

Disclaimer

Please be aware that these forms do not include instructions or legal advice regarding your rights, responsibilities, and legal options.

To be fully informed and get answers to your questions, you should seek the advice of an attorney.

Instructions

Please read these Instructions in their entirety.

You must complete every form provided within the "Scenario" for your particular case.

Please print clearly or type the information on the forms. Do not leave any spaces blank. If you do not know the answer, state "unknown". If it is not applicable, state "N/A". **The Court will not accept incomplete forms for filing.**

A filing fee is required at the time of the filing of each case. This deposit will be used for court costs relating to your case. Court costs in your case may be more or less than the deposit. The court will decide who pays any remaining costs at the end of your case.

The filing fees are as follows:

Divorce - \$450

Answer to Divorce - \$0

Counterclaim for Divorce - \$250

Reply to Counterclaim for Divorce - \$0

Dissolution - \$450

Complaint for Parentage, Allocation of Parental Rights and Responsibilities and Parenting Time - \$450

Post Decree Motions - \$350

-Motion for Change of Parenting Time

-Motion for Change of Child/Medical Support, Tax Exemption, or Other Child-Related Expenses

-Motion for Contempt

-Motion for Change of Parental Rights

If you do not have funds to pay the filing fee, you must complete the "Financial Disclosure/Fee-Waiver Affidavit", found under "Individual Forms". Please note, it is possible that you may still have to pay the court costs in whole or in part, at the end of your case.

Request for Service

You must complete the "Request for Service" in this packet and file with your other court documents. All necessary parties must be served with the court documents you are filing. It is **your** responsibility to make sure that the documents are served upon the other party(ies). You may choose to have the documents served by:

- 1) Certified Mail. If the Certified mail is returned *unclaimed*, you may attempt service by regular mail.
- 2) Personal Service (usually by the county sheriff where the person(s) resides).
- 3) Service by publication, as permitted by the Civil Rules.

Costs for service will be added to the court costs at the end of your case.

YOU MUST PROVIDE THE CLERK OF COURTS THE ORIGINAL AND THREE (3) COPIES OF EACH DOCUMENT THAT YOU FILE IN YOUR CASE. **If your case involves children, you must provide Original and four (4) copies of each document.*

IN THE COURT OF COMMON PLEAS

Division
COUNTY, OHIO

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

Instructions: This form is used to request a divorce if you and your spouse do not have (a) child(ren), adult child(ren) attending high school, or child(ren) with disabilities. Check to determine if you meet the residency requirement to file in this county. A Request for Service (Uniform Domestic Relations Form 28) must be filed with this form.

COMPLAINT FOR DIVORCE WITHOUT CHILDREN

I, the Plaintiff, for this Complaint say:

- 1. I have been a resident of the State of Ohio for at least six months.
2. I have been a resident of County for at least 90 days immediately before the filing of this Complaint; or
The Defendant resides in County where this Complaint is filed.
3. The Defendant and I were married to one another on (date of marriage) in (city or county, and state).

4. I state regarding child(ren) (check all that apply):

- There is/are no child(ren) expected from this marriage or relationship.
- There is/are child(ren) expected from this marriage or relationship and the approximate due date is: _____.

- There is/are no child(ren) from this marriage or relationship.
- The parties are parents of _____ (number) child(ren) from the marriage or relationship. Of the child(ren), _____ (number) is/are emancipated adult(s) and not under a disability. The following _____ (number) child(ren) is/are minor child(ren) and/or mentally or physically disabled and incapable of supporting or maintaining themselves (name and date of birth of each child):

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

5. I state the following grounds for divorce exist (check all that apply):

- The Defendant and I are incompatible.
- The Defendant and I have lived separate and apart without cohabitation and without interruption for one year.
- The Defendant or I had a Spouse living at the time of the marriage.
- The Defendant has been willfully absent for one year.
- The Defendant is guilty of adultery.
- The Defendant is guilty of extreme cruelty.
- The Defendant is guilty of fraudulent contract.
- The Defendant is guilty of gross neglect of duty.
- The Defendant is guilty of habitual drunkenness.
- The Defendant was imprisoned in a state or federal correctional institution at the time the Complaint was filed.
- The Defendant procured a divorce outside this state by virtue of which the Defendant has been released from the obligations of the marriage, while those obligations remain binding on me.

6. The Defendant and I are owners of real estate and/or personal property.

I request that a divorce be granted from the Defendant, that the Court determine an equitable division of debts and property, and as follows that (check all that apply):

- The Defendant be ordered to pay me spousal support.
- I be restored to my prior name of: _____
- The Defendant be required to pay attorney fees.
- The Defendant be required to pay the court costs of the proceeding.
- The Court make the following additional orders: _____

and that the Court grant such other and further relief as the Court may deem proper.

