

## **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 Case No. \_\_\_\_\_  
\_\_\_\_\_  
Street Address Judge \_\_\_\_\_  
\_\_\_\_\_  
City, State and Zip Code Magistrate \_\_\_\_\_

Plaintiff

vs.

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State and Zip Code

Defendant

<p><b>WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.</b></p> <p><b>Instructions:</b> This form is used in response to a filing of a Complaint for Divorce with Children, and allows you to agree with or dispute the statements made in the Complaint for Divorce with Children. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. <b>YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.</b></p>
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**ANSWER TO COMPLAINT FOR DIVORCE WITH CHILDREN**

In Answer to Plaintiff's Complaint for Divorce, Defendant states as follows:

**ADMIT    DENY**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Plaintiff has been a resident of the State of Ohio for at least six (6) months immediately before filing the Complaint.                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Plaintiff has been a resident of the County stated in the Complaint for at least ninety (90) days immediately before filing the Complaint; OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Defendant resides in the County where the Complaint was filed.   |

**ADMIT    DENY**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 3. The date of Plaintiff and Defendant's marriage stated in the Complaint.<br>The place of Plaintiff and Defendant's marriage stated in the Complaint.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Neither party is pregnant.   |
| <input type="checkbox"/> | <input type="checkbox"/> | A party is pregnant.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. The child(ren) stated in the Complaint was/were born of the relationship prior to the marriage.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The child(ren) stated in the Complaint was/were born from or adopted during this marriage.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The child(ren) stated in the Complaint was/were born from or adopted during this marriage or relationship and is/are mentally or physically disabled and will be incapable of supporting or maintaining themselves. |
| <input type="checkbox"/> | <input type="checkbox"/> | The child(ren) stated in the Complaint is/are subject to an existing order of parenting or support of another Court.  |
| <input type="checkbox"/> | <input type="checkbox"/> | One party is not the parent of the child(ren) stated in the Complaint who was/were born during the marriage.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Plaintiff is an active-duty servicemember of the United States military.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Defendant is an active-duty servicemember of the United States military.  |
|                          |                          | 7. Defendant further admits or denies the following grounds for divorce:  |
| <input type="checkbox"/> | <input type="checkbox"/> | Plaintiff and Defendant are incompatible.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Plaintiff and Defendant have lived separate and apart without cohabitation and without interruption for one (1) year.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Plaintiff or Defendant had a Husband or Wife living at the time of the marriage.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Defendant has been willfully absent for one (1) year.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Defendant is guilty of adultery.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Defendant is guilty of extreme cruelty.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Defendant is guilty of fraudulent contract.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Defendant is guilty of gross neglect of duty.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Defendant is guilty of habitual drunkenness.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Defendant is imprisoned in a state or federal correctional institution at the time of filing the Complaint.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Defendant procured a divorce outside this state by virtue of which Defendant has been released from the obligations of the marriage, while those obligations remain binding on Plaintiff.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Plaintiff and Defendant are owners of real estate and/or personal property.  |
|                          |                          | 9. Defendant denies any allegations not specifically admitted.  |

Defendant requests: *(select one)*

- the Complaint for Divorce be dismissed OR
  - a divorce be granted
- and any further relief deemed proper.

\_\_\_\_\_  
Attorney or Self Represented Party Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Supreme Court Reg No. (if any)

**CERTIFICATE OF SERVICE**  
*(Check the boxes that apply)*

Defendant delivered a copy of the Answer to Complaint for Divorce with Children.

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:
- As instructed in the Request for Service (Uniform Domestic Relations Form 31/Juvenile Form 10) filed with the Clerk of Courts
  - Regular U.S. Mail
  - Fax
  - Hand Delivery
  - Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

**IN THE COURT OF COMMON PLEAS**  
\_\_\_\_\_  
**DIVISION**  
\_\_\_\_\_  
**COUNTY, OHIO**

\_\_\_\_\_  
Name Case No. \_\_\_\_\_  
\_\_\_\_\_  
Street Address Judge \_\_\_\_\_  
\_\_\_\_\_  
City, State and Zip Code Magistrate \_\_\_\_\_

Plaintiff

vs.

