.

The reasons for the requested modifications are stated in the attached affidavits. A proposed Agreed Judgment Entry is attached for review by this Honorable Court.

Respectfully Submitted,

PLAINTIFF/PETITIONER-01 (print name)

DEFENDANT/PETITIONER-02 (print name)

SIGNATURE

SIGNATURE

ADDRESS

ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

DAYTIME TELEPHONE NUMBER

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

EMAIL ADDRESS

STATEMENT IN SUPPORT OF MOTION

This statement in support of the accompanying motion is made by: _____
(your name)

1. I am *(state your relationship to the subject minor child(ren))*:

2. I am requesting this Honorable Court to: _____

3. I am requesting this because: _____

4. I am in agreement with the modification as to: _____

I, also, state and affirm that:

5. _____

6. _____

7. _____

The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.

Plaintiff/Petitioner-01 Signature

STATEMENT IN SUPPORT OF MOTION

This statement in support of the accompanying motion is made by: _____
(your name)

1. I am *(state your relationship to the subject minor child(ren))*:

2. I am requesting this Honorable Court to: _____

3. I am requesting this because: _____

4. I am in agreement with the modification as to: _____

I, also, state and affirm that:

5. _____

6. _____

7. _____

The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.

Defendant/Petitioner-02 Signature

WAIVER OF LEGAL COUNSEL

I understand that I have the right to be represented by an attorney in this proceeding. I have decided not to have an attorney assist me. By signing this Waiver, I confirm that I am waiving my right to legal representation for the purpose of this legal action.

I am aware that my ex-spouse's attorney, if my ex-spouse is represented by an attorney, does not represent me, or my interests.

I am aware that I could hire an attorney to advise and/or represent me but I am choosing to proceed without counsel.

I am freely and voluntarily choosing to sign the documents associated with this legal action with a full understanding of these documents and that I am choosing to proceed without counsel.

This waiver is being made voluntarily, with my full understanding and the same is of my own free will. It is my decision to proceed without counsel.

_____ Date

_____ PLAINTIFF/PETITIONER-01 (print name)

_____ SIGNATURE

WAIVER OF LEGAL COUNSEL

I understand that I have the right to be represented by an attorney in this proceeding. I have decided not to have an attorney assist me. By signing this Waiver, I confirm that I am waiving my right to legal representation for the purpose of this legal action.

I am aware that my ex-spouse's attorney, if my ex-spouse is represented by an attorney, does not represent me, or my interests.

I am aware that I could hire an attorney to advise and/or represent me but I am choosing to proceed without counsel.

I am freely and voluntarily choosing to sign the documents associated with this legal action with a full understanding of these documents and that I am choosing to proceed without counsel.

This waiver is being made voluntarily, with my full understanding and the same is of my own free will. It is my decision to proceed without counsel.

_____ Date

_____ DEFENDANT/PETITIONER-02 (print name)

_____ SIGNATURE

**COURT OF COMMON PLEASE
DIVISION OF DOMESTIC RELATIONS
CUYAHOGA COUNTY, OHIO**

PLAINTIFF/PETITIONER-01

vs.

CASE NO. DR: _____

JUDGE _____

DEFENDANT/PETITIONER-02

WAIVER OF SERVICE

Plaintiff/Petitioner-01, _____, herein, states that he/she is more than eighteen (18) years of age, that he/she is not under mental disability, that he/she has received a copy of this Joint Motion to Modify Parenting Order and any attached documents, and that he/she hereby waives the Service of Summons in this proceeding as authorized under Civil Rule (4)D of the Ohio rules of Civil Procedure.

Plaintiff/Petitioner-01 Signature

**COURT OF COMMON PLEASE
DIVISION OF DOMESTIC RELATIONS
CUYAHOGA COUNTY, OHIO**

PLAINTIFF/PETITIONER-01

vs.

CASE NO. DR: _____

JUDGE _____

DEFENDANT/PETITIONER-02

WAIVER OF SERVICE

Defendant/Petitioner-02, _____, herein, states that he/she is more than eighteen (18) years of age, that he/she is not under mental disability, that he/she has received a copy of this Joint Motion to Modify Parenting Order and any attached documents, and that he/she hereby waives the Service of Summons in this proceeding as authorized under Civil Rule (4)D of the Ohio rules of Civil Procedure.

