

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

	*	
(Name)	*	
(Address)	*	
(City, State, Zip)	*	
(Telephone Number)	*	
(Birth Date)	*	
Plaintiff,	*	Case Number _____
	*	(Court will complete)
VS.	*	Judge/Magistrate _____
	*	(Court will complete)
	*	
(Name)	*	
(Address)	*	
(City, State, Zip)	*	
(Telephone Number)	*	
(Birth Date)	*	
Defendant.	*	<b><u>COMPLAINT FOR DIVORCE -</u></b>
	*	<b><u>WITH CHILDREN</u></b>

1. Plaintiff has been a resident of the State of Ohio for more than six months immediately prior to the filing of this Complaint, and (Check One)

- of \_\_\_\_\_ County for more than 90 days immediately prior to filing this Complaint and/or
- Defendant is a resident of \_\_\_\_\_ County.

2. Plaintiff and Defendant were married on \_\_\_\_\_ in  
(Insert Date)  
\_\_\_\_\_, \_\_\_\_\_  
(City) (State)

3. The following children were born of this relationship:

\_\_\_\_\_ D.O.B. \_\_\_\_\_  
Name  
\_\_\_\_\_ D.O.B. \_\_\_\_\_  
\_\_\_\_\_ D.O.B. \_\_\_\_\_  
\_\_\_\_\_ D.O.B. \_\_\_\_\_  
\_\_\_\_\_ D.O.B. \_\_\_\_\_

4. Wife is not currently pregnant.

5. Defendant has been guilty of: **(Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Gross Neglect of Duty | <input type="checkbox"/> Spouse is currently in prison           |
| <input type="checkbox"/> Adultery              | <input type="checkbox"/> Habitual Drunkenness                    |
| <input type="checkbox"/> Extreme Cruelty       | <input type="checkbox"/> Living separately for at least one year |

6. The parties are incompatible as marriage partners.

7. The parties **(Check One)**

- do not own real property
- do own real property located at

\_\_\_\_\_  
(Address, City, State)

8. The parties have personal property which: **(Check One)**

has been divided

has not been divided. Major property items not divided include:

Property Description	Value

9. The parties: **(Check One)**

do not have any debts

have the following debts:

Creditor	Owed by (Plaintiff, Defendant, or Joint)	Balance

10. The Child Support Enforcement Agency established an administrative support order on \_\_\_\_\_ (date), case number \_\_\_\_\_.  
Attach copies of all support orders for all children involved in this case.

**THE PLAINTIFF ASKS THE COURT FOR THE FOLLOWING RELIEF:**

- a. Grant this divorce;
- b. Equitably divide the property and debts.
- c. That the Court: **(Check all that apply)**
  - designate the Plaintiff as temporary and permanent residential custodial parent of the minor children.
  - order the Defendant to pay temporary and permanent child support.
  - restore wife to her former name of:  

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  - order the Defendant not to dispose of property during this action.
  - order the Defendant to pay spousal support.
- d. Order the Defendant to pay the costs of this action; and
- e. Award any other relief the Court feels is fair and equitable.

Respectfully submitted,

\_\_\_\_\_  
Plaintiff Signature (Your Signature)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
Telephone

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

\_\_\_\_\_  
(Your Name) Case No. \_\_\_\_\_  
(Court will complete)

Plaintiff,

vs.

Judge/Magistrate \_\_\_\_\_  
(Court will complete)

\_\_\_\_\_  
(Your Spouse's Name)

Defendant.

**INSTRUCTIONS FOR SERVICE**

TO THE CLERK:

Please serve the Defendant with the Summons and the following documents: **(Check all that you filed.)**

- \_\_\_\_\_ Complaint for Divorce
- \_\_\_\_\_ Motion for Temporary Orders
- \_\_\_\_\_ Affidavit of Plaintiff
- \_\_\_\_\_ Child Custody Affidavit (UCCJEA)
- \_\_\_\_\_ Affidavit of Indigency

\_\_\_\_\_ by CERTIFIED MAIL, ADDRESSEE ONLY at the following address: **(Check if you know your spouse's address)**

\_\_\_\_\_  
(Your Spouses Address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pursuant to O.R.C.P. 4.4(A)(2) so that notice is posted in the courthouse and two additional public places. Additionally, the complaint and summons will be mailed by ordinary mail, address correction requested to the defendant's last known address. **(Check if you do not know your spouse's address. Also complete Form 4)**

\_\_\_\_\_  
Plaintiff Signature (Your Signature)

\_\_\_\_\_  
Print Name (Your Name)

\_\_\_\_\_  
Street Address (Your Address)

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

\_\_\_\_\_  
Telephone

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

\_\_\_\_\_  
(Your Name) Case No. \_\_\_\_\_  
(Court will complete)

Plaintiff,

vs.

Judge/Magistrate \_\_\_\_\_  
(Court will complete)

\_\_\_\_\_  
(Your Spouse's Name)

Defendant.

