

**IN THE MATTER OF COMMON PLEAS, PICKAWAY COUNTY, OHIO
JUVENILE COURT**

Todd Shuttleworth

Plaintiff

Case Number: 20264064

-vs-

Kimberly L. Gragg

Defendant

Attention: KIMBERLY GRAGG

Posted by: DESTINY BINKLEY

Posting Date: 05/19/2026

Date Posting Removed: 07/21/2026

Removed by:

FILED

IN THE COMMONS PLEAS COURT OF PICKAWAY COUNTY, OHIO
JUVENILE COURT

2026 MAY 19 AM 10:27

Todd Shuttleworth

Case Number: 20264064
SHELLEY R. HARSHA
JUVENILE COURT JUDGE
PICKAWAY COUNTY, OHIO

Plaintiff

-vs-

Kimberly L. Gragg

Defendant

NOTICE OF HEARING

Notice is hereby given that the above captioned matter will be before **Magistrate Carrie Charles** on **07/21/2026 @ 9:00 AM** in the Court of Common Pleas, Juvenile Division, located at 207 S. Court St, Basement, Circleville, OH 43113. The matter is scheduled for **STATUS**.

CC:
T. SHUTTLEWORTH
K.GRAGG

Shelly R. Harsha
Judge and Ex-Officio Clerk
By: *Destiny Brimley* Deputy Clerk
05/19/2026

CERTIFICATE OF SERVICE

I hereby certify that I served a copy of the foregoing Notice of Hearing upon the parties of this case by:

- Email
- Mail
- Mail Box
- Sheriff Service
- By Hand

**IN THE COURT OF COMMON PLEAS, PICKAWAY COUNTY, OHIO
JUVENILE DIVISION**

Todd Shuttleworth,

Plaintiff

-v-

Kimberly Gragg,

Defendant.

Case No. 20264064

Judge Harsha

Magistrate Charles

SHELLY R. HARSHA
JUVENILE COURT JUDGE
PICKAWAY COUNTY, OHIO

2026 MAY 19 AM 9:32

FILED


MAGISTRATE'S ORDER

This matter comes before the Court on Plaintiff's Complaint for Allocation of Parental Rights and Responsibilities filed April 23, 2026. Plaintiff was present and not represented by counsel. Defendant was not present and service has not been perfected. The Court took testimony from Plaintiff and makes the following findings of fact.

Plaintiff (hereinafter "Father") and Defendant (hereinafter "Mother") are the biological parents of M█████ S██████████h (DOB: 01/15/14). Paternity has been established by affidavit of paternity. The child is currently in the 6th grade at Circleville Middle School. The child has resided with Father since her birth. Father has resided at his home in Circleville for the eight years. Mother is currently experiencing significant mental health issues which cause concern in her ability to parent the child. She is currently homeless and was last known to stay at a hotel on Rt. 23 in Circleville. She has been reported missing by her older child, which prompted a missing person's alert in the Franklin County area. She has had interaction with law enforcement which has resulted in her transfer to Sun Behavioral Health for mental health services. She has also been at sober living facilities and left those voluntarily.

Following the hearing the Court makes the following orders:

1. Plaintiff-Father shall be named residential parent and legal custodian of the minor child, M [REDACTED] (DOB: 01/15/14).
 2. Defendant-Mother shall have parenting time at the discretion of Plaintiff-Father.
 3. Plaintiff-Father shall perfect service upon Defendant-Mother prior to the next hearing.
- The Clerk shall post the Complaint and all documents pursuant to Local Rule for Defendant-Mother.
4. This matter shall be set for further hearing by separate notice.



Carrie L. Charles, Magistrate
Date: May 19, 2026

NOTICE TO ATTORNEYS AND PARTIES

- A party may, pursuant to Juv. R. 40 and Civ. R. 53 file a written motion to set aside a Magistrate Order within ten (10) days of the filing of the order; a written objection to a Magistrate Decision must be filed within fourteen (14) days of the filing of the decision. If objections are timely served and filed by any party, any other party may serve and file objections within ten (10) days of the date on which the first objections were filed, or within the time otherwise prescribed by this rule, whichever period last expires. Such objections shall be considered a motion. Objections shall be specific and state with particularity the grounds therefore. Upon consideration of the objections, the Court may adopt, reject or modify the Decision; hear additional evidence; recommit the matter to the Magistrate with instructions; or, hear the matter itself.
- A party shall not assign as error on appeal the court's adoption of any finding of fact or conclusion of law, whether specifically designated as a finding of fact or conclusion of law under Civ. R. 53(D)(3)(a)(ii), in that decision unless the party timely and specifically objects to that finding or conclusion as required by Civil Rule 53(D)(3)(b) and/or Juvenile Rule 40(D)(3)(b).

