

**IN THE COURT OF COMMON PLEAS**  
**DOMESTIC RELATIONS**      **Division**  


---

**MONTGOMERY**              **COUNTY, OHIO**

Name	:	
Street Address	:	Case No. _____
City, State and Zip Code	:	Judge _____
Plaintiff/Petitioner	:	
vs.	:	Magistrate _____
Name	:	
Street Address	:	
City, State and Zip Code	:	
Defendant/Petitioner	:	

**Instructions:** This form is used to request the enforcement of a court order and hold the other party in contempt for violating the court order. A Request for Service (Uniform Domestic Relations Form 28) and a proposed Show Cause Order, Notice and Instructions to the Clerk (Uniform Domestic Relations Form 22) must be filed with this Motion. Check local court procedures.

**MOTION FOR CONTEMPT AND AFFIDAVIT**

I, \_\_\_\_\_ (name), request an order for  
 \_\_\_\_\_ (other party's name) to appear and show cause  
 why he/she should not be held in contempt for violating a court order and a finding of contempt for violating  
 the court order regarding the following (check all that apply):

1.  Interference with parenting time or other parenting orders filed on \_\_\_\_\_ (date).
  
2.  Failure to pay child support, as required by the order filed on \_\_\_\_\_ (date)  
 and the total arrearage owed is \$ \_\_\_\_\_  
*(Bring to the hearing an up-to-date printout from the County Child Support Enforcement Agency  
 showing the amount of the child support owed to you.)*
  
3.  Failure to pay spousal support, as required by the order filed on \_\_\_\_\_ (date)  
 and the total arrearage owed is \$ \_\_\_\_\_  
*(Bring to the hearing an up-to-date printout from the County Child Support Enforcement Agency)*

or other independent proof showing the amount owed to you.)

- 4.  Payment or reimbursement of health care expenses incurred for the minor child(ren). Attach an Explanation of Health Care Bills (Uniform Domestic Relations Form 26) and bring to the hearing the following documents:
  - a. Copies of each bill for which you seek reimbursement;
  - b. Proof of payment by you. Proof of payment may include a receipt for payment signed by the health care provider, a copy of a cancelled check, or a copy of a credit card statement verifying the amount paid; and
  - c. Explanation of Benefits forms showing payment made by the health insurance carrier.
  
- 5.  Failure to comply with the Court's orders of \_\_\_\_\_ (date) regarding (check all that apply):
  - Transfer of real estate, as follows: \_\_\_\_\_
  - Payment of debt, as follows: \_\_\_\_\_
  - Refinance of debt, as follows: \_\_\_\_\_
  - Distribution of personal property, as follows: \_\_\_\_\_
  - Other (specify): \_\_\_\_\_
  
- 6. Costs and any other relief as necessary and proper are also requested.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Telephone number at which the Court may reach you or at which messages may be left for you

**OATH**

(Do not sign until Notary is present.)

I, \_\_\_\_\_ (name), swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

\_\_\_\_\_  
Your Signature

Sworn before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_