**AFFIDAVIT FOR SERVICE  
PURSUANT TO O.R.C.P. 4.4(A)(2)**

I, \_\_\_\_\_, being first duly sworn and cautioned, depose and state  
(Your Name)

as follows:

1. I have filed for a divorce and am not able to prepay the filing fees;
2. I do not know the current address of the defendant, my spouse;
3. I have made efforts to determine the defendant's current address but have been unable to do so;
4. The defendant's residence cannot be learned with reasonable effort;
5. The defendant's last known mailing address is:

\_\_\_\_\_  
(Your Spouse's Last Known Address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Affiant (Sign Here in Front of Notary)

STATE OF OHIO, COUNTY OF \_\_\_\_\_ SS:

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public



<b>Form 6</b> <b>IN THE COURT OF COMMON PLEAS OF _____ COUNTY, OHIO</b> <b>DOMESTIC RELATIONS COURT</b>	
<b>Plaintiff / Petitioner</b>  <p style="text-align: center;">v.</p> <b>Defendant / Petitioner</b>	<b>Case No.</b> _____  <b>Judge:</b> _____  <b>INFORMATION FOR CHILD CUSTODY PROCEEDING</b> <b>(§3127.73 Ohio Rev. Code)</b>

**NOTE:** By law, an affidavit **must** be filed and served with the first pleading filed by each party in every child custody proceeding (allocation of parental rights, legal custody, parenting time, or visitation). Each party has a continuing duty while this case is pending to inform the Court of any child custody proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, attach an additional page.**

My full name is \_\_\_\_\_ and I state, under oath, that the following information is true:

1. State the name and date of birth for each child who is in issue in this case, the address(es) where each child lived during the past five years, the dates the child lived at each address, and the name of all adults who lived with the child at each address. (If more than four children are in issue, attach a separate page and provide this same information for each additional child.)

Child's Name:			Date of Birth:
Last Five (5) Years		Address	Adult(s) who lived at this address
	to	Present	
	to		
	to		
	to		
	to		

Child's Name:			Date of Birth:
Last Five (5) Years		Address	Adult(s) who lived at this address
	to	Present	
	to		
	to		
	to		
	to		

Child's Name:			Date of Birth:
Last Five (5) Years		Address	Adult(s) who lived at this address
	to	Present	
	to		
	to		
	to		
	to		

Child's Name:			Date of Birth:
Last Five (5) Years		Address	Adult(s) who lived at this address
	to	Present	
	to		
	to		
	to		
	to		

2. The names and **current** addresses of all adults listed in #1 are:

Adult's Name	Current Address

3. Have you participated as a party, a witness, or in any other capacity in any other proceeding concerning the allocation of parental rights and responsibilities for these child(ren), including any proceeding concerning parenting time rights, visitation, or the designation of residential parent and legal custodian?

Yes.  No.

If you answer "Yes", state the name and address of the court, the case number, and the date of the proceeding.

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4. Do you know of any other proceeding that could affect the current proceeding, including a proceeding for enforcement of a child custody determination, a proceeding relating to domestic violence or protection orders, a proceeding to adjudicate the child as an abused, neglected, or dependent child, a proceeding seeking termination of parental rights, or a proceeding for adoption?

Yes.  No.

If you answer "Yes", state the name and address of the court or agency, the case number, and the nature of the proceeding.

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5. Do you know of any person who is not a party to this proceeding and who has physical custody of the child(ren), claims to be the residential parent and legal custodian of the child(ren), or claims to have parenting time or visitation rights with respect to the child(ren)?

Yes.  No.

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6. Do you know of any child support order for the child(ren) that has been issued by any court or agency?

Yes.  No.

If your answer is "Yes", state the name and address of the court or agency that issued the order and the case number.

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7. I understand that I must inform the Court if I learn of any other child custody proceeding concerning the child(ren) that could affect the current proceeding.

**OATH OF AFFIANT**

**I hereby swear or affirm that the answers above are true, complete, and accurate to the best of my knowledge. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury under Ohio Revised Code 2921.11.**

\_\_\_\_\_  
**AFFIANT**

Sworn to and subscribed before me on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

**APPLICATION FOR CHILD SUPPORT SERVICES  
NON-PUBLIC ASSISTANCE APPLICANT/RECIPIENT**

I the undersigned, \_\_\_\_\_, request Child Support Services from the \_\_\_\_\_ County Child Support Enforcement Agency. I understand and agree to the following conditions:

- A. I am a resident of the County in which services are requested.
- B. Recipients of child support services shall cooperate to the best of their ability with the CSEA. *(See attached rights and responsibility information).*

The Child Support Enforcement Agency can assist you in providing the following services:

- 1. Location of Absent Parents.

The agency can assist in finding where an absent parent is currently living, in what city, town or state. The applicant can request "Location Services Only," if the sole need is to find the whereabouts of the absent parent.

- 2. Establishment or Modification of Child Support and Medical Support.

The CSEA can assist you to obtain an order for support if you are separated, have been deserted or need to establish paternity (*fatherhood*). The CSEA can also assist you in changing the amount of support orders (*modification*), and to obtain medical support.

- 3. Enforcement of Existing Orders.

The CSEA can help you collect current and back child support.

- 4. Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.