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State and Zip Code

Defendant

**WARNING: This form is not a substitute for the benefit of the advice of legal counsel.  
It is highly recommended that you consult an attorney.**

**Instructions:** After a Complaint has been filed, this form is used by a Defendant to request a divorce if you and your spouse have (a) minor child(ren), adult child(ren) attending high school, or child(ren) with disabilities, and/or a party is pregnant. A Request for Service (Uniform Domestic Relations Form 31/Juvenile Form 10) and a Parenting Proceeding Affidavit (Uniform Domestic Relations Form - Affidavit 3) must be filed with this form. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

**COUNTERCLAIM FOR DIVORCE WITH CHILDREN**

Now comes Defendant and states as follows:

1. Plaintiff filed a Complaint for Divorce or a Complaint for Legal Separation.
2. Plaintiff alleged proper jurisdiction and venue.

3. Plaintiff and Defendant were married on \_\_\_\_\_ (date of marriage)  
in \_\_\_\_\_ (city or county, and state).

4.  Neither party is pregnant OR  a party is pregnant.

5. *Check all that apply:* (If more space is needed, add additional pages)

The following child(ren) was/were born of the parties' relationship prior to the marriage:

<b>Name of Child</b>	<b>Date of Birth</b>
_____	_____
_____	_____
_____	_____

The following child(ren) was/were born from or adopted during this marriage:

<b>Name of Child</b>	<b>Date of Birth</b>
_____	_____
_____	_____
_____	_____

The following child(ren) was/were born from or adopted during this marriage or relationship and is/are mentally or physically disabled and will be incapable of supporting or maintaining themselves:

<b>Name of Child</b>	<b>Date of Birth</b>
_____	_____
_____	_____

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

<b>Name of Child</b>	<b>Date of Birth</b>
_____	_____
_____	_____

One party is not the parent of the following child(ren) who was/were born during the marriage:

<b>Name of Child</b>	<b>Date of Birth</b>
_____	_____
_____	_____

6. Military Service:

- Neither Plaintiff nor Defendant is an active-duty servicemember of the United States military.  
 Plaintiff and/or  Defendant is an active-duty servicemember of the United States military.

7. Defendant is entitled to a divorce from Plaintiff based upon the following grounds: *(check all that apply)*
- Plaintiff and Defendant are incompatible.
  - Plaintiff and Defendant have lived separate and apart without cohabitation and without interruption for one (1) year.
  - Plaintiff or Defendant had a Husband or Wife living at the time of the marriage.
  - Plaintiff has been willfully absent for one (1) year.
  - Plaintiff is guilty of adultery.
  - Plaintiff is guilty of extreme cruelty.
  - Plaintiff is guilty of fraudulent contract.
  - Plaintiff is guilty of gross neglect of duty.
  - Plaintiff is guilty of habitual drunkenness.
  - Plaintiff is imprisoned in a state or federal correctional institution at the time of filing the Complaint.
  - Plaintiff procured a divorce outside this state by virtue of which Plaintiff has been released from the obligations of the marriage, while those obligations remain binding on Defendant.
8. Plaintiff and Defendant are owners of real estate and/or personal property.

Defendant requests that a divorce be granted from Plaintiff. Defendant further requests that the Court determine an equitable division of property and debts and order the following: *(check all that apply)*

- Plaintiff be designated the residential parent and legal custodian of the following minor child(ren):  
\_\_\_\_\_;
  - Defendant be designated the residential parent and legal custodian of the following minor child(ren):  
\_\_\_\_\_;
  - the non-residential parent be granted specific parenting time;
  - Plaintiff and Defendant be granted shared parenting of the following minor child(ren):  
\_\_\_\_\_
- pursuant to a Shared Parenting Plan (Uniform Domestic Relations Form 20), which Defendant will prepare and file with the Court;
- Plaintiff pay child support, cash medical support, and health care expenses;
  - Plaintiff pay spousal support;
  - Defendant be restored to the former name of \_\_\_\_\_;
  - Plaintiff pay Defendant's attorney fees;
  - Plaintiff pay the court costs of the proceeding;
- and any further relief deemed proper.

\_\_\_\_\_  
Attorney or Self Represented Party Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Supreme Court Reg No. (if any)



**CERTIFICATE OF SERVICE**  
(Check the boxes that apply)

Defendant delivered a copy of the Counterclaim for Divorce with Children.

