

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.

ATTENTION: EFFECTIVE 01/01/2023

ALL DISSOLUTIONS/DIVORCES/LEGAL SEPARATIONS OR ANNULMENTS THAT INVOLVE CHILDREN – THE PARTIES “MUST” COMPLETE A PARENT EDUCATION CLASS – SEE THE LOCAL RULE ATTACHED FOR ALL THE DETAILS AND THE PARENTING CLASS INFORMATION FLYER FROM THE OHIO STATE UNIVERSITY EXTENSION OFFICE FOR THE DETAILS ON HOW TO SIGN-UP FOR THE PARENTING CLASSES.

10.08 Divorce/Dissolution Filing and Motion Requirements

D. Marriage Termination/Co-Parenting Education Class.

1. Attendance Requirements:

All parties in cases involving minor children must complete a Parent Education Class. Each party is responsible to register himself/herself with the Ohio State University Extension Office (330-627-4310).

2. Completion of the Class:

The Parent Education Class must be completed by all parties prior to the final hearing in the divorce, dissolution, annulment, or legal separation. Failure to meet this requirement by plaintiffs or petitioners will result in dismissal of the action without prejudice to re-filing. Failure of defendants to complete the class will result in contempt proceedings and appropriate sanctions after proper notice has been given. However, if a defendant fails to enter an appearance and does not contest the action, issuance of the final entry shall not be delayed if he or she fails to attend the class.

The class fee is set by the class providers and must be paid by each party upon attendance.

The Parent Education class is available on-line. However, prior approval by the Court must be granted to attend the on-line course, and will be granted for good cause only. Failure to meet this requirement shall delay the final hearing and/or dismissal of the action without prejudice.

3. Proof of Completion:

Upon completion of the Marriage Termination/Parent Education Class, participants shall receive a certificate proving their attendance and payment, unless waived by the Court. Parties will be responsible for either filing the certificate with the Clerk of Courts or presenting the certificate to the Court at the final hearing.

4. Notice:

The Clerk of Courts will provide to each attorney or party filing a domestic relations action an information sheet regarding the requirements of the Marriage Termination/Parent Education Class and the telephone number for pre-registration.

Better Lives. Stronger Communities.

fcs.osu.edu

OSU Extension *Successful Co-Parenting*

What is *Successful Co-Parenting*?

Successful Co-Parenting is an educational program that helps parents minimize the negative effects of separation and divorce on children as they adjust to the process of parenting together while living apart. It is offered in cooperation with the Carroll County Common Pleas Court and conducted by a qualified professional from the Ohio State University Extension, Carroll County Office.

How Do I Register?

Pre-registration is required by the Friday before the next program. To register or for more information, contact OSU Extension, Carroll County at (330)627-4310. Child care is not provided. Failure to pre-register may result in class cancellation or not having a prepared certificate of participation. If participants arrive more than 15 minutes late, they must attend the next month's session.

What is the Fee?

Registration fees are \$25.00 per person, and payable the date of the session. We will NOT accept checks, debit, or credit. Cash payments will be collected before the program begins.

Certificates

Certificates will be given at the end of the session to those attending who have paid the fee. Copies of the certificates will be sent to the Common Pleas Courts and filed.

Where Are Classes Located?

All classes will be held in the Carroll County OSU Extension Office multipurpose room. Park and enter Door #2.
OSU Extension, Carroll County
540 High St. NW
Carrollton, OH 44615

2023 Scheduled Dates and Times

All classes are held from 2:00pm-4:30pm.

January 17, 2023
February 21, 2023
March 21, 2023

April 18, 2023
May 16, 2023
June 20, 2023

July 11, 2023
August 15, 2023
September 19, 2023

October 17, 2023
November 21, 2023
December 19, 2023



THE OHIO STATE
UNIVERSITY
EXTENSION

FAMILY AND CONSUMER SCIENCES
THE COLLEGE OF EDUCATION AND HUMAN ECOLOGY
THE COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES

CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information, visit cfaesdiversity.osu.edu. For an accessible format of this publication, visit cfaes.osu.edu/accessibility.