Defendant/Petitioner-02 Signature

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

Plaintiff/Petitioner/Defendant-01

Address

Defendant/Respondent/Defendant-02

Address

Case Number _____

Judge _____

**PARENTING PROCEEDING STATEMENT
(ORC 3127.23)**

_____, states the following regarding issues relevant to
(Your name)
parenting of the following minor child(ren): (Names and birth dates of children) _____

DIRECTIONS: You must answer questions and provide all information requested. If you do not, it is possible the Court will be unable to make orders in your case. If you need more space to answer any question, please use a separate piece of paper and attach it to the back of this form. If the answers/information are not the same for all children, a separate affidavit must be filed for each child.

1. Beginning with the child(ren)'s present address, state the residence where the child(ren) lived within the last five years, and the names and relationship of the persons with whom the child(ren) lived during that period.

<u>Period of Residence</u>	<u>Address and Person(s) at residence</u>	<u>Person(s) Relationship to Child</u>
a. _____ to the present	a. _____	a. _____
b. _____ to _____	b. _____	b. _____
c. _____ to _____	c. _____	c. _____

2. Have you participated as a party, witness, or in any other capacity in any other proceedings concerning the allocation, between the parents of the same child, of parental rights and responsibilities for the care of the child including parenting time rights and the designation of the residential parent and legal custodian of the child or that otherwise concerned the custody of or visitation with the same child? No Yes

If "Yes" you must provide the Court name, address, case number and date of determination, if any on the line below:

3. Do you know of any proceedings that could affect the current proceeding, including proceedings for enforcement of child custody determinations; proceedings relating to domestic violence or protection orders; proceedings to adjudicate the child as an abused, neglected, or dependent child; proceedings seeking termination of parental rights; and adoptions? No Yes

If "Yes" you must provide the Court name, address, case number and date of determination, if any on the line below:

4. State the **name and address** of any person or agency who is not a party to this proceeding and has physical custody of the child or claims to be a parent of the child who is designated the residential parent and legal custodian of the child or to have visitation rights with respect to the child or to be a person other than a parent of the child who has custody or visitation rights with respect to the child (ORC 3127.23(A)(3)). Not Applicable The following person(s): _____

(Name of person or agency)

Address City/State/Zip

The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.

Your Signature

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

Plaintiff/Petitioner/Defendant-01

Address

Defendant/Respondent/Defendant-02

Address

Case Number _____

Judge _____

**PARENTING PROCEEDING STATEMENT
(ORC 3127.23)**

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(Your name)
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<u>Period of Residence</u>	<u>Address and Person(s) at residence</u>	<u>Person(s) Relationship to Child</u>
a. _____ to the present	a. _____	a. _____
b. _____ to _____	b. _____	b. _____
c. _____ to _____	c. _____	c. _____

2. Have you participated as a party, witness, or in any other capacity in any other proceedings concerning the allocation, between the parents of the same child, of parental rights and responsibilities for the care of the child including parenting time rights and the designation of the residential parent and legal custodian of the child or that otherwise concerned the custody of or visitation with the same child? No Yes

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(Name of person or agency)

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The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.

Your Signature

**COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
CUYAHOGA COUNTY, OHIO**

Plaintiff/Petitioner 1

v./and

Defendant/Petitioner 2

Case No. _____

Judge _____

Magistrate _____

Instructions: Check local court rules to determine when this form must be filed.
This affidavit is used to disclose health insurance coverage that is available for children. It is also used to determine child support. It must be filed if there are minor children of the relationship. **If more space is needed, add additional pages.**

STATEMENT OF HEALTH INSURANCE

This statement is made by _____
(Print Your Name)

_____ **Your Name** _____ **Other Parent**

Are your child(ren) currently enrolled in a low-income government-assisted health care program (Healthy Start/Medicaid)?

Yes No

Yes No

Are you enrolled in an individual (non-group or COBRA) health insurance plan?

Yes No

Yes No

Are you enrolled in a health insurance plan through a group (employer or other organization)?

Yes No

Yes No

If you are not enrolled, do you have health insurance available through a group (employer or other organization)?

Yes No

Yes No

Does the available insurance cover primary care services within 30 miles of the child(ren)'s home?

Yes No

Yes No

_____ **Your Name** _____ **Other Parent**

Under the available insurance, what would be the annual premium for a plan covering you and the child(ren) of this relationship (not including a spouse)?

\$ _____

\$ _____

Under the available insurance, what would be the annual premium for a plan covering you alone (not including children or spouse)?

