

**IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
WAYNE COUNTY, OHIO**

IN THE MATTER OF:

_____ [Child]
D.O.B. _____ **COURT CASE NO.** _____
S.E.T.S.NO. _____
Father's Name: _____ Obligor Obligee
Mother's Name: _____ Obligor Obligee

REQUEST FOR JUDICIAL HEARING

"Objection" to Administrative Order

I, _____ * [Name], hereinafter referred to as the Requestor, hereby request a Judicial Hearing of the action taken by the Wayne County Child Support Enforcement Agency (WCCSEA).

The date the administrative order was issued: _____
I dispute the administrative order as follows:

- Existence or Non-Existence of Parental Relationship (§ 3111.49 R.C.)
- Administrative Order of Support (§ 3111.84 R.C.)
- Default Notice Mistake of Fact (§ 3123.05 R.C.)
- Attachment of Funds Not Belonging to Obligor (§ 3123.35 R.C.)
- Request for Deviation from Support Schedule (§ 3119.63 (C))

I have attached the following documents required by Local Rules 9 and 12 along with a copy of the administrative order I seek the court to review:

1. **Child Support Calculation Worksheet** for Sole Residential Parent or Shared Parent orders; or the **Child Support Calculation Worksheet** for Split Parental Rights and Responsibilities, whichever is appropriate.
2. **Private Health Insurance** Coverage Information Sheet;
3. **Federal Income Tax Dependent** Information Sheet.

Forms are available on the Court's website at
www.wayneprobateandjuvenile.org.

Requests filed without the required documents attached are subject to dismissal by the Court.

Attorney for Requestor	Requestor <i>Pro Se</i>
_____	_____
Signed	Signed
_____	_____
Name	Name
_____	_____
Address	Address
_____	_____
City/State/Zip	City/State/Zip
Registration No. _____	Date: _____

CERTIFICATE OF SERVICE

I, the undersigned Requestor or Attorney for Requestor, hereby certify that copies of the within Request for Judicial Hearing along with copies of all required attachments were served on _____[date] on the Wayne County Child Support Enforcement Agency, 201 East liberty Street, Suite 202, P.O. Box 217, Wooster, OH 44691 and the following parties and their attorney, if any: _____

by ___ Regular U.S. Mail; ___ by Certified Mail, Return Receipt Requested; ___ by personal service.

Attorney for Requestor

Requestor *Pro Se*

Signed

Signed

Name

Name

Address

Address

City/State/Zip

City/State/Zip

Registration No. _____

*** Only one person per request form. If more than one party affected by an administrative order wishes to dispute the administrative order by requesting a judicial hearing, each party must file a separate request including all attachments.**