


**Hamilton County Juvenile Court**  
800 Broadway Street - Cincinnati, Ohio 45202 (513-946-9200)

In consideration of Local Rules adopted by the Hamilton County Juvenile Court and with the intention of providing the best management of staff functions and Court proceedings, this checklist of documents must accompany the filing of a Petition or Motion concerning Custody, Parenting Time (Visitation), and or Allocation of Parental Rights and Responsibilities. If for any reason a required document can not be provided, a complete explanation must be included and approval may be required before the clerk can accept the filing.

- A thoroughly and accurately completed Petition or Motion is attached regarding Custody, Parenting Time (Visitation) or Allocation of Parental Rights and Responsibilities and is **notarized**.
- A copy of the birth certificate for the child or each child is attached.  
Comments: Petitioner has attached a copy of the Certificate of Birth provided by the hospital. Petitioner does not have access to the child's Birth Certificate.
- The Child Custody Affidavit, pursuant to ORC 3127.23 is attached and has been thoroughly completed with accurate information and **notarized**.
- The Hamilton County Juvenile Court Information Form (536) has been thoroughly and accurately completed and is attached. Comments: \_\_\_\_\_
- Paternity has not yet been determined or established.
- Paternity has been established and is supported by a copy of:
  - A paternity determination record from the Central Paternity Registry.
  - An administrative paternity determination.
  - A paternity determination issued by a court.
  - Other: \_\_\_\_\_
- No other Court has issued prior orders concerning Custody, Parenting Time or Parental Rights.
  - A copy of a prior Court order is attached dated \_\_\_\_\_ from \_\_\_\_\_ Court.
- No other Court or Administrative action has issued prior orders concerning Child Support.
  - A copy of a prior Court order is attached dated \_\_\_\_\_ from \_\_\_\_\_.
- The H.C.J.C. Authorization has been completed, signed and is attached with a witness signature.
- The Hamilton County Sheriff's authorization is completed and attached.
- The Information Form for HCJFS is thoroughly and accurately completed and is attached.
- The Written Request for Service is attached with accurate name and address information for all parties involved in this action and or an affidavit for service by Publication is attached for each party that an accurate address could not be identified by diligent and reasonable effort and research.
- The Request and Instructions for Ordinary Mail Service is completed and attached.
  - The Request and Instructions for Ordinary Mail Service is not attached because \_\_\_\_\_

Other Comments: See attached Verified Complaint for Shared Custody and Motion for Visitation

Signed:   
Date: 12.18.07

FILED  
HAMILTON COUNTY  
JUVENILE COURT  
2007 DEC 20 AM 9:43  
JUDGE THOMAS S. LIPPS  
JUDGE KARLA J. CLAY

HAMILTON COUNTY JUVENILE COURT

IN RE:

CASE NUMBER \_\_\_\_\_

PETITION FOR CUSTODY

O.R.C. 2151.23 (A) (2)

Lucy Kathleen Mullen

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Minor Child or Children)

The undersigned petitioner(s), Michele Hobbs, herein being duly sworn states:

1. The name(s) and birth date(s) of the child or children is/are:

Name: Lucy Kathleen Mullen Birth Date: 7/27/05 Sex: f

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

2. The Petitioner's relationship to the above child or children is: co-parent

3. The child or children currently live at 7996 Hawkhurst Court, Cleves, OH 45002 and is / are cared for by Kelly Mullen Phone: 513-325-7093

4. The natural or biological mother is Kelly Mullen, and her current mailing address is 7996 Hawkhurst Ct., Cleves, OH 45002. Phone: 513-325-7093

5. The natural or biological father is Scott Liming, and his current mailing address is \_\_\_\_\_. Phone: \_\_\_\_\_

6. The biological mother has:   
 Abandoned the child or children.   
 Contractually relinquished custody.   
 A total inability to provide care and support.   
 Been unfit or unsuited to parent the child or children.   
 Other Circumstances.