Your Signature

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

IN THE COURT OF COMMON PLEAS OF SENECA COUNTY, OHIO

_____ vs _____

Case No. _____

CLASSIFICATION FORM

Has this case been previously filed & dismissed? _____

If yes, list Case Number and

Judge: _____

List any case pending or related case filed in Seneca County Common Pleas Court: _____

INDICATE CLASSIFICATION INTO WHICH THIS CASE FALLS:

A. PROFESSIONAL TORT

- Personal Injury
- Wrongful Death
- Legal Malpractice
- Medical Malpractice
- Other Professional Tort

B. PRODUCT LIABILITY

- Personal Injury
- Wrongful Death

C. OTHER TORT

- Personal Injury
- Vehicle Accident
- Wrongful Death

D. WORKER'S COMPENSATION

- Non-Compliance Employer
- Appeal

E. FORECLOSURE

- Foreclosure
- Foreclosure (Taxes)

F. ADMINISTRATIVE APPEAL

- Appeal Civil Service
- Appeal Motor Vehicle
- Appeal Unemployment
- Appeal Liquor
- Appeal Taxes
- Appeal Zoning

H. OTHER CIVIL

- Accounting
- Appropriation
- Beyond Jurisdiction
- Breach of Contract
- Cancel Land Contract
- Change of Venue
- Class Action
- Consumer Sales Act
- Convey Declared Void
- Declaratory Judgment
- Discharge Mechanic's Lien
- Dissolve Partnership
- Habeas Corpus
- Mandamus
- Miscellaneous
- Sale of Real Estate
- Specific Performance
- Restraining Order
- Testimony
- Civil Stalking Protection Order

I. DOMESTIC RELATIONS

- A. Termination with Children
- B. Termination without Children
- C. Dissolution with Children
- D. Dissolution without Children
- E. Change of Residential Parent
- F. Parenting Time Enf./Modification
- G. Support Enf./Modification
- H. Domestic Violence
- I. URESA
- J. Parentage
- K. All Other

ATTORNEY'S NAME: _____

(PLEASE PRINT NAME)

COURT OF COMMON PLEAS
COUNTY, OHIO

 Plaintiff/Petitioner 1

v./and

 Defendant/Petitioner 2

Case No. _____

Judge _____

Magistrate _____

Instructions: Check local court rules to determine when this form must be filed. This affidavit is used to make complete disclosure of income, expenses and money owed. It is used to determine child and spousal support amounts. Do not leave any category blank. Write "none" where appropriate. If you do not know exact figures for any item, give your best estimate and put "EST." **If you need more space, add additional pages.**

AFFIDAVIT OF INCOME AND EXPENSES

Affidavit of _____
 (Print Your Name)

Date of marriage _____ Date of separation _____

SECTION I - INCOME

	_____ Your Name	_____ Spouse's Name
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	_____	_____
Payroll address	_____	_____
Payroll city, state, zip	_____	_____
Scheduled paychecks per year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input 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

	_____ Your Name	_____ Spouse's Name
Base yearly income	\$ _____ 3 years ago	20 _____ \$ _____
	\$ _____ 2 years ago	20 _____ \$ _____
	\$ _____ Last year	20 _____ \$ _____
Yearly overtime, commissions and/or bonuses	\$ _____ 3 years ago	20 _____ \$ _____
	\$ _____ 2 years ago	20 _____ \$ _____
	\$ _____ Last year	20 _____ \$ _____

B. COMPUTATION OF CURRENT INCOME

	Your Name	Spouse's Name
Base yearly income	\$ _____	\$ _____
Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Disability benefits		
<input type="checkbox"/> Workers' Compensation		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Retirement benefits		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Spousal support received	\$ _____	\$ _____
Interest and dividend income (source)		
_____	\$ _____	\$ _____
Other income (type and source)		
_____	\$ _____	\$ _____
TOTAL YEARLY INCOME	\$ _____	\$ _____
Supplemental Security Income (SSI) or public assistance	\$ _____	\$ _____
Court-ordered child support that you receive for minor and/or dependent child(ren) not of the marriage or relationship	\$ _____	\$ _____

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SECTION II – CHILDREN AND HOUSEHOLD RESIDENTS

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

Name	Date of birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to the above children there is/are in your household:!

_____ adult(s)
 _____ other minor and/or dependent child(ren).

SECTION III – EXPENSES

List monthly expenses below for your present household.

