

**CLARK COUNTY COMMON PLEAS COURT
DOMESTIC RELATIONS DIVISION
JUVENILE SECTION**

101 E. Columbia Street
Springfield, OH 45502-1194
Telephone (937) 521-1600
Fax (937) 521-3200



Judge
Katrine M. Lancaster
Magistrate
Brandin D. Marlow
Nichol R. Smith
Administrator
Nichol R. Smith

CLARK COUNTY COURT OF COMMON PLEAS
JUVENILE COURT DIVISION
JUDGE KATRINE LANCASTER

ENCLOSED: UNRULY PACKET INFORMATION

The following steps are to ensure that proper filing of an unruly charge occurs:

- **Youth must be 13 years of age or older for an unruly filing.**
- Pick up the unruly packet at the Clark County Juvenile Court. **“Please read the attached requirements!”**
- Fill out packet completely and provide supporting documentation of appropriate intervention (i.e. counseling, pro-social activities, parenting classes, etc.). **“Available resources are attached”**
- **Once the packet is completed, contact an Intake Officer to review the packet.**
- **Do not sign complaint until time of filing!** (A notary/Deputy Clerk is available at the Clark County Juvenile Court) 101 E. Columbia St. Springfield, OH 45502.
Court hours
8:00 a.m. - 4:00 p.m. (Monday – Friday)
- A \$50.00 fee may be assessed at the completion of the case.

Chief Probation Officer
Jan Gault
(937) 521-1600 Ext. 1660

Intake Officers

Lezlie Barron
(937) 521-1669

Dr. Kamar Wade
(937) 521-1677

Erika McWhorter
(937) 521-1646

X _____

X _____

X _____

IN THE COURT OF COMMON PLEAS OF CLARK COUNTY, OHIO
DOMESTIC RELATIONS DIVISION-JUVENILE SECTION

IN THE MATTER OF

CASE NO.

Child's Name: _____

UNRULY COMPLAINT

I, _____, am the custodian, guardian or parent with custodial rights of the minor child, _____, whose date of birth is _____. I assert and affirm the following to be true:

That on _____ (dates of unruly behavior), my child, _____ (child's name)

_____ Did not submit to the reasonable control of his/her parents, teachers, guardian, or custodian, by reason of being wayward or habitually disobedient; or

_____ Is a habitual truant from school (a habitual truant is any child of compulsory school age who is absent without legitimate excuse for: • 30 or more consecutive school hours; or • 42 or more hours in one school month; or • 72 or more hours in a school year); or

_____ Behaves in a manner as to injure or endanger the child's own health or morals or the health or morals of others; or

_____ Has violated a law, other than division (C) of section 2907.39, division (A) of section 2923.211, division (C)(1) or (D) of section 2925.55, or section 2151.87 of the Revised Code, that is applicable only to a child.

Specifically, my child, _____, has committed the following acts of unruly behavior:

This in violation of R.C. 2151.022.

Respectfully Submitted,

Sign: _____

Your Name: _____

Address: _____

Phone: _____

Email: _____

I hereby attest that this statement was sworn before me and in my presence on
_____, 20____ by
_____ in Clark County, Ohio.

NOTARY PUBLIC / DEPUTY CLERK

(Jan2022)

Community Resources

Adult Treatment Facilities

- Bright View: 866.774.6768
- Clean Slate: 937.521.8150
- Cornerstone: 937.815.7488
- McKinley Hall: 937.328.5300
- Recovery of Springfield: 937.688.3743
- Ethan's Crossing: 833.691.0736

Alternative Schools

- Cliff Park: Diamond Coleman 937.342.3006
- OIC: Tim Lockwood 937.325.0694

Community Assistance

- Clark County Combined Health District: 937.390.5600
- Clark County Department of Job and Family Services: Family Stability (FST), Family in Need (FINS), and Ohio Means Jobs: 937.327.1700
- Help Me Grow: 937.322.2099
- Parent Infant Center: 937.322.4939
- United Senior Services: 937.323.4948
- United Way (Information and Referral): 937.323.1400
- Women, Infant, and Children (WIC): 937.325.0464

Counseling Agencies

- Catholic Social Services: 937.325.8715
- Child, Adolescent, and Family Center: 937.390.7960
- Citi Lookout: 937.322.6532
- Clark County Juvenile Court Mediation (cost associated with this service): 937.521.1674
- Mercy Reach: 937.390.5338
- Oesterlen Services for Youth: 937.399.6101
- Positive Perspectives: 937.390.3800
- Rocking Horse: 937.324.1111
- WellSpring: 937.325.5564
- Youth Challenges: 937.390.8004