Based on the following facts: see attached Verified Complaint

7. The biological father has:   
 Abandoned the child or children.   
 Contractually relinquished custody.   
 A total inability to provide care and support.   
 Been unfit or unsuited to parent the child or children.   
 Other Circumstances.

Based on the following facts: see attached Verified Complaint

8. Is the natural or biological mother of the child or children aware of and in agreement with this petition? no

9. Is the natural or biological father of the child or children aware of and in agreement with this petition? unknown

10. It would be in the best interest of the child or children for the petitioner(s) to have custody for the following reasons: see attached Verified Complaint

HAMILTON COUNTY JUVENILE COURT  
2007 JUL 20 AM 10:18  
JUDGE KATHLEEN MULLEN

Therefore, the petitioner(s) invokes the jurisdiction of this Court to grant him/her/them temporary legal custody of said minor child or children pursuant to O.R.C. 2151.23 (a) (2) and O.R.C 3109.21 et seq.

Michael D. Harris  
(Petitioner Signature)

456 Milton  
(Address)  
Cinti. OH 45202  
(City) (State) (Zip Code)  
Telephone Number (513) 884-8696

\_\_\_\_\_  
(Petitioner Signature)

Sworn to and signed in my presence this 18th day of December 2007.

Lisa T. Meeks  
Notary Public



LISA T. MEEKS  
Notary Public, State of Ohio  
Commission Never Expires

FILED  
HAMILTON COUNTY  
JUVENILE COURT  
2007 DEC 20 AM 9:48  
JUDGE THOMAS C. LIPPO  
JUDGE YARL...

**HAMILTON COUNTY JUVENILE COURT**  
**AFFIDAVIT IN COMPLIANCE WITH § 3127.23 OHIO REVISED CODE**

IN RE:

CASE NUMBER: \_\_\_\_\_

Lucy Kathleen Mullen

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Upon being duly sworn, the undersigning petitioner(s), Michele Hobbs, herein state the following:

- The child or children currently reside with Kelly Mullen, at the address of 7996 Hawkhurst Ct. Cleves, OH 45002 Phone: 513-325-7093
  
- The child or children have lived with the following persons at the respective addresses during the past five years:  

| <u>Name of Person lived with</u>  | <u>Complete Address and Zip Code</u>      | <u>Dates: From - To</u>    |
|-----------------------------------|---|----------------------------|
| <u>Michele Hobbs Kelly Mullen</u> | <u>456 Milton Street, Cinti, OH 45202</u> | <u>7/27/05-10/27/07</u>    |
| <u>Kelly Mullen</u>               | <u>see above address</u>                  | <u>10/27/07 to present</u> |
  
- List the current address of each person listed above.  
Michele Hobbs 456 Milton Street, Cincinnati, OH 45202  
Kelly Mullen 7996 Hawkhurst Ct., Cleves, OH 45002
  
- The petitioner(s) (has, has not, have, have not) participated as a party, witness or in another capacity with any other litigation concerning custody of this child or children either in this state or any other state. Explanation: \_\_\_\_\_
  
- The petitioner(s) (has, has no, have, have no) information or knowledge of custody proceedings concerning this child or these children, either in this or any other state. Explanation: \_\_\_\_\_
  
- The petitioner(s) (knows, know, does not know, do not know) of any other person or persons having physical custody or claims to have custody or visitation rights of this child or these children, who is not included as a party in this proceeding. Please list the name, complete address and relationship to the child or children: \_\_\_\_\_
  
- The child or children (was, was not, were, were not) the subject of any divorce proceedings involving the biological parents in this or any other State. If Affirmative, describe where, when and the ruling concerning custody and visitation. \_\_\_\_\_
  
- The biological parents are:  Currently Married  Separated but Legally Married  
 Divorced  Never Married
  
- A social service agency such as Children's Protective Service, Catholic Social Services or the Department of Jobs and Family Services, (is, is not) currently involved with the welfare of these child or these children. Please explain affirmative answer: \_\_\_\_\_
  
- The petitioner(s) (has a, has no, have a, have no) history of charges, conviction, adjudication, guilty plea or been determined to be the perpetrator of any criminal offense that involved an act that resulted in a child being abandoned, abused or neglected. Please provide details of affirmative answer: \_\_\_\_\_

11. The petitioner(s) ( has  has not  have  have not) included a separate sworn affidavit or pleading concerning the health, safety or liberty of the petitioner(s), child or children being jeopardized by the disclosure of identifying information as outlined in section D of ORC3127.23.