A. MONTHLY HOUSING EXPENSES

Rent or first mortgage (including taxes and insurance)	\$	_____
Real estate taxes (if not included above)	\$	_____
Real estate/homeowner’s insurance (if not included above)	\$	_____
Second mortgage/equity line of credit	\$	_____
Utilities		
o Electric	\$	_____
o Gas, fuel oil, propane	\$	_____
o Water and sewer	\$	_____
o Telephone	\$	_____
o Trash collection	\$	_____
o Cable/satellite television	\$	_____
Cleaning, maintenance, repair	\$	_____
Lawn service, snow removal	\$	_____
Other: _____	\$	_____
	\$	_____
TOTAL MONTHLY :		\$ _____

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B. OTHER MONTHLY LIVING EXPENSES

Food	
○ Groceries (including food, paper, cleaning products, toiletries, other)	\$ _____
○ Restaurant	\$ _____
Transportation	
○ Vehicle loans, leases	\$ _____
○ Vehicle maintenance (oil, repair, license)	\$ _____
○ Gasoline	\$ _____
○ Parking, public transportation	\$ _____
Clothing	
○ Clothes (other than children's)	\$ _____
○ Dry cleaning, laundry	\$ _____
Personal grooming	
○ Hair, nail care	\$ _____
○ Other _____	\$ _____
Cell phone	\$ _____
Internet (if not included elsewhere)	\$ _____
Other _____	\$ _____
TOTAL MONTHLY	
	\$ _____

C. MONTHLY CHILD-RELATED EXPENSES
(for children of the marriage or relationship)

Work/education-related child care	\$ _____
Other child care	\$ _____
Unusual parenting time travel	\$ _____
Special and unusual needs of child(ren) (not included elsewhere)	\$ _____
Clothing	\$ _____
School supplies	\$ _____
Child(ren)'s allowances	\$ _____
Extracurricular activities, lessons	\$ _____
School lunches	\$ _____
Other _____	\$ _____
TOTAL MONTHLY	
	\$ _____

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D. INSURANCE PREMIUMS

Life	\$	_____
Auto	\$	_____
Health	\$	_____
Disability	\$	_____
Renters/personal property (if not included in part A above)	\$	_____
Other _____	\$	_____
TOTAL MONTHLY		\$ _____

E. MONTHLY EDUCATION EXPENSES

Tuition		_____
o Self	\$	_____
o Child(ren)	\$	_____
Books, fees, other	\$	_____
College loan repayment	\$	_____
Other _____	\$	_____
_____	\$	_____
TOTAL MONTHLY:		\$ _____

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

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

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren)	\$	_____
Child support for children who were not born of this marriage or relationship and were not adopted of this marriage	\$	_____
Spousal support paid to former spouse(s)	\$	_____
Subscriptions, books	\$	_____
Entertainment	\$	_____

Charitable contributions	\$	
Memberships (associations, clubs)	\$	
Travel, vacations	\$	
Pets	\$	
Gifts	\$	
Bankruptcy payments	\$	
Attorney fees	\$	
Required deductions from wages (excluding taxes, Social Security and Medicare) (type)	\$	
Additional taxes paid (not deducted from wages) (type)	\$	
Other	\$	
		\$
TOTAL MONTHLY:		\$

H. MONTHLY INSTALLMENT PAYMENTS
(Do not repeat expenses already listed.)
Examples: car, credit card, rent-to-own, cash advance payments

To whom paid	Purpose	Balance due	Monthly payment
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		TOTAL MONTHLY:	\$

GRAND TOTAL MONTHLY EXPENSES (Sum of A through H): \$

!
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OATH

(Do not sign until notary is present.)

I, (print 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:

!

!
!

COURT OF COMMON PLEAS

_____ COUNTY, OHIO

Plaintiff/Petitioner 1

Case No. _____

v./and

Judge _____

Magistrate _____

Respondent/Petitioner 2

Instructions: Check local court rules to determine when this form must be filed.
List ALL OF YOUR PROPERTY AND DEBTS, the property and debts of your spouse, and any joint property or debts. Do not leave any category blank. For each item, if none, put "NONE." If you do not know exact figures for any item, give your best estimate, and put "EST." **If more space is needed, add additional pages.**

AFFIDAVIT OF PROPERTY

Affidavit of _____
(Print Your Name)

I. REAL ESTATE INTERESTS

	<u>Address</u>	<u>Present Fair Market Value</u>	<u>Titled To</u>	<u>Mortgage Balance</u>	<u>Equity (as of date)</u>
1.	_____	\$ _____	<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input checked="" type="checkbox"/> Both	\$ _____	\$ _____
2.	_____	\$ _____	<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both	\$ _____	\$ _____

TOTAL SECTION I: REAL ESTATE INTERESTS \$ _____

II. OTHER ASSETS

Category A. Vehicles and Other Certificate of Title Property	Description (List who has possession) (Include model and year of automobiles, trucks, motorcycles, boats, motors, motor homes, etc.)	Titled To	Value/Date of Value
1.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name _____ <input checked="" type="checkbox"/> Both	
2.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name _____ <input type="checkbox"/> Both	
3.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name _____ <input type="checkbox"/> Both	
4.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name _____ <input type="checkbox"/> Both	
5.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name _____ <input type="checkbox"/> Both	
6.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name _____ <input type="checkbox"/> Both	
B. Financial Accounts			
	(Include checking, savings, CDs, POD accounts, money market accounts, etc.)		
1.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name _____ <input type="checkbox"/> Both	
2.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name _____ <input type="checkbox"/> Both	
3.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name _____ <input type="checkbox"/> Both	
4.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name _____ <input type="checkbox"/> Both	