INSTRUCTIONS FOR SERVICE

The Clerk of Court shall serve a copy of this entry upon the parties and their attorneys in accordance with Civil Rule 53(D)(2) and/or Juvenile Rule 40(D)(3). Specifically, the Clerk of Court shall serve the parties and their attorneys with this entry by regular U.S. mail no later than three (3) days after the Order was filed at the address provided.

Todd Shuttleworth, via hand delivery
Kimberly Gragg, by posting

FILED

IN THE COURT OF COMMON PLEAS, PICKAWAY COUNTY, OHIO AM 11:03
JUVENILE DIVISION

SHELLY R. HARSHA
JUVENILE COURT JUDGE
PICKAWAY COUNTY, OHIO

IN THE MATTER OF:

Mary Shuttleworth
A MINOR

Todd A Shuttleworth
Name
358 E Mound St
Street Address
Circleville OH, 43113
City, State and Zip Code

Case No. _____

Plaintiff

-v-

Kimberly Gragg
Name
23897 US 23
Street Address
Circleville OH 43113
City, State and Zip Code

Defendant

COMPLAINT FOR PARENTAGE, ALLOCATION OF PARENTAL RIGHTS
AND RESPONSIBILITIES (CUSTODY), AND PARENTING TIME (COMPANIONSHIP
AND VISITATION)

Now come Plaintiff and states as follows:

1. Plaintiff is a parent of the following child(ren):

Name of Child	Date of Birth
Mary Shuttleworth	Jan. 15th 2014
_____	_____
_____	_____
_____	_____

2. Defendant, Kimberly Gragg, is a parent of the following child(ren):

Name of Child	Date of Birth
<u>Mary Shuttleworth</u>	<u>Jan. 15th 2014</u>
_____	_____
_____	_____
_____	_____

3. The child(ren) has/have resided in Pickaway County, Ohio since Jan. 15th 2014

4. A parent-child relationship has been established for the following child(ren):

Name of Child	Date of Birth	Established by
<u>Mary Shuttleworth</u>	<u>Jan. 15th 2014</u>	<input checked="" type="checkbox"/> Acknowledgement of Paternity <input type="checkbox"/> Administrative Order <input type="checkbox"/> Court Order
_____	_____	<input type="checkbox"/> Acknowledgement of Paternity <input type="checkbox"/> Administrative Order <input type="checkbox"/> Court Order
_____	_____	<input type="checkbox"/> Acknowledgement of Paternity <input type="checkbox"/> Administrative Order <input type="checkbox"/> Court Order
_____	_____	<input type="checkbox"/> Acknowledgement of Paternity <input type="checkbox"/> Administrative Order <input type="checkbox"/> Court Order

5. A parent-child relationship has NOT been established for the following child(ren):

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

6. No court has issued an order of parenting or support for the following child(ren):

Name of Child	Date of Birth
<u>Mary Shuttleworth</u>	<u>Jan. 15th 2014</u>
_____	_____
_____	_____
_____	_____

7. The following child(ren) is/are subject to an existing order of parenting or support of another court:

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

8. Plaintiff requests that the court: (check all that apply):

- Order genetic testing and determine parentage of the child(ren);
- Designate Todd A Shuttleworth (parent's name) as the parent of the children, Mary Shuttleworth (child(ren)'s names);
- Change the child(ren)'s name to _____
- _____ is can only be done by the Juvenile Court on the initial determination of paternity);
- Issue an order to the Ohio Department of Health to prepare (a) new birth certificate(s) for the child(ren) to reflect the child(ren)'s parents;
- Adopt the proposed Shared Parenting Plan which is attached;
- Adopt the proposed Parenting Plan which is attached;
- Order reasonable parenting time (companionship or visitation);
- Order child support, allocate the income tax dependency exemption; and determine who should provide health insurance coverage for the child(ren);
- Other: (specify) _____