\$ _____

\$ _____

If you are enrolled in a health insurance plan through a group (employer or other organization) or individual insurance plan, which of the following people is/are covered:

Yourself?

Yes No

Yes No

Your spouse?

Yes No

Yes No

Minor child(ren) of this relationship?

Yes No

Yes No

Number _____

Number _____

Other individuals?

Yes No

Yes No

Number _____

Number _____

Name of group (employer or organization) that provides health insurance

Address

Phone number

STATEMENT OF TRUTH

The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.

Your Signature

**COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
CUYAHOGA COUNTY, OHIO**

Plaintiff/Petitioner 1

v./and

Defendant/Petitioner 2

Case No. _____

Judge _____

Magistrate _____

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(Print Your Name)

_____ **Your Name** _____ **Other Parent**

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Yes No

Yes No

Are you enrolled in an individual (non-group or COBRA) health insurance plan?

Yes No

Yes No

Are you enrolled in a health insurance plan through a group (employer or other organization)?

Yes No

Yes No

If you are not enrolled, do you have health insurance available through a group (employer or other organization)?

Yes No

Yes No

Does the available insurance cover primary care services within 30 miles of the child(ren)'s home?

Yes No

Yes No

_____ **Your Name** _____ **Other Parent**

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\$ _____

\$ _____

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Yourself?

Yes No

Yes No

Your spouse?

Yes No

Yes No

Minor child(ren) of this relationship?

Yes No

Yes No

Number _____

Number _____

Other individuals?

Yes No

Yes No

Number _____

Number _____

Name of group (employer or organization) that provides health insurance

Address

Phone number

STATEMENT OF TRUTH

The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.

Your Signature

CHILD SUPPORT DATA SHEET

For purposes of this worksheet: Parent A is Father or person designated as "Father" Parent B is Mother or person designated as "Mother"							
					Parent A (Father)	Parent B (Mother)	
Obligor Name: <i>(person paying support)</i>					<input type="checkbox"/>	<input type="checkbox"/>	
Obligee Name: <i>(person receiving support)</i>					<input type="checkbox"/>	<input type="checkbox"/>	
Parenting Plan Type: <input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared Parenting <input type="checkbox"/> Split							
Worksheet Line	Description				Parent A (Father)	Parent B (Mother)	
1	Annual Gross Income				\$	\$	
2	Annual Amount of Overtime, Bonuses & Commissions				\$	\$	
	a.	Year 3 (3 years ago)			\$	\$	
	b.	Year 2 (2 years ago)			\$	\$	
	c.	Year 1 (last calendar year)			\$	\$	
3	Annual Self-Employment Income				\$	\$	
	a.	Gross receipts from business			\$	\$	
	b.	Ordinary & necessary business expenses			\$	\$	
4	Annual income from unemployment compensation				\$	\$	
5	Annual income from worker's compensation, disability insurance or social security disability/retirement benefits				\$	\$	
6	Other annual income or potential income				\$	\$	
9	Number of children of each party not subject to this order						
10	a.	Check person to be health insurance obligor			<input type="checkbox"/>	<input type="checkbox"/>	
	b.	Total, actual out-of-pocket costs for health insurance premiums for health insurance obligor			\$	\$	
11	Annual court ordered spousal support paid (if any)				\$	\$	
19	a.	Check if parent has court-ordered parenting time			<input type="checkbox"/>	<input type="checkbox"/>	
	b.	Check if Court's Parenting Time Guidelines are being applied to this order			<input type="checkbox"/>	<input type="checkbox"/>	
20	Annual amount of any non-means tested benefits received by the children subject to the order				\$	\$	
21	Parent paying child care costs:				<input type="checkbox"/>	<input type="checkbox"/>	
	a.	Total annual child care expenses for all children of this order (minus any subsidies)			\$	\$	
	b)	Age of each child subject to this order & c) Actual annual child care costs per child					
	Child	Age	Actual Child Care Costs	Child	Age	Actual Child Care Costs	
	1			4			
	2			5			
3			6				
25	a.	If deviating child support, state reason:					
	b.	If deviating child support, desired monthly amount to be paid:			\$	\$	
28	a.	If deviating cash medical support, desired monthly amount to be paid			\$	\$	

The parties indicated below state that the information on this document was provided voluntarily for the purpose of preparing a child support worksheet.

Print Name

Signature

Date

Print Name

Signature

Date

Please contact an attorney with any questions about the information provided before submitting this form to the Court.