Bazetta Township Custody Dispute Form

The purpose of this form is to help remove police officers from the process of documenting custody disputes when it is the word of one party against the other. Upon completion of this form return it along with other additional information and/or a copy of the custody agreement to the Bazetta Township Police Department. A copy of this form will be filed along with any additional documentation provided. Please, ensure you make the necessary amount of photocopies prior to submitting this documentation to the police department.

THIS FORM SHOULD NOT BE USED IF VIOLENCE OR THE THREAT OF VIOLENCE HAS OCCURRED, IS BELIEVED TO BE OCCURRING, OR THE SAFETY AND WELL BEING OF THE CHILD/CHILDREN OR ANOTHER LISTED PARTY IS IN QUESTION.

If violence has been used or you feel the child/children are in danger please contact the Bazetta Township Police Department immediately at 330-638-5503 or contact the Trumbull County 911 Center at 330-675-2730 and ask to speak to an officer.

If you need emergency assistance call 911 immediately!



Bazetta Township Police Department

2671 McCleary-Jacoby Road Cortland, OH 44410

BPD	Use Only
ATE RECEIVED	
ATE RECEIVED	

TIME RECEIVED

RECEIVED BY (PRINT NAME)

Instructions:

Citizen Custody Dispute Form

1) Complete this form with as much information as possible.

- 2) Make your own photocopies before returning form.
- 3) Return completed copy to Bazetta Township Police Department by person or by mail.
- 4) Upon return a case number will be assigned.
- 5) Provide your copies to your lawyer and inform him or her a copy of this form has been filed with this department.

O.R.C- 2921.13 Falsification:

No person shall knowingly make a false statement, or knowingly swear or affirm the truth of a false statement previously made, when the statement is made in any official proceeding or the statement is made with purpose to incriminate another or the statement is sworn or affirmed before a notary public or another person empowered to administer oaths or the statement is in writing on or in connection with a report or return that is required. or authorized by law. Whoever violates this section is guilty of falsification, a misdemeanor of the first degree.

Complainant Inf	formation	This form is to be filled out by the person making the complainant.					
LAST NAME	FIRST NAME		MI	DATE OF BI	RTH	SEX	RACE
HOME ADDRESS		CITY	STAT	E	ZIP		COUNTY
HOME PHONE NUMBER			WORK PHONE NUMBER	R	DRIVERS LICE	NSE NUM	BER (STATE)
Other Parent/Guard	ian Information						
LAST NAME	FIRST NAME		MI	DATE OF BI	RTH	SEX	RACE
HOME ADDRESS		CITY	STAT	E	ZIP		COUNTY
HOME PHONE NUMBER			WORK PHONE NUMBER	₹	DRIVERS LICE	NSE NUMI	BER (STATE)
Child(s) Infor	mation		List all childre	n involved i	in this compl	aint.	
LAST NAME	FIRST NAME		MI	DATE OF BII	RTH	SEX	RACE
AST NAME	FIRST NAME		MI	DATE OF BIR	тн	SEX	RACE
AST NAME	FIRST NAME		MI	DATE OF BIR	ТН	SEX	RACE

Incident Information	
INCIDENT DATE INCIDENT TIME	INCIDENT LOCATION
Court Paperwork Information	YES NO PENDING
Is there court documentation related to this If yes, Custody Paperwork Provided? YES	
CUSTODY/VISITATION COURT ORDER# COUNT	TY/STATE JUDGE ATTORNEY
Nature of Complaint	Be as specific as possible.
Parent/guardian did not pick up/retur How long were they late? (Days/Hor	e to pick up my child/children for scheduled custody/visitation. ern the child/children from visitation on time. ern the child/children from visitation on time. ern the child/children from visitation with the child/children.
	rip between the involved party and myself is: Vorced Child in Common Other Guardian
the other party involved refused visitation, and when your last continuity include common meeting location issues including but not limited Times child/child Visitation hours Special times when the continuity involved in the continuity in the	dren to be picked up or dropped off.

• How long this custody issue has been occurring and any other information you deem necessary to provide.



CUSTODY DISPUTE NARRATIVE PAGE

I THE UNDERSIGNED HAVE READ AND UNDERSTAND ALT THIS FORM. I UNDERSTAND THAT ANY FALSE STATEMEN 2921.13 AND THAT I COULD FACE JAIL TIME UP TO SIX MO HEREBY ATTEST ALL STATEMENTS MADE ARE TRUE AN	NTS MADE IS IN VIOLATION OF ORC ONTHS AND OR A \$1,000.00 FINE. I
SIGNATURE OF COMPLAINANT	DATE
DIGITALIONE OF COMITEMINATE	DATE