<u>Category</u>	<u>Description</u> (List who has possession) (Include profit-sharing, IRAs, 401k plans, etc.; Describe each type of plan)	<u>Titled To</u>	<u>Value/Date of Value</u>
C. Pensions & Retirement plans			
1.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both	
2.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both	
3.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both	
4.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both	

<u>Category</u>	<u>Description</u> (List who has possession) (Type of ownership and number)	<u>Titled To</u>	<u>Value/Date of Value</u>
D. Publicly Held Stocks, Bonds, Securities, & Mutual Funds			
1.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both	
2.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both	
3.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both	
4.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both	

<u>Category</u>	<u>Description</u> (List who has possession) (Type of ownership and number)	<u>Titled To</u>	<u>Value/Date of Value</u>
E. Closely Held Stocks & Other Business Interests and Name of Company			
1.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both	
2.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both	

**F. Life Insurance Type
(Term/Whole Life)**

(Any cash value or loans)

(Insured party
& value upon death)

1.	_____	_____	<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both
2.	_____	_____	<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both
3.	_____	_____	<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both
4.	_____	_____	<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both

Category

Description

Who Has Possession

Value/Date of Value

G. Furniture & Appliances

(Estimate value of those in your possession and value of those in your spouse's possession)

1.	_____	_____	<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both
2.	_____	_____	<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both
3.	_____	_____	<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both
4.	_____	_____	<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both

H. Safe Deposit Box

(Give location and describe contents)

Titled To

1.	_____	_____	<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both
2.	_____	_____	<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both

I. Transfer of Assets

Explanation: List the name and address of any person (other than creditors listed on your Affidavit) who has received money or property from you exceeding \$300 in value in the past 12 months and the reason for each transfer.

1.		<input type="checkbox"/>	Your Name	\$	
		<input type="checkbox"/>	Spouse's Name		
		<input type="checkbox"/>	Both		
		<input type="checkbox"/>	_____	\$	_____
		<input type="checkbox"/>	Spouse's Name		
		<input type="checkbox"/>	Both		
2.		<input type="checkbox"/>	_____	\$	_____
		<input type="checkbox"/>	Spouse's Name		
		<input type="checkbox"/>	Both		
3.		<input type="checkbox"/>	_____	\$	_____
		<input type="checkbox"/>	Spouse's Name		
		<input type="checkbox"/>	Both		
		<input type="checkbox"/>	_____	\$	_____
		<input type="checkbox"/>	Spouse's Name		
		<input type="checkbox"/>	Both		
4.		<input type="checkbox"/>	_____	\$	_____
		<input type="checkbox"/>	Spouse's Name		
		<input type="checkbox"/>	Both		

<u>Category</u>	<u>Description</u> (Also list who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
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J. All Other Assets Not Listed Above

Explanation: List any item you have not listed above that is considered an asset.

1.		<input type="checkbox"/>	Your Name	\$	
		<input type="checkbox"/>	Spouse's Name		
		<input type="checkbox"/>	Both		
		<input type="checkbox"/>	_____	\$	_____
		<input type="checkbox"/>	Spouse's Name		
		<input type="checkbox"/>	Both		
2.		<input type="checkbox"/>	_____	\$	_____
		<input type="checkbox"/>	Spouse's Name		
		<input type="checkbox"/>	Both		

TOTAL SECTION II: OTHER ASSETS \$ _____

III. SEPARATE PROPERTY CLAIMS: Pre-marital assets, gifts to one spouse only, inheritances

If you are making any claims in any of the categories below, explain the nature and amount of your claim. **This includes, but is not limited to, inheritances, property owned before marriage, and any pre-marital agreements.**

	<u>Category</u> (Pre-marital Gift, Inheritance, etc., acquired after separation)	<u>Description</u>	<u>Why do you claim this as a separate property?</u>	\$	<u>Present Fair Market Value</u>
1.	_____	_____	_____	\$	_____
2.	_____	_____	_____	\$	_____
3.	_____	_____	_____	\$	_____
4.	_____	_____	_____	\$	_____
5.	_____	_____	_____	\$	_____

TOTAL SECTION III: SEPARATE PROPERTY CLAIMS \$ _____

IV. DEBT

List ALL OF YOUR DEBTS, the debts of your spouse, and any joint debts. Do not leave any category blank. For each item, if none, put "NONE." If you don't know exact figures for any item, give your best estimate, and put "EST." **If more space is needed to explain, please attach an additional page with the explanation and identify which question you are answering.**