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:
- As instructed in the Request for Service (Uniform Domestic Relations Form 31/Juvenile Form 10) filed with the Clerk of Courts
  - Regular U.S. Mail
  - Fax
  - Hand Delivery
  - Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

**IN THE COURT OF COMMON PLEAS**  
**\_\_\_\_\_ DIVISION**  
**\_\_\_\_\_ COUNTY, OHIO**

\_\_\_\_\_  
 Plaintiff/Petitioner 1

vs./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. 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 you need more space, add additional pages.**

**AFFIDAVIT OF BASIC INFORMATION, INCOME, AND EXPENSES**

Affidavit of \_\_\_\_\_

Date of marriage \_\_\_\_\_ Date of separation \_\_\_\_\_

**SECTION I – BASIC INFORMATION**

Plaintiff/Petitioner 1

Defendant/Petitioner 2

Date of Birth _____	Date of Birth _____
Social Security Number (Last 4 Digits) _____	Social Security Number (Last 4 Digits) _____
Phone Number _____	Phone Number _____
Health: <input 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: ( <i>Check highest level achieved</i> ) <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate	Education: ( <i>Check highest level achieved</i> ) <input type="checkbox"/> Grade School <input 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 type="checkbox"/> No	Other Technical Certifications:  Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION II – INCOME**

	<u><b>Plaintiff/Petitioner 1</b></u>	<u><b>Defendant/Petitioner 2</b></u>
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Employment	_____	_____
Name of Employer	_____	_____
Payroll Address	_____	_____
Payroll City, State, Zip	_____	_____
Scheduled Paychecks Per Year	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**

	<u><b>Plaintiff/Petitioner 1</b></u>	Year	<u><b>Defendant/Petitioner 2</b></u>
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**

	<u><b>Plaintiff/Petitioner 1</b></u>	<u><b>Defendant/Petitioner 2</b></u>
Base Yearly Income	\$ _____	\$ _____
Average yearly overtime, commissions, and/or bonuses over last 3 years (from part A)	\$ _____	\$ _____

Unemployment Compensation	\$ _____	\$ _____
Disability Benefits		
Workers' Compensation		
Social Security		
Other: _____	\$ _____	\$ _____
Retirement Benefits		
Social Security		
Other: _____	\$ _____	\$ _____
Spousal Support Received	\$ _____	\$ _____
Interest and dividend income ( <i>source</i> ) _____	\$ _____	\$ _____
Other income ( <i>type and source</i> )	\$ _____	\$ _____
<b>TOTAL YEARLY INCOME</b>	<b>\$ 0</b> _____	<b>\$ 0</b> _____
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	\$ _____	\$ _____

**SECTION III – CHILDREN AND HOUSEHOLD RESIDENTS**

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

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

In addition to the above child(ren):  
 Plaintiff/Petitioner 1 has \_\_\_\_\_ other minor biological or adopted child(ren).  
 Defendant/Petitioner 2 has \_\_\_\_\_ other minor biological or adopted child(ren).  
 There is/are \_\_\_\_\_ 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) \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

◦ Gas, fuel oil, propane \$ \_\_\_\_\_

◦ Water and sewer \$ \_\_\_\_\_

◦ Telephone and/or cell phone \$ \_\_\_\_\_

◦ Trash collection \$ \_\_\_\_\_

◦ Cable/satellite television \$ \_\_\_\_\_

◦ Internet service \$ \_\_\_\_\_

Cleaning \$ \_\_\_\_\_

Lawn service and/or snow removal \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MONTHLY:** \$ 0 \_\_\_\_\_

### B. OTHER MONTHLY LIVING EXPENSES

#### Food

◦ Groceries (including food, paper, cleaning products, toiletries, and other) \$ \_\_\_\_\_

◦ Restaurant \$ \_\_\_\_\_

#### Transportation

◦ Vehicle loan, lease \$ \_\_\_\_\_

◦ Vehicle maintenance \$ \_\_\_\_\_

◦ Gasoline \$ \_\_\_\_\_

◦ Parking, public transportation \$ \_\_\_\_\_

#### Clothing

◦ Clothes (other than child(ren)'s) \$ \_\_\_\_\_

◦ Dry cleaning and laundry	\$ _____
Personal grooming	
◦ Hair and nail care	\$ _____
◦ Other: _____	\$ _____
Other: _____	\$ _____
<b>TOTAL MONTHLY: \$ 0</b>	

**C. MONTHLY MINOR CHILD-RELATED EXPENSES**

(for child(ren) of the marriage or relationship)

Work and/or education-related child care	\$ _____
Other child care	\$ _____
Extraordinary parenting time travel cost	\$ _____
School tuition	\$ _____
School lunches	\$ _____
School supplies	\$ _____
Extracurricular activities and lessons	\$ _____
Clothing	\$ _____
Child(ren)'s allowances	\$ _____
Special and extraordinary needs of child(ren) (not included elsewhere)	\$ _____
Other: _____	\$ _____
<b>TOTAL MONTHLY: \$ 0</b>	

