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

JUDGE RICK RODGER

| PETITIONER (1) NAME | |
|---|---|
| PETITIONER (2) NAME | |
| ADDRESS | |
| CITY, STATE, ZIP | |
| Petitioner(s) | Case No.: |
| v. | - |
| | |
| RESPONDENT (1) NAME | |
| and | |
| RESPONDENT (2) NAME | MOTION TO INTERVENE Juv.R. 2(BB), Civ.R 24 |
| RESPONDENT (3) NAME | |
| Respondent(s) | |
| NOW comes | [Name(s)], Petitioner(s), |
| who respectfully request this Court grant them l | eave to intervene and name them as a party |
| (parties) to this matter pursuant to Juv.R. 2(BB) a | nd Civ.R. 24(B) as applicable. |
| Petitioner(s) seek(s) to intervene in the act | on(s) to file [Describe Motion, Pleadings, etc.]: |

 \square _____[#] additional pages attached.

| Petitioner(s) state(s) that their relationship to the | ne minor child(ren) is [Describe]: |
|---|---|
| | |
| Petitioner(s) further state that [Mark as app | ☐[#] additional pages attached. |
| | In the absence of the minor child(ren)'s natural control of the child(ren) and exercised parental enefit of the child(ren). |
| | lial or visitation rights to the child(ren) on tified copy of that court order is submitted |
| ☐ It is in the child(ren)'s best interests that F [Describe]: | Petitioner(s) be permitted to intervene, because |
| | |
| | |
| | |
| | |
| Respectfully Submitted, | □[#] additional pages attached. |
| Petitioner (1) Signature | Petitioner (2) Signature |
| Petitioner (1) Typed Name | Petitioner (2) Typed Name |
| Petitioner (1) Phone | Petitioner (2) Phone |
| Petitioner (1) Email | Petitioner (2) Email |

CERTIFICATE OF SERVICE

| I/I | I/We, the undersigned Petitioner(s), hereby certify that on [DATE], | | | | | |
|---|---|--------------------------|----------------------------|--|--|--|
| I/ | we served copies of the foregoing | motic | on (and attachments, | if any) upon all parties and counsel of | | |
| • | cord for this matter, by the method | | | | | |
| 10 | cord for time matter, by the method | inaic | atea below. | | | |
| _ | | | | | | |
| Petitioner (1) Signature | | Petitioner (2) Signature | | | | |
| | Mark <u>as appropriate</u> . If a | a party | is represented by an att | orney, serve their attorney. | | |
| | ☐ Respondent (1) Name (and Attorney Name, if represented): | | | | | |
| 1 | Address: | | | | | |
|] | Method: □ U.S. Mail □ Certified Mail □ Other [SPECIFY]: | | | | | |
| | Posnondant (a) Name (and Attorne | w Nan | a if raprocented). | | | |
| | | | | | | |
| Address: | | | | | | |
| | | | | | | |
| | □ Respondent (3) Name (and Attorney Name, if represented): | | | | | |
| Address: | | | | | | |
| Method: □ U.S. Mail □ Certified Mail □ Other [SPECIFY]: | | | | | | |
| | Party Name (and Attorney Name, if r | eprese | ented): | | | |
| Address: | | | | | | |
|] | Method: □ U.S. Mail □ Certified Mail □ Other [SPECIFY]: | | | | | |
| | Dowley Names (and Attempty Names if represented). | | | | | |
| | Party Name (and Attorney Name, if represented): | | | | | |
| | Method: □ U.S. Mail □ Certified Mail □ Other [SPECIFY]: | | | | | |
| - | | 0 | mer [er Leit 1]. | | | |
| | Union County Human Services/ | By: | □ U.S. Mail | \square Juvenile Clerk's Office In-box | | |
|] | DJFS/Children's Services | | ☐ Other [SPECIFY]: | | | |
| _ 1 | Union County CSEA | By: | □ U.S. Mail | ☐ Juvenile Clerk's Office In-box | | |
| | | | ☐ Other [SPECIFY]: | | | |
| | CASA and/or GAL | By: | □ U.S. Mail | ☐ Juvenile Clerk's Office In-box | | |
| | | | ☐ Other [SPECIFY]: | | | |
| | Union County | By: | □ U.S. Mail | ☐ Juvenile Clerk's Office In-box | | |
|] | Prosecuting Attorney | | \square Other [SPECIFY]: | | | |

[ATTACH ADDITIONAL PAGES TO INDICATE ADDITIONAL CERTIFICATIONS OF SERVICE, IF NECESSARY]