

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

**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: This form is used in response to a filing of a Complaint for Divorce without Children, and allows you to agree with or dispute the statements made in the Complaint for Divorce without Children. 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.**

ANSWER TO COMPLAINT FOR DIVORCE WITHOUT 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. Any child(ren) born from or adopted during this marriage or relationship is/are now adults and none are mentally or physically disabled and incapable of supporting or maintaining themselves. |
| <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 without 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/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

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 do not have (a) minor child(ren), adult child(ren) attending high school, or child(ren) with disabilities. A Request for Service (Uniform Domestic Relations Form 31/Juvenile Form 10) 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 WITHOUT 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. Any child(ren) born from or adopted during this marriage or relationship is/are are now adults and none are mentally or physically disabled and incapable of supporting or maintaining themselves.
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 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 without 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>Plaintiff/Petitioner 1</u>	<u>Defendant/Petitioner 2</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>Plaintiff/Petitioner 1</u>	Year	<u>Defendant/Petitioner 2</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>Plaintiff/Petitioner 1</u>	<u>Defendant/Petitioner 2</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>)	\$ _____	\$ _____
TOTAL YEARLY INCOME	\$ 0 _____	\$ 0 _____
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: _____	\$ _____
TOTAL MONTHLY: \$ 0	

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: _____	\$ _____
TOTAL MONTHLY: \$ 0	

D. MONTHLY INSURANCE PREMIUMS

Life	\$ _____
Auto	\$ _____
Health	\$ _____
Disability	\$ _____
Other: _____	\$ _____
TOTAL MONTHLY: \$ 0	

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: \$ 0	

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

Physicians	\$ _____
Dentists and orthodontists	\$ _____
Optometrists and opticians	\$ _____
Prescriptions	\$ _____
Other: _____	\$ _____
TOTAL MONTHLY: \$ 0	

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: _____	\$ _____
_____	\$ _____
TOTAL MONTHLY: \$ 0	

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 _____

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.

Your Signature

STATE OF _____)
) **SS**
COUNTY OF _____)

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 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

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):

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

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

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:

Other: _____

7. Movant is willing to attend mediation.

Movant is not willing to attend mediation.

8. Movant requests the following Court services. (*See local rules of Court for available services.*)

State specific reasons why Court services are required.

 Attorney or Self Represented Party Signature

 Printed Name

 Address

 City, State, Zip

 Phone Number

 Fax Number

 E-mail

 Supreme Court Reg No. (if any)

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.

 Signature

STATE OF _____)
) **SS**
 COUNTY OF _____)

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)

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) _____

- 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