<u>Type</u>	<u>Name of Creditor/Purpose of Debt</u>	<u>Account Name</u>	<u>Name(s) on Account</u>	<u>Total Debt Due</u>	<u>Monthly Payment</u>
A. Secured Debt (Mortgages, Car, etc.)					
1.			<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
2.			<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
3.			<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
4.			<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
5.			<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____

B. Unsecured Debt, including credit cards					
1.			<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
2.			<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
3.			<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____

	<input type="checkbox"/>	_____		
		Your Name		
	<input type="checkbox"/>	_____		
		Spouse's Name		
4.	<input type="checkbox"/>	Joint	\$	\$
	<input type="checkbox"/>	_____		
		Your Name		
	<input type="checkbox"/>	_____		
		Spouse's Name		
5.	<input type="checkbox"/>	Joint	\$	\$

TOTAL SECTION IV: DEBT \$ _____

V. BANKRUPTCY

Filed by:

- _____
Your Name
- _____
Spouse's Name
- Both

Date of Filing:
Case Number

Date of Discharge
or Relief from Stay

Type of Case
(Ch. 7, 11, 12, 13)

Current Monthly
Payments

1.	<input type="checkbox"/>	_____			
		Your Name			
	<input type="checkbox"/>	_____			
		Spouse's Name			
	<input type="checkbox"/>	Both			\$
2.	<input type="checkbox"/>	_____			
		Your Name			
	<input type="checkbox"/>	_____			
		Spouse's Name			
	<input type="checkbox"/>	Both			\$

TOTAL SECTION V: BANKRUPTCY \$ _____

OATH

(Do Not Sign Until Notary is Present)

I, (print 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:

COURT OF COMMON PLEAS

_____ COUNTY, OHIO

Plaintiff

Case No. _____

Judge _____

v.

Magistrate _____

Defendant

Instructions: Check local court rules to determine when this form must be filed.
This form is used to request temporary orders in your divorce or legal separation case. After a party serves a Motion and Affidavit, the other party has 14 days to file a Counter Affidavit and serve it on the party who filed the motion. **If more space is needed, add additional pages.**

MOTION AND AFFIDAVIT OR COUNTER AFFIDAVIT
FOR TEMPORARY ORDERS
WITHOUT ORAL HEARING

Check one box below to show whether you are filing a (1) Motion and Affidavit or (2) Counter Affidavit.

(1) Motion and Affidavit

(Print Your Name) _____ files this Motion and Affidavit under Rule 75(N) of the Ohio Rules of Civil Procedure to request the temporary orders checked here.

- Check only those that apply.
- _____ Residential parenting rights (custody)
 - _____ Parenting time (visitation)
 - _____ Child support
 - _____ Spousal support (alimony)
 - _____ Payment of debts and/or expenses

THE OTHER PARTY HAS 14 DAYS FROM THE DATE ON WHICH THIS MOTION IS SERVED TO FILE A COUNTER AFFIDAVIT AND SERVE IT UPON THE PARTY WHO FILED THE MOTION. (See below.)

(2) Counter Affidavit

(Print Your Name) _____ files this Counter Affidavit in response to a Motion and Affidavit.

Complete the following information, whether filing Motion and Affidavit or Counter Affidavit. Check all that apply.

1. My spouse and I are living separately.
Date of separation is _____ .
- My spouse and I are living together.
- We have no minor children. (Skip to number 5.)
- There are minor child(ren) who are adopted or born of this marriage.
(List children here.)

Name	Date of birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____

- In addition to the above children there is/are in my household:
_____ adult(s)
_____ other minor and/or dependent child(ren).

2. My child(ren) attend(s) school in:

- My school district
- The other parent's school district
- Open enrollment
- Other (Explain.) _____ .
- All children do not attend school in the same district. (Explain.) _____

3. I request to be named the temporary residential parent and legal custodian of the child(ren).
(Specify child(ren) if request is not for all children.) _____
- I do not object to my spouse being named the temporary residential parent of the child(ren).
- I request the following parenting time order:
- The Court's standard parenting order (See county's local rules of court.)
 - A specific parenting time order as follows:

I have reached an agreement regarding parenting time with my spouse as follows:

I request that my spouse's parenting time (visitation) be supervised. (Explain--supervised parenting time order will NOT be granted if the reasons are not explained.)

Name of an appropriate supervisor _____

4. A court or agency has made a child support order concerning the child(ren).

Name of Court/Agency _____

Date of Order _____

SETS No. _____

5. I request the Court to order my spouse to pay:

\$ _____ child support per month

\$ _____ spousal support per month

\$ _____ attorney fees, expert fees, court costs

The following debts and/or expenses:

Other

6. I am willing to attend mediation.

I am not willing to attend mediation.

I request the following court services. (See local rules of court for available services.)

State specific reasons why court services are required.

OATH

(Do not sign until notary is present.)

I, (print 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:

NOTICE OF HEARING

(Check with local court for scheduling procedure.)