**D. MONTHLY INSURANCE PREMIUMS**

Life	\$ _____
Auto	\$ _____
Health	\$ _____
Disability	\$ _____
Other: _____	\$ _____
<b>TOTAL MONTHLY: \$ 0</b>	

**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: _____	\$ _____
_____	\$ _____
<b>TOTAL MONTHLY: \$ 0</b>	

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

Physicians	\$ _____
Dentists and orthodontists	\$ _____
Optometrists and opticians	\$ _____
Prescriptions	\$ _____
Other: _____	\$ _____
<b>TOTAL MONTHLY: \$ 0</b>	

**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	\$ _____
Other: _____	\$ _____
_____	\$ _____
<b>TOTAL MONTHLY: \$ 0</b>	

**H. MONTHLY INSTALLMENT PAYMENTS INCLUDING BANKRUPTCY PAYMENTS**

*(Do not repeat expenses already listed.)*

Examples: car, credit card, rent-to-own, or cash advance payments

To whom paid	Purpose	Balance due	Monthly payment
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
<b>TOTAL MONTHLY:</b>			\$ <u>0</u> _____

**GRAND TOTAL MONTHLY EXPENSES (Sum of A through H):** \$ 0 \_\_\_\_\_

**OATH OR AFFIRMATION**  
*(Do not sign until Notary Public is present)*

I, (print name) \_\_\_\_\_, 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.

STATE OF \_\_\_\_\_ )  
 COUNTY OF \_\_\_\_\_ ) **SS**

\_\_\_\_\_  
 Your Signature

Sworn to or affirmed before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Notary Public

\_\_\_\_\_  
 Printed Name of Notary Public

Commission Expiration Date: \_\_\_\_\_

(Affix seal here)



IN THE COURT OF COMMON PLEAS

\_\_\_\_\_  
DIVISION  
\_\_\_\_\_  
COUNTY, OHIO

\_\_\_\_\_  
Plaintiff/Petitioner 1  
  
vs./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 disclose health insurance coverage that is available for children. It is also used to determine child support. It must be filed if there are minor children of the relationship. **If more space is needed, add additional pages.**

HEALTH INSURANCE AFFIDAVIT

Affidavit of \_\_\_\_\_

**Plaintiff/Petitioner 1**                      **Defendant/Petitioner 2**

Is/are your child(ren) currently enrolled in a low-income program (i.e. Healthy Start/ Medicaid)?       Yes     No                       Yes     No

Is/are your child(ren) enrolled in an individual (non-group or COBRA) health insurance plan?       Yes     No                       Yes     No

Is/are your children enrolled in a plan found through the exchange/Affordable HealthCare Marketplace?       Yes     No                       Yes     No

Is/are your child(ren) enrolled in a health insurance plan through a group (employer or other organization)?       Yes     No                       Yes     No

If your child(ren) is/are not enrolled, do/does he/she/they have health insurance available through a group (employer or other organization)?       Yes     No                       Yes     No

Does the available insurance cover primary care services within 30 miles of the children's home?       Yes     No                       Yes     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      \_\_\_\_\_

Address      \_\_\_\_\_

Phone Number      \_\_\_\_\_



**IN THE COURT OF COMMON PLEAS OF SENECA COUNTY, OHIO**

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

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**

\_\_\_\_\_ Case No. \_\_\_\_\_  
 Plaintiff/Petitioner 1 Judge \_\_\_\_\_  
 vs./and Magistrate \_\_\_\_\_  
 \_\_\_\_\_  
 Defendant/Petitioner 2/Respondent

**Instructions:** Check local court rules to determine when this form must be filed. By law, this affidavit must be filed and served with any Complaint, Petition or Motion regarding the allocation of parental rights and responsibilities, parenting time, custody, or visitation. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, add additional pages.**

**PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))**  
 Affidavit of \_\_\_\_\_

**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): \_\_\_\_\_ 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		Place of birth	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
_____		_____	_____	
Period 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"/>	_____		_____

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

<b>c. Child's name</b> _____		<b>Place of birth</b> _____	<b>Date of birth</b> _____	<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F
Period 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 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 has/have custody or visitation rights with respect to any child subject to this case.

