

## MOTION TO APPEAL ADMINISTRATIVE SUPPORT ORDER

Attached is a pro se form for a motion to appeal administrative support order. These instructions are intended to be a general guide to help you get the forms filled out, filed with the Court and to get your motion properly before the Court. The instructions are not intended to be a legal analysis of your motion or whether or not your motion will be granted, but merely to assist you in preparing and presenting your request.

### FILLING OUT THE FORMS

You should fill out these forms before you go to the Courthouse to file them. Other than telling you the time and date of the hearing, the Court staff will **NOT** help you in completing these forms.

You **WILL NEED** a separate motion for each child / case.

A deposit (for each motion) for Court costs **MUST** accompany this motion. The deposit amount is **\$150.00**. However, if service is requested by a sheriff, out of county sheriff or by publication, additional costs will be necessary. Payment may be in the form of cash, check, money order or by credit card (Visa/MasterCard/Discovery/American Express).

Should you need assistance in completing this motion, feel free to contact Southeastern Ohio Legal Services at 100 North Third Street, Steubenville, Ohio 43952 (telephone number 740-283-4781 or toll free 1-800-837-4781).

The Belmont County Bar Association legal clinic is held on every other month, the second Wednesday of that month beginning at 5:30 o'clock P.M. You may contact the Grace Church at (740) 633-2699.

The form titled **MOTION TO APPEAL ADMINISTRATIVE SUPPORT ORDER** needs the following lines filled out:

- a. the minor child's name and date of birth
- b. Leave the case number line blank as the case number will be given by the Court staff at the time of filing at the Court.
- c. The obligee / custodial parent's full name, address and telephone number.
- d. The obligor / non-custodial parent's full name, address and telephone number.
- e. List your name as the petitioner (person filing this motion)
- f. **Please NOTE: you must attach a copy of the administrative support order which is the basis for your appeal.**
- g. List in date the administrative support order was issued by Department of Job and Family Services- Child Support Enforcement Agency
- h. List the reason(s) that you are appealing the administrative support order in detail.

- i. Sign on the line indicated as petitioner and include your address and telephone number.

The form titled **INSTRUCTIONS FOR SERVICE** needs the following lines filled out:

- a. list the name of the person(s) who need notified of this motion and hearing.  
**Please NOTE:** that as the petitioner (person filing the appeal) you will receive a judgment entry with the hearing date on it; you do not need to list your name and address as a person to be notified of this filing.
- b. list the address of the person(s) who need notified of this motion and hearing  
**Please NOTE:** that additional costs are ordered if service is requested by a sheriff on a person(s) who resides outside of this county or service by publication.
- c. sign this document

IN THE COURT OF COMMON PLEAS, BELMONT COUNTY, OHIO  
JUVENILE DIVISION

In the Matter of:

Case No. \_\_\_\_\_

\_\_\_\_\_

*(Minor child's name)*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*(Minor child's date of birth)*

\_\_\_\_\_

*(name of child's mother)*

\_\_\_\_\_

\_\_\_\_\_

*(address)*

\_\_\_\_\_

*(telephone)*

\_\_\_\_\_

*(name of child's father)*

\_\_\_\_\_

\_\_\_\_\_

*(address)*

\_\_\_\_\_

*(telephone)*

**MOTION TO APPEAL  
ADMINISTRATIVE SUPPORT  
ORDER**

**Juvenile Judge  
Magistrate Amy Busic**

Now comes the petitioner, \_\_\_\_\_,  
who objects to the modified support order issued for the above named parents by the Department  
of Job and Family Services- Child Support Enforcement Agency on  
\_\_\_\_\_, 20\_\_ for the following reasons: \_\_\_\_\_

\_\_\_\_\_

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And moved this Court to establish support pursuant to Ohio Revised Code Section 2151.231.  
**(Please attach a copy of the support order that you are appealing.)**

Respectfully submitted,

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PLEASE PRINT NAME OF PETITIONER

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*Signature of Petitioner*

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*Address*

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*City State Zip Code*

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*Telephone number*

O.R.C. Section 2151.231

**INSTRUCTIONS FOR SERVICE**

TO THE CLERK OF THE JUVENILE COURT:

Please serve: \_\_\_\_\_  
at the following address \_\_\_\_\_

\_\_\_\_\_

a copy of the motion and notice of hearing by CERTIFIED MAIL, RETURN RECEIPT REQUESTED. Should service fail, please notify me so a better address may be found.

Thank you.

\_\_\_\_\_  
PLEASE PRINT NAME OF PETITIONER

\_\_\_\_\_  
*Signature of Petitioner (person filing contemp*