You are hereby given notice that this motion for temporary orders will be heard upon affidavits only, and without oral testimony, before Judge/Magistrate _____, Hearing Room _____, at _____ a.m./p.m. on _____, 20 _____, at _____ floor.

CERTIFICATE OF SERVICE

Check the boxes that apply.

I delivered a copy of my: Motion and Affidavit or Counter Affidavit

On: (Date) _____, 20 _____

To: (Print name of other party's attorney or, if there is no attorney, print name of the party.)

At: (Print address or fax number.) _____

- By: U.S. Mail
 Fax
 Messenger
 Clerk of courts (if address is unknown)

Your Signature

IN THE COURT OF COMMON PLEAS OF SENECA COUNTY, OHIO

Plaintiff/Petitioner,	:	CASE NO. _____
	:	
-vs/and-	:	JUDGE _____
	:	
Defendant/Respondent/Petitioner.	:	NOTICE OF FILING IN FAMILY FILE

NOTICE is hereby given that on this _____ day of _____, 20_____, the undersigned has filed the following document(s) to be placed in the family file of the above-referenced case:

- | | |
|---|---|
| <input type="checkbox"/> Affidavit of Income and Expenses | <input type="checkbox"/> Guardian ad Litem Report |
| <input type="checkbox"/> Affidavit of Property | <input type="checkbox"/> Home Investigation Report |
| <input type="checkbox"/> Health Insurance Affidavit | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Health Care Documents | <input type="checkbox"/> Drug/Alcohol Screens or Assessment |
| <input type="checkbox"/> Asset Appraisal/Evaluation | <input type="checkbox"/> Juvenile Court Records |
| <input type="checkbox"/> Patchworks House Reports | <input type="checkbox"/> Genetic Testing Results |
| <input type="checkbox"/> Other: _____ | |

SIGNATURE

PRINTED NAME

TITLE

Copies to:

Plaintiff/Petitioner or Counsel of Record

Defendant/Respondent/Petitioner or Counsel of Record

Guardian ad Litem

Other: _____

IN THE COURT OF COMMON PLEAS

Division
COUNTY, OHIO

IN THE MATTER OF:

A Minor

Name : Case No. _____

Street Address : Judge _____

City, State and Zip Code :
Plaintiff/Petitioner : Magistrate _____

vs./and :

Name :

Street Address :

City, State and Zip Code :
Defendant/Petitioner :

Instructions: This form is used when you want to request documents to be served on the other party. You must indicate the requested method of service by marking the appropriate box.

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Please serve the following documents on the following parties as I have indicated below:

- Defendant/Petitioner at the address shown above.
 - Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other (specify) _____

- Plaintiff/Petitioner at the address shown above.
- Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other (specify) _____

- _____ County Child Support Enforcement Agency (provide address below):
-
- Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other (specify) _____

- Other (address): _____
- Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other (specify) _____

SPECIAL INSTRUCTIONS TO SHERIFF:

Your Signature

IN THE COURT OF COMMON PLEAS

Division
COUNTY, OHIO

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

FINAL JUDGMENT FOR DIVORCE WITHOUT CHILDREN

This matter came on for final hearing on _____ before Judge Magistrate
_____ upon the Plaintiff's Complaint for Divorce without Children filed on
_____ and/or Defendant's Counterclaim filed on _____
and upon the following: _____ .

FINDINGS

Upon a review of the record, testimony, and evidence presented, the Court makes the following findings:

- A. Check all that apply:
 - The Defendant was properly served with summons, copy of the Complaint, and notice of the hearing.
 - The Defendant's waiver of service of summons and Complaint have been filed in this case.
 - The Defendant filed an Answer.
 - The Defendant failed to file an Answer or plead, despite being properly served with summons, copy of the Complaint, and notice of the hearing.
 - The Plaintiff replied to the Defendant's Counterclaim.
 - The Plaintiff failed to reply to the Defendant's Counterclaim.

- B. Present at the hearing were the: Plaintiff, Defendant,
 _____ appearing as counsel for the Plaintiff.
 _____ appearing as counsel for the Defendant.
- C. The Plaintiff and/or Defendant was/were a resident(s) of the State of Ohio for at least six months immediately before the Complaint and/or Counterclaim was/were filed.
- D. At the time the Complaint and/or Counterclaim was/were filed:
 The Plaintiff was a resident of this county for at least 90 days.
 The Defendant was a resident of this county.
 Other grounds for venue were: _____
- E. The Plaintiff and Defendant were married to one another on _____ (date of marriage) in _____ (city or county, and state). The termination of marriage is the date of final hearing or as specified: _____
- F. Check all that apply regarding child(ren):
 There is/are no child(ren) expected from this marriage or relationship.
 There is/are child(ren) expected from this marriage or relationship and the approximate due date is: _____.
 There is/are no child(ren) from this marriage or relationship.
 The parties are parents of _____ (number) child(ren) from the marriage or relationship. Of the child(ren), _____ (number) is/are emancipated adult(s) and not under a disability. The following _____ (number) child(ren) is/are minor child(ren) and/or mentally or physically disabled and incapable of supporting or maintaining themselves (name and date of birth of each child):
- | Name of Child | Date of Birth |
|---------------|---------------|
| | |
| | |
| | |
- G. Select one:
 Neither the Plaintiff nor the Defendant is in the military service of the United States.
 The Plaintiff and/or the Defendant is in the military service of the United States and the service did not impact the ability to defend this action.
- H. The Plaintiff and/or the Defendant through testimony have indicated full and complete disclosure to the other of all marital property, separate property, and any other assets, debts, income, or expenses.
 The Defendant has not filed a response or made an appearance.
 The Plaintiff has not filed a response or made an appearance.
- I. The parties that appeared have no additional knowledge of any other property and debts of any