Todd A Shuttleworth
Party's signature
Todd A. Shuttleworth
Party's printed name
358 E Mound St.
Address
Circleville OH, 43113
City, State, Zip Code
(740) 571-1317
Telephone Number
Tshuttleworth2@gmail.com
E-mail

IN THE COURT OF COMMON PLEAS, PICKAWAY COUNTY, OHIO

JUVENILE DIVISION

FILED

2026 APR 23 AM 11:24

SHELLY R. HARSHA
 JUVENILE COURT JUDGE
 PICKAWAY COUNTY, OHIO

Todd A Shuttleworth

Case No. _____

Plaintiff

-v-

Kimberly Gragg

Defendant

AFFIDAVIT OF BASIC INFORMATION, INCOME, AND EXPENSES

SECTION I – BASIC INFORMATION

Plaintiff

Defendant

Date of Birth <u>dec. 30th 1983</u>	Date of Birth <u>04/05/1984</u>
Last 4 Digits of Social Security # <u>XXX-XX-1763</u>	Last 4 Digits of Social Security # <u>XXX-XX-</u>
Phone Number <u>(740) 571-1317</u>	Phone Number _____
Email Address <u>TShuttleworth2@gmail.com</u>	Email Address _____
Is an interpreter needed? <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No If yes, explain: _____	Is an interpreter needed? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain: _____
Health: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If health is not good, please explain: _____	Health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If health is not good, please explain: _____

Education: (Check highest level achieved) <input type="checkbox"/> Grade School <input checked="" type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post-Graduate	Education: (Check highest level achieved) <input type="checkbox"/> Grade School <input checked="" type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post-Graduate
Other Technical Certifications: Active Member of the U.S. Military <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Technical Certifications: Active Member of the U.S. Military <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION II – INCOME

	<u>Plaintiff</u>	<u>Defendant</u>
Employed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Employment	April 17th 2017	_____
Name of Employer	UPS	_____
Payroll Address	2450 Rathmell Rd.	_____
Payroll City, State, Zip	Obetz OH, 43207	_____
Scheduled Paychecks Per Year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input checked="" type="checkbox"/> 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52

A. YEARLY INCOME, OVERTIME, COMMISSIONS, AND BONUSES FOR PAST THREE YEARS

	<u>Plaintiff</u>		<u>Year</u>	<u>Defendant</u>
Base yearly income	\$ 108366.67	3 years ago <input type="checkbox"/>	20 <u>23</u>	\$ _____
	\$ 115587.28	2 years ago <input type="checkbox"/>	20 <u>24</u>	\$ _____
	\$ 123438.86	Last year <input type="checkbox"/>	20 <u>25</u>	\$ _____
Yearly overtime, commissions, and/or bonuses	\$ _____	3 years ago <input type="checkbox"/>	20__	\$ _____
	\$ _____	2 years ago <input type="checkbox"/>	20__	\$ _____
	\$ _____	Last year <input type="checkbox"/>	20__	\$ _____

B. COMPUTATION OF CURRENT INCOME

	<u>Plaintiff</u>	<u>Defendant</u>
Base Yearly Income	\$ 120000.00	\$ _____
Average yearly overtime, commissions, and/or bonuses over last 3 years (from part A)	\$ _____	\$ _____



Unemployment Compensation

Plaintiff
\$ _____

Defendant
\$ _____

Disability Benefits

Workers' Compensation

\$ _____

\$ _____

Social Security

\$ _____

\$ _____

Other: _____

\$ _____

\$ _____

Retirement Benefits

Social Security

\$ _____

\$ _____

Other: _____

\$ _____

\$ _____

Spousal Support Received

\$ _____

\$ _____

Interest and dividend income
(source) _____

\$ _____

\$ _____

Other income (type and source)

\$ _____

\$ _____

TOTAL YEARLY INCOME

\$ _____

\$ _____

Supplemental Security Income
(SSI) and/or public assistance

\$ _____

\$ _____

Social Security or Veteran's
benefits received for child(ren)

Based on parent's disability

Based on child's disability

\$ _____

\$ _____

Child support you receive from a
child support enforcement
agency or court order for minor
and/or dependent child(ren) not
of the marriage or relationship

\$ _____

\$ _____

SECTION III – CHILDREN AND HOUSEHOLD RESIDENTS

Minor and/or dependent child(ren) who is/are adopted or born from this marriage or relationship:

Name
Mary Shuttleworth

Date of birth
Jan. 15th 2014

Living with
Todd A Shuttleworth

In addition to the above child(ren):

Plaintiff/Petitioner 1 has 0 other minor biological or adopted child(ren).

