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

_____ Case No. _____
Name

_____ Judge _____
Street Address

_____ Magistrate _____
City, State and Zip Code

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		
☐	☐	1.	Plaintiff has been a resident of the State of Ohio for at least six (6) months immediately before filing the Complaint.
☐	☐	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
☐	☐		Defendant resides in the County where the Complaint was filed.

ADMIT	DENY		
☐	☐	3.	The date of Plaintiff and Defendant's marriage stated in the Complaint.
☐	☐		The place of Plaintiff and Defendant's marriage stated in the Complaint.
☐	☐	4.	Neither party is pregnant.
☐	☐		A party is pregnant.
☐	☐	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.
☐	☐	6.	Plaintiff is an active-duty servicemember of the United States military.
☐	☐		Defendant is an active-duty servicemember of the United States military.
		7.	Defendant further admits or denies the following grounds for divorce:
☐	☐		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.
☐	☐		Defendant has been willfully absent for one (1) year.
☐	☐		Defendant is guilty of adultery.
☐	☐		Defendant is guilty of extreme cruelty.
☐	☐		Defendant is guilty of fraudulent contract.
☐	☐		Defendant is guilty of gross neglect of duty.
☐	☐		Defendant is guilty of habitual drunkenness.
☐	☐		Defendant is imprisoned in a state or federal correctional institution at the time of filing the Complaint.
☐	☐		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.
☐	☐	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

_____ Case No. _____
Name

_____ Judge _____
Street Address

_____ Magistrate _____
City, State and Zip Code

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 Counterclaim for Divorce without Children, and allows you to agree with or dispute the statements made in the Counterclaim 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.**

REPLY TO COUNTERCLAIM FOR DIVORCE WITHOUT CHILDREN

In Reply to Defendant's Counterclaim for Divorce, Plaintiff states as follows:

1. Plaintiff filed a Complaint for Divorce or a Complaint for Legal Separation

2. Plaintiff alleged proper jurisdiction and venue.

ADMIT	DENY		
☐	☐	3.	The date of Plaintiff and Defendant's marriage stated in the Counterclaim.
☐	☐	4.	The place of Plaintiff and Defendant's marriage stated in the Counterclaim.
☐	☐	4.	Neither party is pregnant.
☐	☐		A party is pregnant.
☐	☐	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.
☐	☐	6.	Plaintiff is an active-duty servicemember of the United States military.
☐	☐		Defendant is an active-duty servicemember of the United States military.
		7.	Plaintiff further admits or denies the following grounds for divorce:
☐	☐		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 the 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.
☐	☐	9.	Plaintiff denies any allegations not specifically admitted.

The Plaintiff requests:

- ☐ the Counterclaim 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*)

Plaintiff delivered a copy of the Reply to 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 COMMMON 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:

- ☐ Affidavit of Income and Expenses
- ☐ Affidavit of Property
- ☐ Health Insurance Affidavit
- ☐ Health Care Documents
- ☐ Asset Appraisal/Evaluation
- ☐ Patchworks House Reports
- ☐ Guardian ad Litem Report
- ☐ Home Investigation Report
- ☐ Psychological Evaluation
- ☐ Drug/Alcohol Screens or Assessment
- ☐ Juvenile Court Records
- ☐ Genetic Testing Results
- ☐ 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/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 _____
(Print Name)

Date of marriage_____Date of separation _____

SECTION I – BASIC INFORMATION

Plaintiff/Petitioner 1	Defendant/Petitioner 2
Date of Birth _____	Date of Birth _____
Last 4 Digits of Social Security # XXX-XX-_____	Last 4 Digits of Social Security # XXX-XX-_____
Phone Number_____	Phone Number_____
Email Address_____	Email Address_____
Is an interpreter needed? ☐ Yes or ☐ No If yes, explain: _____	Is an interpreter needed? ☐ Yes or ☐ No If yes, explain: _____
Health: ☐ Good ☐ Fair ☐ Poor If health is not good, please explain:	Health: ☐ Good ☐ Fair ☐ Poor If health is not good, please explain:

Education: (*Check highest level achieved*) ☐ Grade School ☐ High School ☐ Associate ☐ Bachelor's ☐ Post Graduate	Education: (*Check highest level achieved*) ☐ Grade School ☐ High School ☐ Associate ☐ Bachelor's ☐ Post Graduate
Other Technical Certifications: Active Member of the U.S. Military ☐ Yes ☐ No	Other Technical Certifications: Active Member of the U.S. Military ☐ Yes ☐ No

SECTION II – INCOME

	Plaintiff/Petitioner 1	Defendant/Petitioner 2
Employed	☐ Yes ☐ No	☐ Yes ☐ No
Date of Employment	_____	_____
Name of Employer	_____	_____
Payroll Address	_____	_____
Payroll City, State, Zip	_____	_____
Scheduled Paychecks Per Year	☐ 12 ☐ 24 ☐ 26 ☐ 52	☐ 12 ☐ 24 ☐ 26 ☐ 52

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

	Plaintiff/Petitioner 1		Year	Defendant/Petitioner 2
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

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

	Plaintiff/Petitioner 1	Defendant/Petitioner 2
Unemployment Compensation	$_____	$_____
Disability Benefits		
Workers' Compensation	$_____	$_____
Social Security	$_____	$_____
Other: _____	$_____	$_____
Retirement Benefits		
Social Security	$_____	$_____
Other: _____	$_____	$_____
Spousal Support Received	$_____	$_____
Interest and dividend income (*source*) _____	$_____	$_____
Other income (*type and source*) _____	$_____	$_____
TOTAL YEARLY INCOME	$_____	$_____
Supplemental Security Income (SSI) and/or public assistance	$_____	$_____
Social Security or Veteran's benefits received for child(ren) ☐ Based on parent's disability ☐ Based on child's disability	$_____	$_____
Child support you receive from a child support enforcement agency or court order for minor and/or dependent child(ren) not of the marriage or relationship	$_____	$_____

SECTION III – CHILDREN AND HOUSEHOLD RESIDENTS

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

Name	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:	$_____

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: $_____

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: $_____

D. MONTHLY INSURANCE PREMIUMS

Life $_____

Auto $_____

Health $_____

Disability $_____

Other: _____ $_____

TOTAL MONTHLY: $_____

E. MONTHLY WORK AND EDUCATION EXPENSES FOR SELF

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

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

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

G. MISCELLANEOUS MONTHLY EXPENSES

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

Other: _____ $_____

_____ $_____

TOTAL MONTHLY: $_____

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:	$_____

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

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
_____ 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. List ALL OF YOUR PROPERTY AND DEBTS, THE PROPERTY AND DEBTS OF YOUR SPOUSE, AND ANY JOINT PROPERTY OR DEBTS. You must provide the most recent value for each asset and balance owed for each debt. Do not leave any category blank. For each item, if none, put "NONE." If you do not know exact figures for any item, give your best estimate, and put "EST." **If more space is needed, add additional pages.**

AFFIDAVIT OF PROPERTY AND DEBT

Affidavit of _____
(Print Name)

I. REAL ESTATE INTERESTS

	Address	Present Fair Market Value	Titled To	Mortgage Balance	Equity
1.	_____	$_____	_____	$_____	$_____
2.	_____	$_____	_____	$_____	$_____

TOTAL SECTION I: REAL ESTATE INTERESTS: $_____

II. OTHER ASSETS

	Category	Description	Titled To	Value
	A. Vehicles and Other Certificate of Title Property	(Include model and year of automobiles, trucks, motorcycles, boats, motors, motor homes, trailers, ATVs, snowmobiles, jet skis, etc.)		
1.	_____	_____	_____	$ _____
2.	_____	_____	_____	$ _____

	Category	Description	Titled To	Value
3.	_____	_____	_____	$ _____
4.	_____	_____	_____	$ _____
5.	_____	_____	_____	$ _____
6.	_____	_____	_____	$ _____
	B. Financial Accounts	(Include checking, savings, CDs, POD accounts, money market accounts, etc.)		
1.	_____	_____	_____	$ _____
2.	_____	_____	_____	$ _____
3.	_____	_____	_____	$ _____
4.	_____	_____	_____	$ _____
	C. Pensions & Retirement Plans	(Include profit-sharing, IRAs, 401(k) plans, etc. Describe each type of plan)		
1.	_____	_____	_____	$ _____
2.	_____	_____	_____	$ _____
3.	_____	_____	_____	$ _____
4.	_____	_____	_____	$ _____
	D. Publicly Held Stocks, Bonds, Securities & Mutual Funds	(Name of company and number of shares)		
1.	_____	_____	_____	$ _____
2.	_____	_____	_____	$ _____
3.	_____	_____	_____	$ _____
4.	_____	_____	_____	$ _____