Court of Common Pleas, Carroll County, Ohio, General Trial Division

Domestic Relations Filing Checklist

The following forms need to be filed for each type of case. The Court may refuse to consider any pleadings or opposition filed without the required documentation. Filing fees are as follows:

Dissolution - \$350.00 Divorces - \$350.00 Post Decree motions - \$150.00

<p>Dissolution:</p> <p>Petition for Dissolution of Marriage without Children</p> <p>____ Disclosure of Personal Identifier Information</p> <p>____ Petition for Dissolution (Form 17)</p> <p>____ Waiver of Service of Summons (Form 30)</p> <p>____ Separation Agreement (Form 19)</p> <p>____ Husband's Financial Affidavit (Affidavit 1)</p> <p>____ Wife's Financial Affidavit (Affidavit 1)</p> <p>____ Wife's Affidavit of Property (Affidavit 2)</p> <p>____ Husband's Affidavit of Property (Affidavit 2)</p> <p>*****INCLUDE MIDDLE INITIALS AND DATE OF BIRTH FOR BOTH PARTIES</p>	<p>Petition for Dissolution of Marriage with Children</p> <p>____ Disclosure of Personal Identifier Information</p> <p>____ Petition for Dissolution (Form 17)</p> <p>____ Waiver of Service of Summons (Form 30)</p> <p>____ Separation Agreement (Form 19)</p> <p>____ Shared Parenting Plan (Form 20) "OR"</p> <p>____ Parenting Plan (Form 21) not both pick one</p> <p>____ Husband's Affidavit of Income & Expenses (Aff 1)</p> <p>____ Wife's Affidavit of Income & Expenses (Affidavit 1)</p> <p>____ Wife's Affidavit of Property (Affidavit 2)</p> <p>____ Husband's Affidavit of Property (Affidavit 2)</p> <p>____ Parenting Proceeding Affidavit (Affidavit 3)</p> <p>____ Health Insurance Affidavit (Affidavit 4)</p> <p>*****INCLUDE MIDDLE INITIALS AND DATE OF BIRTH FOR BOTH PARTIES</p>
<p>Divorce:</p> <p>Divorce without Children</p> <p>____ Disclosure of Personal Identifier Information</p> <p>____ Complaint for Divorce (Form 6)</p> <p>____ Request for Service/ Instructions for Service (Form 31)</p> <p>____ Affidavit of Property (Affidavit 2)</p> <p>____ Affidavit of Income and Expenses (Aff 1)</p> <p>*****INCLUDE MIDDLE INITIALS AND DATE OF BIRTH FOR BOTH PARTIES</p> <p><i>Optional: Motions, Affidavits for Temporary Orders (Affidavit 5)</i></p>	<p>Divorce with Children</p> <p>____ Disclosure of Personal Identifier Information</p> <p>____ Complaint for Divorce (Form 7)</p> <p>____ Request for Service/ Instructions for Service (Form 31)</p> <p>____ Parenting Proceeding Affidavit (Affidavit 3)</p> <p>____ Affidavit of Income and Expenses (Affidavit 1)</p> <p>____ Affidavit of Property (Affidavit 2)</p> <p>____ Health Insurance Affidavit (Affidavit 4)</p> <p>*****INCLUDE MIDDLE INITIALS AND DATE OF BIRTH FOR BOTH PARTIES</p> <p><i>Optional: Motion, Affidavits for Temporary Order (Affidavit 5)</i></p>