Defendant/Petitioner 2 has 0 other minor biological or adopted child(ren). There is/are 2 adult(s) in your household.

SECTION IV – EXPENSES

List monthly expenses below for your present household.

A. MONTHLY HOUSING EXPENSES

Rent or first mortgage (including taxes and insurance)	\$ 750.00
Second mortgage/equity line of credit	\$
Real estate taxes (if not included above)	\$
Renter or homeowner's insurance (if not included above)	\$
Homeowner or condominium association fee	\$
Utilities	
◦ Electric	\$ 72.40
◦ Gas, fuel oil, propane	\$ 158.00
◦ Water and sewer	\$ 35.00
◦ Telephone and/or cell phone	\$ 306.00
◦ Trash collection	\$ 45.00
◦ Cable/satellite television	\$ 250.00
◦ Internet service	\$
Cleaning	\$
Lawn service and/or snow removal	\$
Other: _____	\$
_____	\$
TOTAL MONTHLY: \$ 1616.40	

B. OTHER MONTHLY LIVING EXPENSES

Food	
◦ Groceries (including food, paper, cleaning products, toiletries, and other)	\$ 500
◦ Restaurant	\$ 500
Transportation	
◦ Vehicle loan, lease	\$ 486
◦ Vehicle maintenance	\$
◦ Gasoline	\$ 250

◦ Parking, public transportation	\$ _____
Clothing	
◦ Clothes (other than child(ren)'s)	\$ _____
◦ Dry cleaning and laundry	\$ _____
Personal grooming	
◦ Hair and nail care	\$ _____
◦ Other: _____	\$ _____
Other: _____	\$ _____
TOTAL MONTHLY:	\$ 1736

C. MONTHLY MINOR CHILD-RELATED EXPENSES
(for child(ren) of the relationship)

Work and/or education-related child-care	\$ _____
Other child-care	\$ 400
Extraordinary parenting time travel cost	\$ _____
School tuition	\$ _____
School lunches	\$ _____
School supplies	\$ 100
Extracurricular activities and lessons	\$ _____
Clothing	\$ 100
Child(ren)'s allowances	\$ _____
Special and extraordinary needs of child(ren) (not included elsewhere)	\$ _____
Other: _____	\$ _____
TOTAL MONTHLY:	\$ 600

D. MONTHLY INSURANCE PREMIUMS

Life	\$ _____
Auto	\$ 120
Health	\$ _____
Disability	\$ _____
Other: _____	\$ _____
TOTAL MONTHLY:	\$ 120

E. MONTHLY WORK AND EDUCATION EXPENSES FOR SELF

Mandatory work expenses (union dues, uniforms, or other)	\$ _____
Additional income taxes paid (not deducted from wages)	\$ _____
Tuition	\$ _____
Books, fees, and other	\$ _____
College loan	\$ _____
Other: _____	\$ _____
_____	\$ _____
TOTAL MONTHLY:	\$ _____

F. MONTHLY HEALTH CARE EXPENSES
(not covered by insurance)

Physicians	\$ _____
Dentists and orthodontists	\$ _____
Optometrists and opticians	\$ _____
Prescriptions	\$ _____
Other: _____	\$ _____
_____	\$ _____
TOTAL MONTHLY:	\$ _____

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) [for child(ren) who were not born of this marriage or relationship and were not adopted by these parties]	\$ _____
Child support for child(ren) who were not born of this marriage or relationship and were not adopted by these parties	\$ _____
Expenses paid for adult child(ren) or other dependent(s)	\$ _____
Spousal support paid to former spouse(s)	\$ _____
Subscriptions and books	\$ _____
Charitable contributions	\$ _____
Memberships (associations and clubs)	\$ _____
Travel and vacations	\$ _____
Pets	\$ _____
Gifts	\$ _____
Attorney fees	\$ _____

OATH OR AFFIRMATION

(Do not sign until Notary Public is present)

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

Todd A Shuttleworth
Your Signature

STATE OF Ohio)

