

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

IN THE MATTER OF:

_____ A Minor

_____ Plaintiff

_____ Street Address

_____ City, State and Zip Code

vs.

_____ Defendant

_____ Street Address

_____ City, State and Zip Code

:
: Case No. _____
:
: Judge _____
:
: Magistrate _____

Instructions: This form is used to be legally recognized as the parent of the child, be named as the residential parent, or obtain visitation with the child(ren). The Parenting Proceeding Affidavit (Uniform Domestic Relations Form - Affidavit 3) and the Affidavit of Income and Expenses (Uniform Domestic Relations Form - Affidavit 1) must be filed with this Complaint.

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

1. I, _____ (name), am the Plaintiff and parent of the following child(ren):

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

2. Defendant, _____ is the parent of the child(ren).

3. The child(ren) has/have resided in _____ County, Ohio since _____ (date residence established) as set out in the Parenting Proceeding Affidavit (Uniform Domestic Relations Form - Affidavit 3).

4. The parent-child relationship has has not (select one) been established. If it has been established, a copy of the order establishing the parent-child relationship is attached. A copy of the child(ren)'s birth certificate is also attached.

5. No court has issued an order about the following child(ren):

The following Court has issued an order about the following child(ren):

6. I request that the Court (check all that apply):

Name _____ (parent's name) as the parent of the child(ren) _____

_____ (child(ren)'s name).

Correct the child(ren)'s birth certificate to indicate the child(ren)'s parent.

Order genetic testing and determine the father of the child(ren).

Name the Plaintiff Defendant (select one) as the residential parent and legal custodian of the child(ren).

Grant reasonable parenting time (visitation) to the parent.

Change the child(ren)'s name to _____

Adopt the proposed Shared Parenting Plan for the child(ren) which is attached.

Order the appropriate amount of child support for the child(ren), allocate the income tax dependency exemption for the child(ren), and determine who should provide health insurance coverage for the child(ren).

Other (specify): _____

Your Signature

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

_____ 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)

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 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__	\$ _____

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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	

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E. MONTHLY WORK AND EDUCATION EXPENSES FOR SELF

Mandatory work expenses (union dues, uniforms, or other)	\$ _____
Additional income taxes paid (not deducted from wages)	\$ _____

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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	

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

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 _____

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)

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 Plaintiff/Petitioner 1

Case No. _____

vs./and

Judge _____

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. 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"/>	_____ _____		_____

c. 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"/>	_____ _____		_____

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 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**

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

IN THE COURT OF COMMON PLEAS

Division
COUNTY, OHIO

IN THE MATTER OF:

A Minor

Plaintiff/Petitioner 1

Case No. _____

Street Address

Judge _____

City, State and Zip Code

vs./and

Magistrate _____

Defendant/Petitioner 2

Street Address

City, State and Zip Code

PARENTING JUDGMENT ENTRY

This case came before the Court on _____ for an Order allocating parental rights and responsibilities for the care of the following child(ren) (name and date of birth of each child):

Name of Child

Date of Birth

according to the Parenting Plan or Shared Parenting Plan attached.

The Court approves the Plan and incorporates it into this Judgment Entry.

A copy of this Judgment Entry shall be provided to the Child Support Enforcement Agency.

This Judgment Entry is effective on _____ .

Date

JUDGE

Signature (Plaintiff/Petitioner 1)

Signature (Defendant/Petitioner 2)

Attorney for Plaintiff/Petitioner 1

Attorney for Defendant/Petitioner 2

III. SEPARATE PROPERTY CLAIMS

Separate property includes, but is not limited to, property owned before marriage and gifts or inheritances to only one spouse.

Description	Why do you claim this as separate property?	Present Fair Market Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

TOTAL SECTION III: SEPARATE PROPERTY CLAIMS: \$ _____

IV. DEBT

List ALL OF YOUR DEBTS, your spouse’s debts, 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.**

Type	Name of Creditor	Name on Account	Total Debt Due	Monthly Payment
A. Secured Debt (Mortgages, Car, etc.)				
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____
B. Unsecured Debt (Credit cards, medical bills, other debts)				
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____

Type	Name of Creditor	Name on Account	Total Debt Due	Monthly Payment
3.			\$	\$
4.			\$	\$
5.			\$	\$
TOTAL SECTION IV: DEBT			\$	\$

V. BANKRUPTCY

Filed by	Date of Filing	Date of Discharge or Relief from Stay	Type of Case (Ch. 7, 11, 12, 13)	Current Monthly Payments
1.				\$
2.				\$
TOTAL SECTION V: BANKRUPTCY				\$

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)

Supreme Court of Ohio