The agency can collect back support (*arrearages*) by intercepting a non-payor's federal and state income tax refunds on some cases.

- 5. Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.

The agency can help you get payroll deductions for current and back child support and can intercept unemployment compensation to collect child support.

- 6. Establishment of Paternity.

The agency can obtain a court order for the establishment of paternity (*fatherhood*) if you were not married to the father of the child.

- 7. Collection and Disbursement of Payments.

The CSEA can collect the child support for you and send you a check for the amount of the payments received. Back support collected will be paid to you until all of the back support you are owed is paid.

If you received ADC in the past and support was assigned to the state, back support collected will be paid to the state after you receive back support owed to you.

- 8. Interstate Collection of Child Support.

The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.

- C. The only fee you can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.

- D. If you use a private attorney to help you collect child support on your case you are responsible for any attorney fees. The CSEA will provide you an attorney free of charge to work on your case, if one is needed.

APPLICANT INFORMATION (INFORMATION ABOUT YOU)	
Name	Date of Birth
Social Security Number (SSN)	Current Marital Status ( <i>Check One</i> ) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Deserted <input type="checkbox"/> Widowed

Type(s) of Service(s) Requested: All services listed \_\_\_\_\_ Location of absent parent only \_\_\_\_\_  
 Other (*please explain*) \_\_\_\_\_

FOR AGENCY USE ONLY	
(Do Not Write in This Space) Case Name	Date Mailed/Picked Up
Case Number	Date Returned or File Date

Applicant's Name (Last, First, Middle)	Telephone Number (Home)
Address (Street/Route, P.O. Box)	(Work)
City, State, and Zip Code	

**INFORMATION ON CHILDREN**

	Child 1	Child 2	Child 3	Child 4
a. Name				
b. Sex				
c. SSN				
d. Date of Birth (DOB)				
e. Name(s) of Absent Parent				
f. Has Paternity (Fatherhood)				
g. Is There a Court Order For Support (Yes or No)				

**ABSENT PARENT INFORMATION OR PARENT ORDERED TO PAY CHILD SUPPORT**

	Absent Parent #1	Absent Parent #2	Absent Parent #3
Name			
Address City, State, Zip Code			
SSN			
Date of Birth (DOB)			
Name of Employer			
Address of Employer (City, State, Zip Code)			
Amount of Support Ordered (Wk, Bi-Wk, Mo)			
Case Number on Support Order			
Court Where Order Was Issued (City, County, State)			
Military Service Give Date and Branch Entered			
Arrest Record: Give Date and Place of Arrest			
If the absent parent has been on Public Assistance: Give Date and Place			
Give Name and Address of Current Spouse of Absent Parent			

• Have you ever been on public assistance?  Yes  No

When \_\_\_\_\_ Date      Where \_\_\_\_\_ City and State      \_\_\_\_\_ County

I understand that the Child Support Agency within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support services (IV-D Services).

Signature of Applicant	Date
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IN THE COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_  
Plaintiff

Case No: \_\_\_\_\_

-vs-

\_\_\_\_\_  
Defendant

**FINANCIAL AFFIDAVIT  
ORIGINAL ACTIONS (DR1)**

\_\_\_\_\_, Affiant(s), being duly sworn, says(s):

<b>PART A - CASE INFORMATION</b>		
	Plaintiff/Petitioner	Defendant/Petitioner
<b>Full Name</b>		
<b>Street Address</b>		
<b>City/State/Zip</b>		
<b>Telephone</b>		
<b>Social Security No.</b>		
<b>Date of Birth</b>		
<b>Employer/Source of Income</b>		
<b>Street Address</b>		
<b>City/State/Zip</b>		
<b>Telephone</b>		
<b>Acct./Claim No.</b>		
<b>PART B - ANNUAL INCOME</b>		
	Plaintiff/Petitioner	Defendant/Petitioner
<b>Gross annual wages (excluding overtime and bonuses)</b>		
<b>Gross annual overtime or bonuses</b>		
<b>Gross annual unemployment benefits</b>		
<b>Gross annual worker's compensation</b>		
<b>Gross annual interest or dividends</b>		
<b>Other:</b>		
<b>TOTAL GROSS ANNUAL INCOME:</b>		
<b>Income Tax Actually Paid (Federal/State/Local)</b>		
<b>F.I.C.A.</b>		
<b>Mandatory Retirement Plan</b>		
<b>Union Dues</b>		
<b>TOTAL ANNUAL DEDUCTIONS</b>		
<b>TOTAL NET ANNUAL INCOME:</b>		

**PART C - DEPENDENT INFORMATION**

LIST EACH BIOLOGICAL OR ADOPTIVE MINOR CHILD, NOT THE SUBJECT OF THIS ACTION, LIVING WITH EITHER PARTY AND STATE THE ANNUAL AMOUNT OF CHILD SUPPORT RECEIVED FOR EACH CHILD. DO NOT INCLUDE THE CHILD(REN) INVOLVED IN THIS ACTION. DO NOT INCLUDE STEP-CHILDREN.