kind in which either party has an interest.

J. The parties that appeared have had the opportunity to value and verify all marital property, separate property, and other debts.

K. This Court has jurisdiction and proper venue to determine all of the issues raised by the pleadings and motions.

L. Select one:

A Magistrate's Decision was filed on: _____

No objections were filed. The Court approves the terms contained in the Decision and finds the terms are fair and equitable.

All objections were ruled upon by a separate entry.

The parties have presented the Court with a written Separation Agreement or have read into the record a settlement of all issues, which the Court finds to be a fair and equitable division of property and debts and an appropriate resolution of all issues, knowingly and voluntarily entered into by the parties.

The Court has made a fair and equitable division of property and debts and an appropriate resolution of all issues of the parties after review and consideration of all evidence presented.

Other: _____

M. The divorce is granted on the following ground(s) (check all that apply):

The Plaintiff and Defendant are incompatible.

The Plaintiff and Defendant have lived separate and apart without cohabitation and without interruption for one year.

The Defendant or Plaintiff had a Spouse living at the time of the marriage.

The Defendant or Plaintiff has been willfully absent for one year.

The Defendant or Plaintiff is guilty of adultery.

The Defendant or Plaintiff is guilty of extreme cruelty.

The Defendant or Plaintiff is guilty of fraudulent contract.

The Defendant or Plaintiff is guilty of gross neglect of duty.

The Defendant or Plaintiff is guilty of habitual drunkenness.

The Defendant or Plaintiff was imprisoned in a state or federal correctional institution at the time the Complaint was filed.

The Defendant or Plaintiff procured a divorce outside this state by virtue of which she or he has been released from the obligations of the marriage, while those obligations remain binding on the Plaintiff or Defendant.

JUDGMENT

Based upon the findings set out above, it is, therefore, **ORDERED, ADJUDGED and DECREED** that:

FIRST: DIVORCE GRANTED

A divorce is granted, and both parties shall be released from the obligations of their marriage except for those obligations listed below or as set out in the attached Separation Agreement Magistrate's Decision and/or Other: _____, which is incorporated in this entry.

SECOND: PROPERTY

The parties' property shall be divided as follows:

- A. The Plaintiff shall have the following items of real estate and personal property, free and clear from all claims of the Defendant, subject to any indebtedness which the Plaintiff shall pay and from which the Plaintiff shall hold the Defendant harmless: _____

- B. The Defendant shall have the following items of real estate and personal property, free and clear from all claims of the Plaintiff, subject to any indebtedness which the Defendant shall pay and from which the Defendant shall hold the Plaintiff harmless: _____

- C. The Plaintiff is awarded the following separate property: _____

- D. The Defendant is awarded the following separate property: _____

E. Other orders regarding property (specify): _____

F. Within 30 days the parties will take all necessary steps to transfer legal title and possession of property and take appropriate actions to implement and effectuate the division of pensions and retirements.

G. Other orders regarding transfers: _____

THIRD: DEBT

The Plaintiff and Defendant's debts shall be divided as follows.

A. The Plaintiff shall pay the following debts and shall hold the Defendant harmless from all claims:

B. The Defendant shall pay the following debts and shall hold the Plaintiff harmless from all claims:

C. Bankruptcy (select one):
 The Court will retain jurisdiction to enforce payment of debt obligations, in the event a party files bankruptcy. This includes, but is not limited to, the ability to determine the debt assigned is in the nature of maintenance, necessity or support and is therefore nondischargeable in bankruptcy, and/or to make a future spousal support order, regardless of the spousal support order set forth below

under **FOURTH: SPOUSAL SUPPORT**.

Nothing in this order shall prevent the Plaintiff and/or Defendant from being fully discharged from the debts allocated in this order in a bankruptcy proceeding except for any orders expressly for spousal support and the following debts: _____

Neither party shall incur liabilities against the other party in the future.

FOURTH: SPOUSAL SUPPORT

A. Spousal Support Not Awarded

Neither the Plaintiff nor Defendant shall pay spousal support to the other. The Court shall not retain jurisdiction, except as set forth above under **THIRD: DEBTS**.