<p>Answer to Complaint for Divorce without Children</p> <p>____ Defendant's Answer with Certificate of Service (Form 10)</p> <p>____ Affidavit of Property (Affidavit 2)</p> <p>____ Affidavit of Income and Expenses (Affidavit 1)</p>	<p>Answer to Complaint for Divorce with Children</p> <p>____ Defendant's Answer with Certificate of Service (Form 11)</p> <p>____ Affidavit of Property (Affidavit 2)</p> <p>____ Affidavit of Income and Expenses (Affidavit 1)</p> <p>____ Health Insurance Affidavit (Affidavit 4)</p> <p>____ Parenting Proceeding Affidavit (Affidavit 3)</p>
<p>Counterclaim for Divorce without Children</p> <p>____ Counterclaim for Divorce without Children Service (Form 8)</p> <p>____ Request for Service/ Instructions for Service (Form 31)</p> <p>____ Affidavit of Property (Affidavit 2)</p> <p>____ Affidavit of Income and Expenses (Affidavit 1)</p> <p>**Form 12 - Reply to Counterclaim for Divorce without Children</p>	<p>Counterclaim for Divorce with Children</p> <p>____ Counterclaim for Divorce with Children (Form 9)</p> <p>____ Request for Service/ Instructions for Service (Form 31)</p> <p>____ Affidavit of Property (Affidavit 2)</p> <p>____ Affidavit of Income and Expenses (Affidavit 1)</p> <p>____ Health Insurance Affidavit (Affidavit 4)</p> <p>____ Parenting Proceeding Affidavit (Affidavit 3)</p> <p>** Form 13 - Reply to Counterclaim for Divorce with Children</p>
<p>Motions:</p>	
<p>Motions Regarding Spousal Support</p> <p>____ Motion and Supporting Memorandum</p> <p>____ Affidavit in Support</p> <p>____ Affidavit of Income and Expenses (Affidavit 1)</p> <p>____ Request for Service (Form 31)</p>	<p>Motion to Show Cause for Contempt</p> <p>____ Parenting Proceeding Affidavit (Affidavit 3) (needed only if children are involved)</p> <p>____ Motion for Contempt & Affidavit (Form 24)</p> <p>____ Show Cause Order, Notice & Instructions to the Clerk (Form 25)</p>
<p>Motions-General</p> <p>____ Motion (Visitation-Form 26; Custody-Form 27; Change of Child Support, Medical Support, Tax Exemption or other child-related Expenses-Form 28)</p> <p>____ Supporting Memorandum</p> <p>____ Affidavit in Support * optional- needed if you are requesting a ruling without an oral hearing first</p> <p>____ Affidavit of Income & Expenses (Affidavit 1)</p> <p>____ Parenting Proceeding Affidavit (Affidavit 3)</p> <p>____ Request for Service (Form 31)</p>	<p>These forms have been provided by the Supreme Court of Ohio; the hyperlink can be found on the Clerk of Court's Website or you can go to</p> <p>www.supremecourt.ohio.gov/JSC/CFC/DRforms/default.asp</p>

IN THE COURT OF COMMON PLEAS

CARROLL COUNTY OHIO

CASE NO: _____

vs.

Judge: _____

DATE ____/____/____

**PRECIPE REGARDING THE PERSONAL IDENTIFIERS EXEMPT FROM
PUBLIC RECORD UNDER ORC 149.43(A)(1): AND/OR SUP.R. 45(D)(1)**

Personal Identifiers in the above title case are exempt from disclosure under Federal and/or State public records law. The Personal Identifiers have been redacted, omitted or truncated pursuant Sup. 44(H) from the public filing; or the unredacted original or a duplicate has been filed, separately herein, within the attached sealed envelope; or had been delivered to the care of the recorded with the Court's evidence custodian.

(Please check the appropriate box below)

Personal Identifiers:

- Social Security Number (except-last four digits permitted)
- Financial institution account number (inclusive: debit, credit, charge cards)
- Employer Identification Number
- Tax or private proprietary business information

Victim/Miner child identity

- Abuse, Neglect, Dependency case
 - (Juvenile initials or generic "CV" for child victim permitted)*
- Juvenile court or Detention center related
- Domestic Violence or Shelter/Residential care facility related

Institutional information

- Confidential Report
- Judicial or Probation officer notes
- Public safety, security information, computer codes or systems
- Medical or psychological evaluation
- Testing, Licensing, Employment exam. Scoring, questions or keys

(Contact)

(Address)

Phone: (____)____-_____

e-mail address: _____

IN THE COURT OF COMMON PLEAS

DIVISION

COUNTY, OHIO

Name Case No. _____

Street Address Judge _____

City, State and Zip Code Magistrate _____

Plaintiff

vs.