Plaintiff/Petitioner's Household		Defendant/Petitioner's Household	
Child's Name	Annual Support	Child's Name	Annual Support
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

**PART D - EXPENSES**

STATE EACH PARTY'S ACTUAL EXPENSES PER MONTH:

	Plaintiff/ Petitioner	Defendant/ Petitioner
1. Housing		
2. Utilities		
3. Insurance		
a. Auto		
b. Life		
c. Health		
4. Uninsured Medical/Dental		
5. Clothing		
6. Groceries and household supplies		
7. Transportation		
8. Work-related child care		
9. Child support paid for other child(ren) (Attach certified statement from CSEA)		
10. Spousal support paid for ex-spouse (Attach certified statement from CSEA)		
11. Installment Payments (list name of creditor):		
a.		
b.		
c.		
d.		
e.		
12. Other (Specify)		
a.		
b.		
c.		
d.		
e.		
TOTAL EXPENSES PER MONTH:		

PART E - ASSETS

LIST ALL OWNED BY EACH PARTY, WHETHER ALLEGED TO BE MARITAL OR SEPARATE PROPERTY.

Description	Owned By	Value
1. Cash and Funds on Deposit (List name of institution and account number)		
2. Real Property		
3. Tangible Personal Property		
4. Pensions, Profit-Sharing Plans, Etc.		
5. Stocks, Bonds, and Other Securities		
6. Other:		



**PART F - DEBTS**

LIST ALL DEBTS OWNED BY EACH PARTY, WHETHER ALLEGED TO BE MARITAL OR SEPARATE DEBT. INCLUDE INSTALLMENT DEBTS LISTED IN PART D.

Creditor	Owed by	Balance Due

**PART G - GROUP HEALTH INSURANCE FOR MINOR CHILDREN**

INSTRUCTIONS: IF MINOR CHILDREN ARE INVOLVED IN THIS ACTION, ANSWER THE FOLLOWING QUESTIONS ABOUT THE AVAILABILITY, COST, AND COVERAGE OF GROUP HEALTH INSURANCE FOR THE MINOR CHILDREN. IF MINOR CHILDREN ARE NOT INVOLVED IN THIS ACTION, DO NOT COMPLETE PART G.

	Plaintiff/Petitioner	Defendant/Petitioner
AVAILABLE THROUGH EMPLOYER (Yes or No)		
AVAILABLE THROUGH NON-EMPLOYER (Yes or No)		
NAME AND ADDRESS OF INSURANCE COMPANY		
GROUP POLICY NUMBER		
COST TO YOU OR THE OTHER PARTY PER YEAR:		

Summarize the benefits of each plan (i.e. DEDUCTIBLES, CO-PAYMENTS, HMO, COMPREHENSIVE, MAJOR MEDICAL, DENTAL, OPTICAL, ETC.).

Plaintiff/Petitioner's policy:

Defendant/Petitioner's policy:

\_\_\_\_\_  
Affiant

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Affiant

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public

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

\_\_\_\_\_ Case No. \_\_\_\_\_  
(Your Name) (Court will complete)

Plaintiff,

Judge/Magistrate \_\_\_\_\_

vs.

(Court will complete)

\_\_\_\_\_  
(Your Spouse's Name)

Defendant.

**MOTION FOR TEMPORARY  
ORDERS**

The Plaintiff asks the Court for the following temporary orders: **(Check each that you are asking for)**

1.  Name the Plaintiff the temporary residential parent of the minor child(ren);
2.  Order Defendant to pay temporary child support;
3.  Order Defendant to pay temporary spousal support;
4.  Order the Defendant not sell, trade, give away, destroy, or otherwise dispose of our marital support;
5.  Order the Defendant to continue to pay the following marital debts: **(Check each that you are asking for)**
  - rent  health insurance
  - housing payment  property taxes
  - car  auto insurance
  - utilities
  - credit card
  - other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.  Give the Plaintiff exclusive possession of the following family vehicle:

Year	Model	License No.	VIN Number
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7.  Give the Plaintiff exclusive possession of the family home located at:

\_\_\_\_\_  
(Address of Family Home)

8.  Defendant shall not injure, threaten, harass, or physically abuse Plaintiff;
9.  Order Defendant not to incur any more debt in the Plaintiff's name or from using the marital property as collateral for any debt.
10.  An order requiring Defendant to pay Plaintiff money for attorney's fees pursuant to R.C. § 3105.73 so that Plaintiff can hire an attorney.
11.  An order requiring Defendant not to remove Plaintiff or the minor children from the health insurance.
12.  An order requiring that Defendant not close or spend money from the checking and savings account.

I will also complete and file Affidavit of Plaintiff for Temporary Relief.

\_\_\_\_\_  
Plaintiff Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
Telephone

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

\_\_\_\_\_  
(Your Name) Case No. \_\_\_\_\_  
(Court will complete)

Plaintiff,

vs.

Judge/Magistrate \_\_\_\_\_  
(Court will complete)

\_\_\_\_\_  
(Your Spouse's Name)

Defendant.