- Larry Alexander and Associates: 937.342.9590

Employment Assistance

- CCMEP (Dept. of Job and Family Services): Teresa Arnold 937.327.1913
- Opportunity for Individual Change (OIC): 937.631.6855
- Vocational Rehabilitation Office: 937.399.9263
- Ohio Means Jobs (Dept. of Job and Family Services): 937.327.1700

Faith Based

- Young Life: Ryan Erwin 614.579.2501
- Young Lives(teen moms): Mandy Maruse 614.425.1342
- HOPE: Jackie Mounts 937.322.4673
- Urban Light Ministries: 937.328.0122

Food Pantry

- Clifton Ave. Church of God: 937.324.5398
- Family Needs: 937.521.2800
- Good Samaritan Outreach Center: 937.323.2323
- Salvation Army: 937.322.3434
- Second Harvest Food Pantry: 937.325.8715
- Springfield Soup Kitchen: 937.925.2900
- St. Vincent de Paul: 937.325.8880

Housing

- Interfaith Hospitality: 937.325.8154
- Springfield Metropolitan Housing: 937.325.7331

Legal Advice

- Legal Aide: Lisa McIntosh 937.535.4426

Mentoring

- HOPE: Jackie Mounts 937.322.4673
- Family and Youth Initiatives: 937.845.0403

Parenting Classes

- Encompass Connection Center: Abby Glaser 937.324.3604
- Rocking Horse: 937.324.1111
- Urban Light: 937.328.0122
- Help Me Grow: 937.322.2099
- The Parent's Toolshop

Pro Social Agencies

- Inside Out Youth: 937.525.9953
- On the Rise: Deb McCullough 937.964.1402
- Project Jericho: 937.328.3869
- The Dome: 937.505.2800
- The Rock: 937.322.4673
- Brake the Cycle: Please review their FaceBook page

Transportation

- Springfield City Area Transit (SCAT): 937.328.3597
- WorksPlus: 937.324.7587

www.onoursleeves.org

Revised 12/10/21

CLARK COUNTY
COURT OF COMMON PLEAS
JUVENILE COURT DIVISION
HON. JUDGE KATRINE LANCASTER

UNRULY REFERRAL QUESTIONNAIRE

Please answer all of the following questions completely and to the best of your knowledge. Your honesty of the provided information is essential and will assist the Court in processing the Unruly complaint.

The assigned Intake Officer will notify you of the status of this referral by phone or letter at a later date.

Name: _____

Address: _____

Phone Number: _____

I am submitting an unruly referral in regards to _____ DOB _____ with whom I am the legal custodian.

1. What is your relationship to the above named child? _____ if you are not a biological parent, how long have you had custody of the youth? Attach custody entry.

2. Have you ever spoken to or met with Court staff to report issues that you are/have had with your child? ___yes ___no if yes with whom did you speak with _____ approximate month/year _____

3. Is your child currently on probation or have an open case with this Court? ___ yes ___no

4. Has your child ever been on Probation or received Diversion Services with this Court or in any other county? ___yes ___no if yes in what County and what was the complaint?

5. Are you and/or your child receiving supportive services from a community agency such as Job and Family Services, counseling agency, treatment center, Department of Developmental Disabilities, primary care physician, psychologist etc? ____yes ____no If yes, please provide the agency name and person assisting your family, their contact number, the length of time your child/family has been receiving services, frequency of contacts (biweekly, monthly) with the provider and or when (month/year) the services were terminated. _____

6. Has your child every been diagnosed with behavioral or mental health issues? (i.e. ADHD, bipolar, conduct disorder, autism) ____yes ____no If yes what, when and by whom were they diagnosed? _____

7. Is your child currently or has ever been prescribed medications to deal with a behavior or mental health issue? ____yes ____no if yes what medication and when was the last time your child took the medication? _____

8. Does your child have an IEP at school? ____yes ____no if yes attach the most recent copy

9. Do you suspect any drug or alcohol use by your child? ____yes ____no if yes, explain you suspicion _____

10. Have there been any history or recent acts of physical violence or threats of violence among family/household members in the home ____yes ____no if yes explain _____

11. In what way(s) is your child being Unruly? Please be specific as possible and include the month and year the issues began? Are the problems predominantly at home, or does your child also have issues at school and the community? Have any of your child's behaviors required law enforcement or other legal interventions? _____

12. What kind of discipline or interventions have you attempted in order to correct your child's behaviors? _____

13. What are the positive qualities of your child and what motivates them to do well?_____

14. Briefly note any other background information that you believe is relevant for the Court to consider when reviewing this referral._____

I attest that I am the legal custodian of _____
DOB_____and that the information presented on this questionnaire is true. I understand that there will be a delay in the consideration of this Unruly referral if all the requested documentation is not provided.

Printed Name

Signature

Date