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: \_\_\_\_\_

c. Name/Address of Person: \_\_\_\_\_  
 has physical custody  claims custody rights  claims visitation rights  
 Name of each child: \_\_\_\_\_



**IN THE COURT OF COMMON PLEAS**  
\_\_\_\_\_  
**DIVISION**  
\_\_\_\_\_  
**COUNTY, OHIO**

\_\_\_\_\_  
Plaintiff

vs.

\_\_\_\_\_  
Defendant

Case No. \_\_\_\_\_  
Judge \_\_\_\_\_  
Magistrate \_\_\_\_\_

**WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.**

**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. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **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 (A) Motion and Affidavit or (B) Counter Affidavit.

**(A) Motion and Affidavit**

\_\_\_\_\_ (name), the Movant, files this Motion and Affidavit under Civ.R. 75(N) and/or under R.C. 3109.043 to request the temporary orders checked here.

- Check only those that apply.
- \_\_\_\_\_ Residential parenting rights (custody)
  - \_\_\_\_\_ Parenting time (companionship or visitation)
  - \_\_\_\_\_ Child support
  - \_\_\_\_\_ Spousal support (if married)
  - \_\_\_\_\_ Payment of debts and/or expenses

THE OTHER PARTY HAS FOURTEEN (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)

**(B) Counter Affidavit**

Movant 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.  The parties are living separately.  
Date of separation is \_\_\_\_\_.
- The parties are living together.
- The parties have no minor children. *(Skip to number 6)*
- The parties have (a) minor child(ren) who was/were born from or adopted during this relationship.  
*(List child(ren) here)*

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

- In addition to the above child(ren),  
 Movant has \_\_\_\_\_ other biological or adopted minor child(ren).  
 Other party has \_\_\_\_\_ other biological or adopted minor child(ren).  
 There is/are \_\_\_\_\_ adult(s) in Movant's household.

2. Movant's child(ren) attend(s) school in:
- \_\_\_\_\_ public school district
- Other: *(Explain)* \_\_\_\_\_
- All children do not attend school in the same district. *(Explain)*
- \_\_\_\_\_
- \_\_\_\_\_

3.  Movant requests to be named the temporary residential parent and/or legal custodian of the child(ren): *(Specify child(ren) if request is not for all child(ren))*
- \_\_\_\_\_
- \_\_\_\_\_

- Movant does not object to the other parent or party being named the temporary residential parent and/or legal custodian of the child(ren): *(Specify child(ren) if request is not for all child(ren))*
- \_\_\_\_\_
- \_\_\_\_\_

4.  Movant has reached an agreement regarding parenting time (companionship or visitation) with the other parent or party as follows:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Movant wishes to exercise the following parenting time (companionship or visitation):

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Movant wishes for the other parent or party to exercise the following parenting time (companionship or visitation):

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Movant requests that the other parent or party's parenting time (companionship or visitation) be supervised: *(Explain the reason for request.)*

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Name of an appropriate supervisor \_\_\_\_\_

5.  A Court or agency has made a child support order concerning the child(ren).

Name of Court/Agency \_\_\_\_\_

Date of Order \_\_\_\_\_

SETS No. \_\_\_\_\_

6. Movant requests the Court to order the other parent or party to pay:

\$ \_\_\_\_\_ child support per month

\$ \_\_\_\_\_ spousal support per month (only if married)

\$ \_\_\_\_\_ attorney fees, expert fees, Court costs

The following debts and/or expenses:

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Other: \_\_\_\_\_

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7.  Movant is willing to attend mediation.

Movant is not willing to attend mediation.



**NOTICE OF HEARING**

*(Check with local Court to obtain a hearing date and time and for scheduling procedure)*

You are hereby given notice that this Motion for Temporary Orders will come before the Court for consideration on Affidavits only, without oral testimony, before Judge/Magistrate \_\_\_\_\_, at \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_, 20\_\_\_\_\_.

**CERTIFICATE OF SERVICE**

*(Check the boxes that apply)*

I delivered a copy of the:  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:
- As instructed in the Request for Service (Uniform Domestic Relations Form 31/Uniform Juvenile Form 10) filed with the Clerk of Courts
  - Regular U.S. Mail
  - Fax
  - Hand Delivery
  - Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

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) \_\_\_\_\_

Supreme Court of Ohio

Uniform Domestic Relations Form – 28

Uniform Juvenile Form – 10

REQUEST FOR SERVICE

Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46

Effective Date: 7/1/2013

- 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:

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\_\_\_\_\_  
Your Signature