Michael Hobbs

Petitioner (s)

Sworn to before me and subscribed in my presence this 18 day of December 2007.

Lisa MEEKS  
Notary Public



LISA L. MEEKS  
Notary Public, State of Ohio  
Commission Expires

Child Custody Affidavit - Page 2 of 2

Form 551B - Revised 8/2006

FILED  
HAMILTON COUNTY  
JUVENILE COURT

2007 DEC 20 AM 9:46

JUDGE THOMAS R. LIPP  
JUDGE KARLA L. LIPP

**HAMILTON COUNTY JUVENILE COURT**  
**INFORMATION REQUIRED FOR FILING OF CUSTODY / VISITATION ACTIONS**

CASE NUMBER: \_\_\_\_\_

1. Name and Date of Birth of child or children:

Name: Lucy Kathleen Mullen DOB: 7/27/05 Sex: F

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

2. Biological Father's Name: Scott Liming (Alias Name) N/A DOB: unknown

Complete Address: unknown Zip Code: \_\_\_\_\_

Social Security Number: unknown Phone Number: ( ) unknown

3. Biological Mother's Name: Kelly Mullen (Maiden/Alias Name) \_\_\_\_\_ DOB: 5/18/69

Complete Address: 7996 Hawkhurst Ct. Cleves OH Zip Code: 45002

Social Security Number: 269-80-2862 Phone Number: ( 513 ) 325-7093

4. Petitioner (s) Name: Michele Hobbs DOB: 8/18/62

Complete Address: 456 Milton St. Cin OH 45202 Zip Code: \_\_\_\_\_

Social Security Number: 286-70-0060 Phone Number: ( 513 ) 884-8696

5. Relationship to the child or children: co-parent

6. Current Address of child or children: 7996 Hawkhurst Ct Cleves OH Zip Code: 45002

7. Name of person (s) currently providing care and supervision: Kelly Mullen

Phone Number: ( 513 ) 325-7093

8. Was Child Custody Affidavit, mandated by § 3127.23 -O.R.C., filed? (Form 551 Included with packet)  Yes  No

9. Has an Affidavit for Publication been filed (When address can't be identified)  Yes  No

10. Has the Father of the child or children been ordered to pay Child Support?  Yes  No

11. Does any other person (s), excluding the biological parents, have any Court Ordered Custody or Visitation Rights concerning this child or these children?  Yes  No If so, please list: Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Relationship to the child or children: \_\_\_\_\_

12. Are any Social Service Agencies currently involved with this child or these children?  Yes  No If so list Agency

Name: \_\_\_\_\_ Caseworker: \_\_\_\_\_

13. Attorney's Name: LISA HART Address: 215 E. 9th Street, Suite 650

City: Cynth State: OH Phone: (513) 639-7000

2007 DEC 20 AM 9:48

JUDGE THOMAS G. HOPPS  
 JUDGE KARL...

**Hamilton County Juvenile Court**  
800 Broadway  
Cincinnati, Ohio 45202  
513-946-9200

**AUTHORITY TO RELEASE INFORMATION**

I, the undersigned, hereby authorize the Hamilton County Juvenile Court to obtain any and all record information or files pertaining to my / our arrest and or conviction on any charge.

I, the undersigned, further authorize the Hamilton County Juvenile Court to obtain any and all record information or files pertaining to child abuse, abandonment or neglect investigations, including records of services provided by the Hamilton County Department Of Jobs and Family Services. (Formerly known as Hamilton County Department of Human Services).

