

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 OF SENECA COUNTY, OHIO

vs

Case No. _____

CLASSIFICATION FORM

Has this case been previously filed & dismissed? _____

If yes, list Case Number and

Judge: _____

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

INDICATE CLASSIFICATION INTO WHICH THIS CASE FALLS:

A. PROFESSIONAL TORT

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

B. PRODUCT LIABILITY

- ☐ Personal Injury
☐ Wrongful Death

C. OTHER TORT

- ☐ Personal Injury
☐ Vehicle Accident
☐ Wrongful Death

D. WORKER'S COMPENSATION

- ☐ Non-Compliance Employer
☐ Appeal

E. FORECLOSURE

- ☐ Foreclosure
☐ Foreclosure (Taxes)

F. ADMINISTRATIVE APPEAL

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

H. OTHER CIVIL

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

I. DOMESTIC RELATIONS

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

ATTORNEY'S NAME: _____

(PLEASE PRINT NAME)

IN THE COURT OF COMMON PLEAS

DIVISION

COUNTY, OHIO

IN THE MATTER OF:

A Minor

Name

Street Address

City, State and Zip Code

Case No.

Judge

Magistrate

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 to request a change in the parenting time (companionship and visitation) order. A Request for Service (Uniform Domestic Relations Form 31/Uniform Juvenile Form 10) and a Parenting Proceeding Affidavit (Uniform Domestic Relations Form – Affidavit 3) must be filed with this Motion. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

MOTION FOR CHANGE OF PARENTING TIME (COMPANIONSHIP AND VISITATION)

Now comes _____ (name), the Movant, and requests a change in the existing parenting time (companionship and visitation) order filed on _____ (date) regarding the following minor child(ren):

Name of Child

Date of Birth

Supreme Court of Ohio

Uniform Domestic Relations Form 26

Uniform Juvenile Form 5

MOTION FOR CHANGE OF PARENTING TIME (COMPANIONSHIP AND VISITATION)

Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46

Amended: September 21, 2020

Parental rights and responsibilities are currently allocated as follows:

Movant requests that the Court change the parenting time (companionship and visitation) order because:

Movant requests that the Court change the existing parenting time (companionship and visitation) order as follows:

Movant believes that the requested changes are in the child(ren)'s best interest.

Movant requests that the Court order the following: *(check all that apply)*

- ☐ Assessing reasonable attorney fees;
- ☐ Assessing Court costs of the proceedings;
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)

IN THE COURT OF COMMON PLEAS

DIVISION

COUNTY, OHIO

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 _____

(Print Name)

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 |
| _____ | | _____ | _____ | |
| Date 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 |
|---------------------------------|--------------------------------|-------------------------------|--|

☐ Check this box if the information below is the same as in Section 1(a). Skip to the next question.

| Date 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 |
|---------------------------------|--------------------------------|-------------------------------|--|

☐ Check this box if the information below is the same as in Section 1(a). Skip to the next question.

| Date 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 or 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 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: _____

6. I understand that I have a continuing duty to advise this Court of any custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection order from domestic violence case concerning the children about whom information is obtained during this case.

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/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? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain: _____ | Is an interpreter needed? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain: _____ |
| 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 | <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52 | <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52 |

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

| | <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) | \$ _____ | \$ _____ |

| | 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) | | |
| <input type="checkbox"/> Based on parent's disability | \$ _____ | \$ _____ |
| <input type="checkbox"/> 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

[illegible]

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 _____)
COUNTY OF _____) **SS**

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 of the relationship. It is also used to determine child support. If more space is needed, add additional pages.

HEALTH INSURANCE AFFIDAVIT

Affidavit of _____
(Print Name)

Plaintiff/Petitioner 1

Defendant/Petitioner 2

Is/are your child(ren) currently enrolled in a government-provided 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 child(ren) 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, does/do 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

(Do not sign until Notary Public is present)

Your Signature

Sworn to or affirmed before me by _____ this _____ day of _____, _____

(Affix seal here)

IN THE COURT OF COMMON PLEAS

DIVISION

COUNTY, OHIO

IN THE MATTER OF:

A Minor

Name

Street Address

City, State and Zip Code

Case No.

Judge

Magistrate

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

Supreme Court of Ohio

Uniform Domestic Relations Form 31

Uniform Juvenile Form 10

REQUEST FOR SERVICE

Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46

Amended: September 21, 2020

- ☐ 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)

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

Magistrate _____

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 waive the right to receive service of documents filed or to be filed by the other party. 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.**

WAIVER OF SERVICE OF SUMMONS

Now comes _____ (name) and acknowledges that I am ☐ Plaintiff
☐ Defendant ☐ Petitioner ☐ Respondent (*select one*). I further acknowledge that I am over the age of eighteen (18), am not under disability, and that I received a copy of the following documents filed or to be filed by the other party: (*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)*

I waive service of said document(s) by the Clerk of Court.

Self Represented Party Signature

Printed Name

Address

City, State, Zip

Phone Number

Fax Number

E-mail