**AFFIDAVIT OF PLAINTIFF**  
**FOR TEMPORARY RELIEF**

I, \_\_\_\_\_, being first duly sworn, depose and state  
(Your Name)

the following:

1. I am the Plaintiff in the above-captioned divorce case.
2. I have lived in Ohio for at least six (6) months and in \_\_\_\_\_ County for more than ninety (90) days.
3. I am married to the Defendant.
4. The reasons I need: **(Check all that apply)**  
 to be named the temporary residential parent are: **(Please give details of why the children should live with you.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

temporary child support are: **(Give details of why your spouse should pay temporary child support.)** \_\_\_\_\_  
\_\_\_\_\_

CSEA application filed

CSEA worksheet attached

(File CSEA application or worksheet)

\_\_\_  to stop the Defendant from disposing of marital property are: **(Give details of any joint accounts, credit cards or property your spouse may be using.)**  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_  the Defendant to continue to pay the following debts: **(Check all that apply)**

- |   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> rent             | <input type="checkbox"/> utilities       | <input type="checkbox"/> Other |
| <input type="checkbox"/> car              | <input type="checkbox"/> credit card     |                                |
| <input type="checkbox"/> auto insurance   | <input type="checkbox"/> property taxes  |                                |
| <input type="checkbox"/> health insurance | <input type="checkbox"/> housing payment |                                |

because: \_\_\_\_\_  
\_\_\_\_\_

exclusive possession of the family vehicle **(Give reasons you need this vehicle)**

Year	Model	License No.	VIN Number
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

exclusive possession of the family home located at \_\_\_\_\_

\_\_\_\_\_

because **(Give reasons you need the home)** \_\_\_\_\_

\_\_\_\_\_

The Defendant may have alternative living arrangements at:

\_\_\_\_\_

spousal support because: **(give reasons why spouse should be paying you support)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

to stop the Defendant from incurring any further debt in my name or by using marital property as collateral because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I cannot afford to hire an attorney. Defendant can afford to pay an attorney. I need Defendant to pay me money to hire an attorney. I cannot protect my rights and interests if I am not awarded reasonable attorney fees.

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

\_\_\_\_\_

\_\_\_\_\_

Affiant says that the allegations are true and statements contained in the Affidavit are true to the best of the Affiant's knowledge.

**FURTHER AFFIANT SAYETH NAUGHT.**

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Affiant (Sign in front of notary)

STATE OF OHIO  
COUNTY OF \_\_\_\_\_, SS:

SWORN TO and subscribed in my presence before me, a Notary Public, in and for said County and State, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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Notary Public

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

\_\_\_\_\_  
(Your Name) Case No. \_\_\_\_\_  
(Court will complete)

Plaintiff,

Judge/Magistrate \_\_\_\_\_  
(Court will complete)

vs.

\_\_\_\_\_  
(Your Spouse's Name)

Defendant.

**JUDGMENT ENTRY -**  
**TEMPORARY ORDERS**

Upon Motion for Temporary Orders and affidavits of Plaintiff and for good cause shown, this Court ORDERS the following:

1.  Mother  Father is named the temporary residential parent;
2.  Mother  Father will pay child support of \$ \_\_\_\_\_ per \_\_\_\_\_  
\_\_\_\_\_ commencing on \_\_\_\_\_ (Based on attached child support worksheet).

or

- Mother  Father will pay child support according to the administrative support order dated \_\_\_\_\_ and hereby incorporated by reference.
3. Defendant shall pay temporary spousal support in the amount of \$ \_\_\_\_\_  
\_\_\_\_\_ a month:



4. Defendant shall pay Plaintiff \$\_\_\_\_\_ for attorney's fees no later than \_\_\_\_\_ . Plaintiff would be prevented from fully litigating his/her rights and adequately protecting his/her interests if this Court did not award Plaintiff reasonable attorney's fees.
5. Plaintiff is awarded temporary possession of the home and land located at \_\_\_\_\_ .
6. Plaintiff is awarded temporary possession of the following motor vehicle:  
\_\_\_\_\_
7. Defendant shall pay the following bills and/or debts: \_\_\_\_\_  
\_\_\_\_\_
8. Defendant shall not injure, threaten, harass, or physically abuse Plaintiff;
9. Defendant shall not damage, destroy, sell or attempt to sell, dispose of, remove marital property, property of either party or the child(ren)'s personal property from Plaintiff's residence, or incur debts in Plaintiff's or Defendant's name for which Plaintiff may be held liable.

**IT IS SO ORDERED.**

\_\_\_\_\_  
JUDGE/MAGISTRATE (Court will complete)

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

\_\_\_\_\_  
(Your Name) Case No. \_\_\_\_\_  
(Court will complete)

Plaintiff,

Judge/Magistrate \_\_\_\_\_  
(Court will complete)

vs.

\_\_\_\_\_  
(Your Spouse's Name)

Defendant.

**JOURNAL ENTRY**

The Plaintiff having filed an Affidavit pursuant to Civil Rule 4.4(A)(2) which satisfies the Court that the residence of the Defendant is unknown, and the Court being satisfied that due diligence has been exercised by Plaintiff, now ORDERS the Clerk of Courts to post service of notice pursuant to O.R.C. Rule 4.4(A)(2) and any applicable local rules.