I further authorize and request the custodian of any records and information described above to release such records and information at the request of the Hamilton County Juvenile Court or it's authorized representative or designee upon presentation of this release or a photo copy thereof.

This release is executed with the full knowledge and understanding that the information is for the official use of the Hamilton County Juvenile Court in the determination of a Custody and or Visitation petition as well as other associated Court matters.

Should there be any question regarding the validity of this release, please contact me / us as directed below.

Last Name: Hobbs First Name: Michele MI: \_\_\_\_\_

Date of Birth: 8/18/62 Social Security Number: 286-70-0060.

Address: 456 Milton St. City Cincinnati State OH Zip 45202

Home Phone: 513-884-8696 Daytime Phone: 513-396-7625

X Michele Hobbs  
Signature

Date: 12.18.07

Witnessed by: \_\_\_\_\_

FILED  
HAMILTON COUNTY  
JUVENILE COURT

2007 DEC 20 AM 9:48


JUDGE THOMAS R. LIPPS  
JUDGE KARLA J. LIPPS

# Hamilton County Sheriff Office Personal Information Release Form

Print Clearly

Name: Michele Hobbs  
Address: 456 Millon Street, Cincinnati, OH 45202  
Date of Birth: 8/18/62  
Soc. Sec. No. 286-70-0060  
Sex:  M  F Race: W

I, the undersigned authorize the Hamilton County Sheriff Office to release information regarding any Traffic or Criminal convictions that I have on file. If it is necessary to verify this Authorization, I can be reached at telephone number 513-884-8696.  
This Authorization is void if not exercised by the person or organization named on the reverse side of this form within (1) year from the date signed. I hereby agree to indemnify the County of Hamilton and the Hamilton County Sheriff and his representatives for any liability arising out of the improper use of the information provided.

Signature:  Date: 12-18-07

Form ID Hes 2-90

# Hamilton County Sheriff Office Personal Information Release Form

Print Clearly

FILED  
HAMILTON COUNTY  
JUVENILE COURT  
2007 DEC 20 AM 9:10  
JUDGE THOMAS  
JUDGE KARR

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Soc. Sec. No: \_\_\_\_\_  
Sex:  M  F Race: \_\_\_\_\_

I, the undersigned authorize the Hamilton County Sheriff Office to release information regarding any Traffic or Criminal convictions that I have on file. If it is necessary to verify this Authorization, I can be reached at telephone number \_\_\_\_\_  
This Authorization is void if not exercised by the person or organization named on the reverse side of this form within (1) year from the date signed. I hereby agree to indemnify the County of Hamilton and the Hamilton County Sheriff and his representatives for any liability arising out of the improper use of the information provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form ID Hes 2-90

## Certification of Purpose

I, the undersigned, certify that the information applied for will be used only for the purpose for which it is requested and agree that this information will immediately be destroyed after use or if retained, not released outside my agency.

Type of Record Check:  
Criminal: \_\_\_\_\_  
Traffic: \_\_\_\_\_  
Criminal and Traffic: \_\_\_\_\_  
Information Requested by: \_\_\_\_\_  
Company Name / Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_

FOR SHERIFF OFFICE USE ONLY:

Operator: \_\_\_\_\_ Date: \_\_\_\_\_  
Record: \_\_\_\_\_ No Record: \_\_\_\_\_

## Certification of Purpose

I, the undersigned, certify that the information applied for will be used only for the purpose for which it is requested and agree that this information will immediately be destroyed after use or if retained, not released outside my agency.

Type of Record Check:  
Criminal: \_\_\_\_\_  
Traffic: \_\_\_\_\_  
Criminal and Traffic: \_\_\_\_\_  
Information Requested by: \_\_\_\_\_  
Company Name / Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_

FOR SHERIFF OFFICE USE ONLY:

Operator: \_\_\_\_\_ Date: \_\_\_\_\_  
Record: \_\_\_\_\_ No Record: \_\_\_\_\_



**HAMILTON COUNTY JUVENILE COURT**  
**SERVICE REQUEST**

**WRITTEN REQUEST FOR SERVICE** (Civil)  
 **PRAECIPE** (Delinquent/Criminal)

CASE NUMBER: \_\_\_\_\_

IN RE: Lucy Kathleen Mullen

Case Type: CUSTODY Reason for Hearing: MOTION

Charges: \_\_\_\_\_

A hearing is scheduled on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, at \_\_\_\_\_  AM  PM.