Name

Street Address

City, State and Zip Code

Defendant

**WARNING: This form is not a substitute for the benefit of the advice of legal counsel.
It is highly recommended that you consult an attorney.**

Instructions: This form is used to request a divorce if you and your spouse have (a) minor child(ren), adult child(ren) attending high school, or child(ren) with disabilities, and/or a party is pregnant. Check to determine if you meet the residency requirement to file in this county. A Request for Service (Uniform Domestic Relations Form 31/Juvenile Form 10) and a Parenting Proceeding Affidavit (Uniform Domestic Relations Form - Affidavit 3) must be filed with this form. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

COMPLAINT FOR DIVORCE WITH CHILDREN

Now comes Plaintiff and states as follows:

1. Plaintiff has been a resident of the State of Ohio for at least six (6) months immediately before filing this Complaint.
2. Plaintiff has been a resident of _____ County for at least ninety (90) days immediately before filing this Complaint; OR
 The Defendant resides in _____ County where this Complaint is filed.

3. Plaintiff and Defendant were married on _____ (date of marriage)
in _____ (city or county, and state).

4. Neither party is pregnant OR a party is pregnant.

5. Check all that apply: (If more space is needed, add additional pages)

The following child(ren) was/were born of the parties' relationship prior to the marriage:

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

The following child(ren) was/were born from or adopted during this marriage:

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

The following child(ren) was/were born from or adopted during this marriage or relationship and is/are mentally or physically disabled and will be incapable of supporting or maintaining themselves:

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

The following child(ren) is/are subject to an existing order of parenting or support of another Court:

Name of Child	Date of Birth
_____	_____
_____	_____

One party is not the parent of the following child(ren) who was/were born during the marriage:

Name of Child	Date of Birth
_____	_____
_____	_____

6. Military Service:

Neither Plaintiff nor Defendant is an active-duty servicemember of the United States military.

Plaintiff and/or Defendant is an active-duty servicemember of the United States military.

7. Plaintiff is entitled to a divorce from Defendant based upon the following grounds: *(check all that apply)*
- Plaintiff and Defendant are incompatible.
 - Plaintiff and Defendant have lived separate and apart without cohabitation and without interruption for one (1) year.
 - Plaintiff or Defendant had a Husband or Wife living at the time of the marriage.
 - 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 this 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.

Plaintiff requests that a divorce be granted from Defendant. Plaintiff further requests that the Court determine an equitable division of property and debts and order the following: *(check all that apply)*

- Plaintiff be designated the residential parent and legal custodian of the following minor child(ren):
_____;
 - Defendant be designated the residential parent and legal custodian of the following minor child(ren):
_____;
 - the non-residential parent be granted specific parenting time;
 - Plaintiff and Defendant be granted shared parenting of the following minor child(ren):
_____ pursuant to a Shared Parenting Plan (Uniform Domestic Relations Form 20), which Plaintiff will prepare and file with the Court;
 - Defendant pay child support, cash medical support, and health care expenses;
 - Defendant pay spousal support;
 - Plaintiff be restored to the former name of _____;
 - Defendant pay Plaintiff's attorney fees;
 - Defendant pay the Court costs of the proceeding;
- and any further relief deemed proper.

Attorney or Self Represented Party Signature

Printed Name

Address

City, State, Zip

Phone Number

Fax Number

E-mail

Supreme Court Reg No. (if any)

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

- 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**

 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>		<u>Year</u>	<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

To whom paid	Purpose	Balance due	Monthly payment
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL MONTHLY:			\$ _____

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

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

	<u>Address</u>	<u>Present Fair Market Value</u>	<u>Titled To</u>	<u>Mortgage Balance</u>	<u>Equity</u>
1.	_____	\$ _____	_____	\$ _____	\$ _____
2.	_____	\$ _____	_____	\$ _____	\$ _____

TOTAL SECTION I: REAL ESTATE INTERESTS: \$ _____

II. OTHER ASSETS

	<u>Category</u>	<u>Description</u>	<u>Titled To</u>	<u>Value</u>
	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.	_____	_____	_____	\$ _____

<u>Category</u>	<u>Description</u>	<u>Titled To</u>	<u>Value</u>
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.	_____	_____	\$ _____

<u>Category</u>	<u>Description</u>	<u>Titled To</u>	<u>Value</u>
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

Commission Expiration Date: _____

(Affix seal here)

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

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