\_\_\_\_\_  
JUDGE

cc: Plaintiff

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

\_\_\_\_\_ Case No. \_\_\_\_\_  
(Your Name) (Court will complete)

Plaintiff,

Judge/Magistrate \_\_\_\_\_  
(Court will complete)

vs.

\_\_\_\_\_  
(Your Spouse's Name)

Defendant.

**JUDGMENT DECREE OF DIVORCE**

On the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_, this cause came on for hearing on the  
Plaintiff's Complaint. Present were \_\_\_\_\_  
\_\_\_\_\_.

The Court FINDS as follows:

- A. The Plaintiff has been a resident of the State of Ohio for at least six months and of  
\_\_\_\_\_ County for at least ninety days immediately preceding the  
commencement of this action.
- B. The parties were married on \_\_\_\_\_ at  
\_\_\_\_\_ and  
\_\_\_\_\_ child(ren) have been born as issue of the marriage and the wife  
 is  is not now pregnant.

The Child(ren)'s names with dates of birth are:

	Name	Date of Birth
1		
2		
3		
4		
5		
6		

- C. The Court has *in personam* and subject matter jurisdiction.
- D. Defendant has been guilty of: **(Check all that apply)**
  - Gross Neglect of Duty       Spouse is currently in prison
  - Adultery       Habitual Drunkenness
  - Extreme Cruelty       Living separately for at least one year
- E. The Parties are incompatible as marriage partners.
- F. The Plaintiff receives \$ \_\_\_\_\_ income from \_\_\_\_\_,  
(Employment, Social Security, etc.)  
per \_\_\_\_\_.  
(Week, Month)
- G. The Defendant receives \$ \_\_\_\_\_ income from \_\_\_\_\_,  
(Employment, Social Security, etc.)  
per \_\_\_\_\_.  
(Week, Month)
- H. The parties have acquired personal property during the marriage and the parties
  - do own real estate located at: \_\_\_\_\_  
\_\_\_\_\_
  - do not own any real estate.



the following specific awards: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The Defendant is awarded, free and clear of any claim by the Defendant, the following property:

\_\_\_\_\_  All property currently in the Defendant's possession unless specifically awarded to Plaintiff in this order.

the following specific awards: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Responsibility for the debts of the marriage will be divided as follows:

Plaintiff shall be responsible for:

Debts currently in Plaintiff's name, unless specifically allocated to Defendant in this Order;

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant shall be responsible for:

Debts currently in Defendant's name, unless specifically allocated to Plaintiff in this Order;

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Both parties shall refrain from using the other party's credit.
6. All payments between the parties are not intended to be spousal support and they are not be included in the income of the payee, pursuant to § 71 of the Tax Reform Act of 1984, and such payments are not to be deducted from the income of the payor, pursuant to § 215 of the Tax Reform Act of 1984.
7. The \_\_\_\_\_'s maiden name of \_\_\_\_\_ is hereby restored.
8. Finds that it is in the best interest of the child(ren) that the residential custodial parent is to be :
- Mother
- Father
9. Finds that it is in the best interest of the child(ren) that parenting time be granted to the non-custodial parent, \_\_\_\_\_, as follows (check one that applies):
- According to Local Rule \_\_\_\_\_ attached to this decree.
- Reasonable visitation as agreed between the parties.
- None at this time but such will be considered upon later request of the non-custodial parent.

Other, as follows:

\_\_\_\_\_  
\_\_\_\_\_

10. Based on the attached Child Support Guideline Worksheet, plaintiff/defendant shall pay to the plaintiff/defendant child support in the sum of \$ \_\_\_\_\_ per month, per child for each of the \_\_\_\_\_ child(ren) of the parties. The support shall be effective \_\_\_\_\_ and shall be paid through the \_\_\_\_\_ County CSEA plus processing fee.

or

The Court adopts the CSEA administrative support order attached hereto and incorporated by reference.

ALL CHILD SUPPORT AND SPOUSAL SUPPORT UNDER THIS ORDER SHALL BE WITH WITHHELD OR DEDUCTED FROM THE INCOME OR ASSETS OF THE OBLIGOR PURSUANT TO A WITHHOLDING OR DEDUCTION NOTICE OR APPROPRIATE COURT ORDER ISSUED IN ACCORDANCE WITH SECTION 3113.21 OF THE REVISED CODE OR A WITHDRAWAL DIRECTLY ISSUED PURSUANT TO SECTION 3113.214 OF THE REVISED CODE AND SHALL BE FORWARDED TO THE OBLIGEE IN ACCORDANCE WITH SECTIONS 3113.212 AND 3113.213.