(MAG. / JUDGE) \_\_\_\_\_ Case Manager: \_\_\_\_\_

**Type of Form:** (Summons) (Subpoena) or (Notice) (List one of these selections for each address listed below.)  
(Parties) (Witnesses) (Attorney/Parties)

**Type of Service:** (Regular Mail) (Certified Mail) (Personal Service)  
(Usual Service)  
(Residential Service) or (Publication) (List one of these selections for each address listed below.)

|    | <u>Type of Form</u> | <u>Type of Service</u> | <u>Name and Complete Address and Zip Code</u>                               |
|----|---------------------|------------------------|---|
| 1. | <u>SUMMONS</u>      | <u>CERTIFIED MAIL</u>  | <u>Kelly Mullen</u><br><u>7996 Hawkhurst Ct.</u><br><u>Cleves, OH 45002</u> |
| 2. | _____               | _____                  | _____   |
| 3. | _____               | _____                  | _____   |
| 4. | _____               | _____                  | _____   |

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HAMILTON COUNTY  
JUVENILE COURT

2007 DEC 20 AM 9:48

Requested by: Lisa T. Meeks Phone: (513)639-7000

Address: 215 E. Ninth St., Suite 650 City Cincinnati State OH Zip 45202

**To the Petitioner (s):** The Hamilton County Juvenile Court will request the Hamilton County Department of Jobs and Family Services, (Formerly known as Hamilton County Department of Human Services), to provide case activity information concerning you, the child or children as well as any other person living in your household. The following information is **required** and **necessary** to process your Custody / Visitation petition. **Include any maiden names or alias names used by any household members.**

Court Date: \_\_\_\_\_ Magistrate \_\_\_\_\_ Case Number: \_\_\_\_\_

In Re: Lucy Kathleen Mullen

Petitioner (s) #1 Name: Michele Hobbs DOB: 8/18/62 SSN: 286-70-0060  
 Address: 456 Milton Street City Cincinnati  
 State OH Zip 45202 Phone Number(s): (513-) 884-8696

Petitioner (s) #2 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number (s): (\_\_\_\_) \_\_\_\_\_

Biological Mother's Name: Kelly Mullen Biological Father's Name Scott Liming  
 DOB: 5/18/69 SSN: 269-80-2862 DOB: unknown SSN: unknown

Children currently in your home or subject to your current filing.

Child's Name: Lucy Kathleen Mullen DOB: 7/27/05 Relationship co-parent to child  
 Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship \_\_\_\_\_

Adults Currently Living in Your Household (include maiden name or alias name if applicable):

Name: Michele Hobbs DOB 8/18/62 SSN 286-70-0060  
 Name: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

.....  
 (For Official Use Only by HCDJFS)

- No Record for any of the indicated parties has been identified.  
 A case is currently open on:  Petitioner (s)  Child  Other \_\_\_\_\_

The case is assigned to: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
 The supervisor is: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

- A prior case is identified on:  Petitioner (s)  Child  Other \_\_\_\_\_

| OPENED | CLOSED | PETITIONER/CHILD | DISPOSITION | ON-GOING SERVICES |
|--------|--------|------------------|-------------|-------------------|
|        |        |                  |             |                   |
|        |        |                  |             |                   |
|        |        |                  |             |                   |
|        |        |                  |             |                   |
|        |        |                  |             |                   |
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FILED  
 HAMILTON COUNTY  
 JUVENILE COURT

2007 DEC 20 AM 9:48

JUDGE THOMAS R. LIPPES  
 JUDGE KARI A.

Custody Investigation Recommended. Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_