) SS

COUNTY OF Pickaway)

Sworn or affirmed before me by Todd Shuttleworth this 20 day of April, 2020

Amy Isaac
Signature of Notary Public

Amy Isaac
Printed Name of Notary Public

Commission Expiration Date: July 30, 2030
(Affix Seal here)



AMY ISAAC
NOTARY PUBLIC • STATE OF OHIO
My Commission Expires 7/30/2030

**IN THE COURT OF COMMON PLEAS, PICKAWAY COUNTY, OHIO
JUVENILE DIVISION**

FILED

2026 APR 23 AM 11:04

Todd A Shuttleworth

Case No. SHELLY R. HARSHA
JUVENILE COURT JUDGE
PICKAWAY COUNTY, OHIO

Plaintiff

-v-

Kimberly Gragg

Defendant

PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))

Affidavit of Todd A Shuttleworth

(Print Name)

ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OR YOUR CHILD(REN) WOULD BE JEOPARDIZED BY THE DISCLOSURE OF YOUR ADDRESS OR IDENTIFYING INFORMATION. YOU ACKNOWLEDGE THAT THE COURT MAY CONDUCT A HEARING REGARDING THE BASIS FOR YOUR REQUEST.

Pursuant to R.C. 3127.23(D), I allege that my health, safety, or liberty or that of my child(ren) would be jeopardized by the disclosure of identifying information to my spouse or the public. Therefore, I request that my address be placed under seal. I have marked the corresponding box next to each address I am requesting to be sealed.

1. (Number): 1 Minor child(ren) is/are subject to this case as follows:

Insert the information requested below for all minor or dependent children of the parties. You must list the residences for all places where the children have lived for the last FIVE years.

a. Child's name <u>Mary Shuttleworth</u>		Place of birth <u>Mount Carmel</u>	Date of birth <u>Jan. 15th 2014</u>	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Date of residence <u>March 2019</u> to present	Address Confidential <input type="checkbox"/>	Person child lived with (name and address) <u>Todd A Shuttleworth</u> <u>358 E. Mound St.</u> <u>Circleville OH, 43113</u>		Relationship <u>father</u>
<u>to</u>	<input type="checkbox"/>			

to _____	<input type="checkbox"/>	_____	_____
to _____	<input type="checkbox"/>	_____	_____

b. Child's name _____	Place of birth _____	Date of birth _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F
---------------------------------	--------------------------------	-------------------------------	--

Check this box if the information below is the same as in Section 1(a). Skip to the next question.

Date of residence	Address Confidential	Person child lived with (name and address)	Relationship
_____ to present	<input type="checkbox"/>	_____	_____
to _____	<input type="checkbox"/>	_____	_____
to _____	<input type="checkbox"/>	_____	_____
to _____	<input type="checkbox"/>	_____	_____

c. Child's name _____	Place of birth _____	Date of birth _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F
---------------------------------	--------------------------------	-------------------------------	--

Check this box if the information below is the same as in Section 1(a). Skip to the next question.

Date of residence	Address Confidential	Person child lived with (name and address)	Relationship
_____ to present	<input type="checkbox"/>	_____	_____
to _____	<input type="checkbox"/>	_____	_____
to _____	<input type="checkbox"/>	_____	_____
to _____	<input type="checkbox"/>	_____	_____

d. Additional children are listed on Attachment 1(d). (Provide requested information for additional children on an attachment labeled 1(d).)

2. Participation in custody case(s): (Check only one box)

- I HAVE NOT participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time), with any child subject to this case.
- I HAVE participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time), with any child subject to this case.

Explain: _____

- a. Name of each child: _____
- b. Type of case: _____
- c. Court and State: _____
- d. Date and court order or judgment (if any): _____

3. Information about custody case(s): (Check only one box)

- I HAVE NO INFORMATION of any cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect, or abuse allegations; or adoptions concerning any child subject to this case.
- I HAVE THE FOLLOWING INFORMATION concerning cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect, or abuse allegations; or adoptions concerning a child subject to this case, other than listed in Paragraph 2.