**EACH PARTY TO THIS SUPPORT ORDER MUST NOTIFY THE CHILD SUPPORT ENFORCEMENT AGENCY IN WRITING OF HIS OR HER CURRENT MAILING ADDRESS, CURRENT DRIVER'S LICENSE NUMBER, AND OF ANY CHANGES IN THAT INFORMATION. EACH PARTY MUST NOTIFY THE AGENCY OF ALL CHANGES UNTIL FURTHER NOTICE FROM THE COURT. IF YOU ARE THE OBLIGOR UNDER A CHILD SUPPORT ORDER AND YOU FAIL TO MAKE THE REQUIRED NOTIFICATIONS YOU MAY BE FINED UP TO \$50 FOR A FIRST OFFENSE, \$100 FOR A SECOND OFFENSE, AND \$500 FOR EACH SUBSEQUENT OFFENSE. IF YOU ARE AN OBLIGOR OR OBLIGEE UNDER**



**ANY SUPPORT ORDER AND YOU WILLFULLY FAIL TO MAKE THE REQUIRED NOTIFICATION, YOU MAY BE FOUND IN CONTEMPT OF COURT AND BE SUBJECTED TO FINES UP TO \$1,000 AND IMPRISONMENT FOR NOT MORE THAN 90 DAYS.**

**IF YOU ARE A OBLIGOR AND YOU FAIL TO MAKE THE REQUIRED NOTIFICATION, YOU MAY NOT RECEIVE NOTICE OF THE FOLLOWING ENFORCEMENT ACTIONS AGAINST YOU; IMPOSITION OF LIENS AGAINST YOUR PROPERTY; LOSS OF YOUR PROFESSIONAL OR OCCUPATIONAL LICENSE, DRIVER'S LICENSE OR RECREATIONAL LICENSE; WITHHOLDING FROM YOUR INCOME; ACCESS RESTRICTION IN DEDUCTION FROM YOUR ACCOUNTS IN FINANCIAL INSTITUTIONS; AND ANY OTHER ACTION PERMITTED BY LAW TO OBTAIN MONEY FROM YOU TO SATISFY YOUR SUPPORT OBLIGATION.**

11. Health insurance for the minor child(ren) will be provided as follows (Check one that applies):
- The child support obligor shall obtain health insurance coverage for the child(ren) if coverage is available at a reasonable cost. Information about coverage shall be made available to the obligee.
  - The child support obligee shall obtain health insurance coverage for the child(ren) if coverage is available at a reasonable costs. Information about coverage shall be made available immediately to the obligor.
  - The cost of health insurance for the minor child(ren) is not currently available at a reasonable cost to either party. Both parties shall share the cost of all medical, dental, optical, prescription drugs, and appliance expenses of the minor child(ren) on a pro rata basis as follows:
    - 50/50
    - Other \_\_\_\_\_

Regardless, if health insurance becomes available at a later date to either or both parties that information must be made available to the Court and to the parties.

- Both parties shall obtain health insurance coverage for the child(ren) if the coverage is available at a reasonable cost to both parties and dual coverage will provide coordination of medical benefits without duplication of coverage.
- One or both parties presently have private and/or public medical insurance plans which provide for the minor child(ren) and each agrees to continue carrying such insurance. In the event such current coverage becomes unavailable to either party by reason of circumstances not related to a voluntary act of such party, such party shall promptly notify the other party and the Court. Uncovered medical expenses, including deductibles and percentage disallowances shall be paid by each party on a pro rata basis as follows:
  - 50/50
  - Other \_\_\_\_\_

Pursuant to R.C. § 3119.31 and the health care insurance requirements stated above, it is hereby ORDERED, ADJUDGED and DECREED the parties are to:

- a) Provide the other with information regarding the benefits, limitations, and exclusions of the coverage, copies of any insurance forms necessary to receive reimbursement, payment, or other benefits under the coverage, and a copy of any necessary insurance cards;
- b) Submit a copy of the child support issued pursuant to Section 3119.30 of the Revised Code to the insurer at the time of making application to enroll the child(ren) under the health insurance policy, contract, or plan;
- c) Furnish written proof to the Child Support Enforcement Agency of compliance with this division;

- d) Obligor and the obligee designate the child as covered dependents under any health insurance policy, contract, or plan for which they contract;
- e) The obligor and obligee shall divide equally any co-payment or deductible costs required under the health insurance policy, contract, or plan that covers the child(ren);
- f) The employer of the obligor and obligee is required to release to the other parent or the Child Support Enforcement Agency on written request any necessary information on the health insurance coverage, including the name and address of the insurer and any policy, contract, or plan number, and to otherwise comply with this section any order or notice issued under this section;
- g) The full name and date of birth of each child who are the subject of this health insurance order:

\_\_\_\_\_ (Name), Date of Birth \_\_\_\_\_

\_\_\_\_\_ (Name), Date of Birth \_\_\_\_\_

\_\_\_\_\_ (Name), Date of Birth \_\_\_\_\_

\_\_\_\_\_ (Name), Date of Birth \_\_\_\_\_

\_\_\_\_\_ (Name), Date of Birth \_\_\_\_\_

- h) The obligor and obligee comply with any requirement described in Section 3119.30 of the Revised Code and divisions (a) and (d) of this section that is contained in an order issued in compliance with this section no later than thirty (30) days after the issuance of the order;
- I) If the obligor and obligee fail to obtain health insurance coverage required by a child support order, the Child Support Enforcement Agency shall comply with sections 3119.40 and 3119.31 of the Revised Code to obtain a court order requiring the obligor or obligee to obtain the health insurance coverage.
- j) If the person required to obtain health care insurance coverage for the child(ren) subject to this child support order obtains new employment and the health insurance coverage for the child(ren) is provided through the previous employer, the agency shall comply with the requirements of Sections 3119.40 and 3119.44 of the Revised Code, which may result in the issuance of a notice requiring the new employer to take whatever action is necessary to enroll the child(ren) in health care insurance coverage provided by the new employer.