Category	Description	Titled To	Value
E. Closely Held Stocks & Other Business Interests and Name of Company	(Type of ownership and number of shares)		
1. _____	_____	_____	$ _____
2. _____	_____	_____	$ _____
F. Life Insurance (Company Name and Term or Whole Life)	(Insured Life)		Cash Value and Loan Balance, if any
1. _____	_____	_____	$ _____
2. _____	_____	_____	$ _____
3. _____	_____	_____	$ _____
4. _____	_____	_____	$ _____
G. Furniture & Household Goods, Furnishings, and Appliances			
1. _____	_____	_____	$ _____
2. _____	_____	_____	$ _____
3. _____	_____	_____	$ _____
4. _____	_____	_____	$ _____
H. Safe Deposit Box (Give location and contents)			
1. _____	_____	_____	$ _____
2. _____	_____	_____	$ _____
3. _____	_____	_____	$ _____
4. _____	_____	_____	$ _____
I. All Other Assets Not Listed Above (including jewelry, art, tools, firearms, and other collectibles)	(If necessary, attach additional pages)		
1. _____	_____	_____	$ _____
2. _____	_____	_____	$ _____
		TOTAL SECTION II: OTHER ASSETS:	$ _____

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.	_____	_____	_____	$ _____

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.	_____	_____	_____	$_____	$_____
3.	_____	_____	_____	$_____	$_____

	Type	Name of Creditor	Name on Account	Total Debt Due	Monthly Payment
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

(Affix seal here)

Commission Expiration Date: _____

IN THE COURT OF COMMON PLEAS
_____ DIVISION
_____ COUNTY, OHIO

_____ Case No. _____
Plaintiff

Judge _____

vs.

Magistrate _____

_____
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: 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

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 _____, _____.

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

_____ Case No. _____

Name

_____ Judge _____

Street Address

_____ Magistrate _____

City, State and Zip Code

Plaintiff/Petitioner 1

vs./and

_____

Name

_____

Street Address

_____

City, State and Zip Code

Defendant/Petitioner 2/Respondent

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 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. 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.**

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Please serve the following documents: (*check all that apply*)

☐ Complaint for Divorce with Children

- ☐ Complaint for Divorce without Children
- ☐ Complaint for Parentage, Allocation of Parental Rights and Responsibilities
- ☐ Petition for Dissolution
- ☐ Motion and Affidavit or Counter Affidavit for Temporary Orders
- ☐ Motion for Change of Parental Rights and Responsibilities (Custody)
- ☐ Motion for Change of Parenting Time (Companionship and Visitation)
- ☐ Motion for Change of Child Support, Medical Support, Tax Exemption, or Other Child-Related Expenses
- ☐ Motion for Contempt and Affidavit
- ☐ Separation Agreement
- ☐ Parenting Plan
- ☐ Shared Parenting Plan
- ☐ Affidavit of Income and Expenses
- ☐ Affidavit of Property
- ☐ Parenting Proceeding Affidavit
- ☐ Health Insurance Affidavit
- ☐ Explanation of Health Care Bills
- ☐ Agreed Judgment Entry
- ☐ Other: (*specify*) _____

Please serve the following parties with the above marked documents:

☐ Defendant/Petitioner 2/Respondent at

_____(address) by:

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

☐ Plaintiff/Petitioner 1 at

_____(address) by:

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

☐ _____County Child Support Enforcement Agency at

_____(address) by:

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

☐ Other _____ at

_____(address) by:

☐ Certified Mail, Return Receipt Requested

☐ Issuance to Sheriff of _____ County, Ohio for ☐ Personal or ☐ Residence service

☐ Other: (*specify*) _____

SPECIAL INSTRUCTIONS TO SHERIFF:

_____

_____

_____

_____
Attorney or Self Represented Party Signature

_____
Printed Name

_____
Address

_____
City, State, Zip

_____
Phone Number

_____
Fax Number

_____
E-mail

_____
Supreme Court Reg No. (if any)