B. Spousal Support Awarded

The Plaintiff Defendant shall pay spousal support to the Plaintiff Defendant in the amount of \$ _____ per month plus 2% processing charge, commencing on _____ and due on the _____ day of the month. This spousal support shall continue indefinitely for a period of _____.

The Court shall not retain jurisdiction to modify spousal support.

The Court shall retain jurisdiction to modify the amount duration of the spousal support Order.

C. Termination of Spousal Support

This spousal support shall terminate sooner than the above stated date upon the Plaintiff's or the Defendant's death or in the event of the following (check all that apply):

The cohabitation of the person receiving support in a relationship comparable to marriage

The remarriage of the person receiving support.

Other (specify): _____

D. Method of Payment of Spousal Support (select one):

The spousal support payment shall be made directly to the Plaintiff Defendant.

The spousal support payment, plus 2% processing charge, shall be made to the Ohio Child Support Payment Central, P. O. Box 182372, Columbus, Ohio 43218-2372, as administered through the _____ County Child Support Enforcement Agency by income withholding at the party's place of employment.

- E. Deductibility of Spousal Support for All Tax Purposes (select one):
- The spousal support paid shall be deducted from income to the person paying the support and included by the person receiving the support.
 - The spousal support paid shall be included in income of the person paying the support.

F. Other orders regarding spousal support (specify): _____

- G. Arrearage
- Any temporary spousal support arrearage will survive this judgment entry.
 - Any temporary spousal support arrearage will not survive this judgment entry.
 - Other: _____

FIFTH: NAME

_____ is restored to
 the prior name of: _____

SIXTH: OTHER ORDERS

SEVENTH: COURT COSTS

- Court costs shall be (select one):
- Taxed to the deposit. Court costs due above the deposit shall be paid as follows:

 - Other (specify): _____

EIGHTH: CLERK OF COURTS

- The Clerk of Courts shall provide:
- a certified copy to: _____
 - a file stamped copy to: _____

NOTICE. Pursuant to Civil Rule 58(B), the Clerk is directed to serve upon the parties a notice of the filing of this Judgment Entry and of the date of entry upon the Journal.

 Date JUDGE

IN THE COURT OF COMMON PLEAS

Division

COUNTY, OHIO

Name

Case No.

Street Address

City, State and Zip Code

Judge

Plaintiff

vs.

Magistrate

Name

Street Address

City, State and Zip Code

Defendant

JUDGMENT ENTRY CONVERTING INTEREST IN REAL ESTATE

Pursuant to the Judgment Entry filed on _____, the marriage of the parties, _____ and _____, was terminated.

Pursuant to the Judgment Entry, it is ORDERED that _____ is divested of all rights, title, and interest in the real estate as set forth in the legal description, including deed reference and parcel number attached.

It is further ORDERED that _____ is vested with all rights, title, and interest of the real estate attached. The Auditor and Recorder of _____ County are ORDERED to accept this Entry as transferral of such interest and transfer the above real estate on its books and records. The filing of this Entry with the Recorder and Auditor will effectuate the conveyance of the real estate interest.

Court costs shall be (select one):

Taxed to the deposit. Court costs due above the deposit shall be paid as follows: _____

Other (specify): _____

JUDGE

IN THE COURT OF COMMON PLEAS
 _____ **Division**
 _____ **COUNTY, OHIO**

IN THE MATTER OF:

 A Minor

 Plaintiff/Petitioner

Case No. _____

 Street Address

Judge _____

 City, State and Zip

vs.

Magistrate _____

 Defendant/Respondent/Petitioner

 Street Address

 City, State and Zip Code

WAIVER OF SERVICE OF SUMMONS

I, _____ (name), acknowledge that I am the Petitioner Plaintiff Defendant Respondent (select one) and that I have received a copy of the following documents filed or to be filed by the other party:

- Complaint for Parentage
- Complaint Motion (select one) for Allocation of Parental Rights and Responsibilities (Custody)
- Complaint Motion (select one) for Parenting Time (Companionship and Visitation)
- Complaint Motion (select one) for Establishment or Change of Child Support
- Journal Entry and Findings of Fact Supporting Child Support Deviation
- Health Insurance Affidavit
- Complaint for Divorce with Children
- Complaint for Divorce without Children
- Separation Agreement
- Shared Parenting Plan
- Parenting Plan
- Petition for Dissolution
- Agreed Judgment Entry, Magistrate's Decision, Order, and/or Magistrate's Order
- Affidavit of Income and Expenses

- Affidavit of Property
- Parenting Proceeding Affidavit
- Motion for Contempt and Affidavit
- Motion and Affidavit or Counter Affidavit for Temporary Orders with Oral Hearing
- Other (specify): _____

I waive service of summons of said document by the Clerk of Court.

Date

Your Signature

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