- 12. IF THE RESIDENTIAL PARENT INTENDS TO MOVE TO A RESIDENCE OTHER THAN THE RESIDENCE SPECIFIED IN THE JUDGMENT DECREE OF DIVORCE, THE RESIDENTIAL PARENT SHALL FILE A NOTICE OF INTENT TO RELOCATE TO THE COURT, EXCEPT AS PROVIDED IN O.R.C. SECTIONS 3109.051(g)(2), (3), AND (4), A COPY OF SUCH NOTICE SHALL BE MAILED BY THE COURT TO THE NON-RESIDENTIAL PARENT UPON RECEIPT OF THE NOTICE. THE COURT, ON ITS MOTION OR THE MOTION OF EITHER PARENT MAY SCHEDULE A HEARING WITH NOTICE TO BOTH PARENTS TO DETERMINE WHETHER IT IS IN THE BEST INTEREST OF THE CHILD(REN) TO REVISE THE VISITATION SCHEDULE FOR THE CHILD(REN).

- Pursuant to Ohio Revised Code § 3109.051(H), the parties hereto are hereby notified as follows:

EXCEPTING AS SPECIFICALLY MODIFIED OR OTHERWISE LIMITED BY THE JUDGMENT DECREE OF DIVORCE, AND SUBJECT TO O.R.C. SECTIONS 2301.35(G)(2) AND 3319.321(F), THE NON-RESIDENTIAL PARENT IS ENTITLED TO ACCESS, UNDER THE SAME TERMS AND CONDITIONS AS THE RESIDENTIAL PARENT TO ANY RECORD THAT IS RELATED TO THE CHILD(REN) AND TO WHICH THE RESIDENTIAL PARENT OF THE CHILD(REN) LEGALLY IS PROVIDED ACCESS, INCLUDING SCHOOL RECORDS. ANY KEEPER OF A RECORD, PUBLIC OR PRIVATE, WHO KNOWINGLY FAILS TO COMPLY WITH THIS ORDER, IS IN CONTEMPT OF COURT.

- 14. Pursuant to Ohio Revised Code Section 3109.051(I), the parties hereto are hereby notified

as follows:

EXCEPTING SPECIFIC FINDINGS OF FACTS AS JOURNALIZED BY THIS COURT IN THE PARTIES' JUDGMENT DECREE OF DIVORCE OTHERWISE MODIFYING OR LIMITING ACCESS, THE NON-RESIDENTIAL PARENT IS ENTITLED TO ACCESS, UNDER THE SAME TERMS AND CONDITIONS AS THE OTHER PARENT TO ANY DAY CARE CENTER THAT IS OR THAT IN THE FUTURE MAY BE, ATTENDED BY THE CHILD(REN).

15. Pursuant to Ohio Revised Code Section 3109.051(J), the parties hereto are hereby notified as follows:

EXCEPTING AS SPECIFICALLY MODIFIED OR OTHERWISE LIMITED BY THE JUDGMENT DECREE OF DIVORCE AND SUBJECT TO O.R.C. SECTION 3319.321, THE NON-RESIDENTIAL PARENT IS ENTITLED TO ACCESS TO ANY STUDENT ACTIVITY THAT IS RELATED TO THE CHILD(REN) AND TO WHICH THE RESIDENTIAL PARENT OF THE CHILD(REN) LEGALLY IS PROVIDED ACCESS.

16. Federal and State income tax credits and deductions for the child(ren) of the marriage are to be claimed as follows (Check one that applies):

The parties shall alternate the claims from year to year with Plaintiff entitled in odd-numbered years and Defendant entitled in even-numbered years.

The Plaintiff shall be entitled to the credits and deduction each tax year unless he/she has had no employment or taxable income for the relevant tax year and will reap no financial tax benefit from said credits and/or deductions.

The Defendant shall be entitled to the credits and deductions each tax year unless he/she has had no employment or taxable income for the relevant tax year and will reap no financial tax benefit from said credits and/or deductions.

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Costs to be paid by the following (Check one that applies):

Plaintiff

Defendant

Split equally between the parties.

Other \_\_\_\_\_

\_\_\_\_\_  
JUDGE

**THIS IS A JUDGMENT OR FINAL ORDER, WHICH MAY BE APPEALED. THE CLERK, PURSUANT TO CIVIL RULE 58(B), SHALL SERVE NOTICE OF SAME ON ALL PARTIES WHO ARE NOT IN DEFAULT OF ENTRY OF APPEARANCE, WITHIN THREE (3) DAYS AFTER JOURNALIZATION OF THIS ENTRY, THE CLERK IS REQUIRED TO SERVE NOTICE OF THE JUDGMENT PURSUANT TO CIVIL RULE 5(B).**