Explain: _____

- a. Name of each child: _____
- b. Type of case: _____
- c. Court and State: _____
- d. Date and court order or judgment (if any): _____

4. Information about criminal convictions:

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

NAME	CASE NUMBER	COURT/COUNTY/STATE	CHARGE

5. Persons not a party to this case: (Check only one box)

- I DO NOT KNOW OF ANY PERSON not a party to this case who has physical custody or claims to have custody or visitation rights with respect to any child subject to this case.
- I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

OATH OR AFFIRMATION

(Do not sign until Notary Public is present)

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

Todd A Shuttleworth
Your Signature

STATE OF Ohio)
COUNTY OF Pickaway) SS

Sworn to or affirmed before me by Todd Shuttleworth this day of April, 2020.

Amy Isaac
Signature of Notary Public
Amy Isaac
Printed Name of Notary Public

Commission Expiration Date: 7/20/2020
(Affix seal here)



AMY ISAAC
NOTARY PUBLIC - STATE OF OHIO
My Commission Expires 7/20/2020

**IN THE COURT OF COMMON PLEAS, PICKAWAY COUNTY, OHIO
JUVENILE DIVISION**

FILED

2026 APR 23 AM 11:04

Todd A Shuttleworth

Case No. _____
SHELLY R. HARSHA
JUVENILE COURT JUDGE
PICKAWAY COUNTY, OHIO

Plaintiff

-v-

Kimberly Gragg

Defendant

HEALTH INSURANCE AFFIDAVIT
Affidavit of Todd A Shuttleworth
(Print Name)

	<u>Plaintiff</u>		<u>Defendant</u>	
Is/are your child(ren) currently enrolled in a government-provided program (i.e. Healthy Start/ Medicaid)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is/are your child(ren) enrolled in an individual (non-group or COBRA) health insurance plan?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is/are your child(ren) enrolled in a plan found through the exchange/Affordable HealthCare Marketplace?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is/are your child(ren) enrolled in a health insurance plan through a group (employer or other organization)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your child(ren) is/are not enrolled, does/do he/she/they have health insurance available through a group (employer or other organization)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the available insurance cover primary care services within 30 miles of the children's home?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Under the available insurance, what is the annual premium you pay for family coverage? \$ _____ \$ _____

Name of group (employer or organization) that provides health insurance Teamcare

Address PO Box 5116

Des Plaines, IL 60017

Phone Number 8008326227

a. Name/Address of Person: _____
 has physical custody claims custody rights claims visitation rights

Name of each child: _____

b. Name/Address of Person: _____
 has physical custody claims custody rights claims visitation rights

Name of each child: _____

a. Name/Address of Person: _____
 has physical custody claims custody rights claims visitation rights

Name of each child: _____

6. I understand that I have a continuing duty to advise this Court of any custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection order from domestic violence case concerning the children about whom information is obtained during this case.

OATH OR AFFIRMATION

(Do not sign until Notary Public is present)

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

Todd A Shuttleworth
Your Signature

STATE OF Ohio

COUNTY OF Pickaway) SS

Sworn to or affirmed before me by Todd Shuttleworth this 20 day of April, 2026.

Amy Isaac
Signature of Notary Public

Amy Isaac
Printed Name of Notary Public

Commission Expiration Date: 1/20/2030
(Affix seal here)



AMY ISAAC
NOTARY PUBLIC - STATE OF OHIO
My Commission Expires 1/20/2030

**IN THE COURT OF COMMON PLEAS, PICKAWAY COUNTY, OHIO
JUVENILE COURT**

Todd Shuttleworth

Plaintiff

-vs-

Case Number: 20264064

Kimberly L. Gragg

Defendant

To the above named **Kimberly L. Gragg**

You are hereby summoned that a Complaint (a copy of which is hereto attached and made a part of hereof) has been filed against you and in this Court by (defendants or plaintiffs) name herein.

You are required to serve upon the (plaintiffs or defendants) attorney or upon (plaintiff or defendants) if (plaintiff or defendant) has no attorney of record, a copy of your Answer to the Complaint within 28 days after service of this Summons upon you, exclusive of the day of service. Said answer must be filed with this Court within three days after service on (plaintiff or defendant, or attorney).

PARTY:

Todd Shuttleworth
358 E Mound St
Circleville, OH 43113

If you fail to appear and defend, judgement by default will be taken against you for the relief demanded in the complaint.

Judge Shelly R. Harsha
Judge and Ex-Officio Clerk



Deputy Clerk 04/23/2026