

## HOW TO FILE AN ANSWER TO A DIVORCE COMPLAINT

### WHAT TO GIVE TO APPLICANT/CLIENT (NO CHILDREN INVOLVED)

1. Cover letter
2. How to File Answer
3. Financial Affidavit (if required)
4. Poverty Affidavit (if required)
5. Law Facts
6. Grievance

**SOUTHEASTERN OHIO LEGAL SERVICES**

**332 West High Avenue  
New Philadelphia, OH 44663-2152  
(330) 339-3998  
1-800-686-3670 (clients only)  
Fax: (330) 339-6672**

---

---

---

Dear Applicant:

We have reviewed your application for legal services for assistance in responding to a complaint in a divorce action filed by your spouse. The only service we will be able to provide to you in this matter is the enclosed information regarding filing an answer on your own. We will not be representing you in Court in this case. We encourage you to seek assistance from a private attorney, if possible. Whether or not you are able to hire an attorney, you may find the enclosed information helpful.

If you represent yourself in this divorce action, remember that most answers in divorce cases must be filed within 28 days from the date you got the complaint. Please check your packet for documents you may need to file. You may only have a short time to file some of these documents. **READ THE PACKET CAREFULLY.**

When you file your answer to the divorce complaint, you may want to consider filing a counterclaim in the answer. You should consult a private attorney if you want to file a counterclaim. If you do not file a counterclaim in your answer, the person who filed the divorce may be able to dismiss it and end the case. This means that you would have to start over again if you wanted to seek a divorce. Filing a counterclaim is not covered by this packet.

If you are going to prepare your own answer, you may find the enclosed packet useful. Read the directions carefully. After filing your answer, you will be notified of a court date. You should go to all court hearings.

Because this is the only service we will be able to provide to you, we have closed your application for services. If you disagree with any decision or other action of our office regarding your application, you may use the enclosed grievance form. We wish you the best of luck.

Very truly yours,

Managing Attorney

P:\71-OSLSA-SEOLS\Misc Forms\NPanswertr.WPD  
Enclosures

## **HOW TO FILE AN ANSWER TO A DIVORCE COMPLAINT WITHOUT AN ATTORNEY**

As you know, from the attached letter, our office will not be able to represent you in Court in the divorce filed against you. **You told us there were no child(ren) born as issue to your marriage.** (If you and spouse do have minor children, call us before you use this packet.) With our limited resources, we are not able to represent everyone who asks for our help. It is best, if you can afford, to hire an attorney to help you. If you cannot afford an attorney, this packet can provide you with information on how to answer the divorce complaint so that you will have an opportunity to tell your side in Court. **IT IS VERY IMPORTANT THAT YOU ANSWER THE COMPLAINT AND THAT YOU ATTEND EVERY HEARING AND THAT YOU KEEP THE COURT AND YOUR SPOUSE'S ATTORNEY AWARE OF YOUR CURRENT ADDRESS.** We will not be your attorney in this matter.

**YOU MUST ANSWER THE COMPLAINT WITHIN 28  
DAYS OF THE DATE YOU WERE SERVED**

The first page is usually the SUMMONS. It demands that you Answer the Complaint within **28 days after you are served with the Summons.** **YOU MUST FILE YOUR ANSWER WITHIN 28 DAYS AFTER YOU RECEIVED THE SUMMONS AND COMPLAINT.**

Immediately after the Summons should be the Divorce Complaint against you. Read the Complaint carefully. If you do not answer the Complaint in writing within 28 days after you receive it, the Court may believe what the Complaint says is true and your spouse could get a divorce from you and get everything they have asked for from the Court. If you do not answer and do not go to the final hearing, then you will not get your day in Court. **Again, it is very important that you keep the Court and your spouse's attorney informed regarding your current address so you will receive notification of all Court hearings.**

Complete the Certificate of Service by filling in the name and address of your spouse's lawyer (or your spouse's name and address if your spouse is doing the divorce him/herself).

**PLEASE NOTE:** Some courts may require other documents to be filed with your Answer. If other documents are required by your court, those documents are included with this packet with a cover sheet listing the additional documents required to be filed with your Answer. You should complete those documents and if they are required to be notarized, you must sign them in front of a notary. You will be copying, serving and filing those documents with your Answer in the same way and at the same time as your Answer.

**HOW TO SERVE AND TO FILE YOUR ANSWER and  
ANY OTHER DOCUMENTS**

After you have prepared and signed your Answer and any other documents included, [SEE LIST ATTACHED “WHAT TO FILE”] you need to immediately make two (2) photocopies of all documents. (You cannot handwrite your copies. That same day MAIL one set of these photocopies to the attorney who signed the Divorce Complaint against you. Although you do not have to mail the Answer by certified mail, you may want to ask the post office to provide you with a Certificate of Mailing, which proves you mailed the Answer on the date it was mailed, to the person to whom it was addressed.

**Within 3 days of** mailing one copy of all documents to the attorney who filed the complaint against you, you must take the original of your Answer and your remaining photocopies to the clerk of the common pleas court that served the papers on you. Be sure that you go to the Common Pleas Court where the Complaint was filed. Take the Complaint with you to the clerk's office and show it to the clerk to confirm that you are in the right place. Then give the clerk both your original Answer (and all other documents) and your photocopies. Ask the clerk to file-stamp the original(s) and the copies and to give you a copy back of everything that you filed.

The Court may schedule your case for what is called a pre-trial hearing. This is an informal meeting with the Judge and the people involved in the case to see what issues in the divorce you and your spouse agree on and what issues you disagree on. The Judge will also decide how long the final hearing will take and what issues need to be decided.

Eventually, the Court will schedule your case for a final divorce hearing. At that hearing you will have the opportunity to present witnesses (including yourself) and other evidence (such as copies of unpaid bills from the marriage or documents showing your spouse has a pension) about the statements in the complaint and about what you want from the divorce. After hearing evidence from both sides and deciding what evidence is admissible and what is not, the Judge will render a decision. Sometimes, the Judge gives his or her decision "from the bench" immediately after the hearing, or he or she gives the decision later, after having an opportunity to think about the case.

If, after you have followed all these steps, you learn that a decision has been rendered against you and you were not notified of the hearing and did not attend, please contact us immediately. Or if you believe the Court or your spouse acted improperly, give us a call right away. If the Court or the person who filed against you acted improperly and you were significantly hurt by their actions, we might be able to do something about that.

Good luck!

## HOW TO FILL IN THE BLANKS

You need to fill in the numbered blanks.

1. Blank 1 Put County divorce papers filed in.
2. Blank 2a Put your spouse's name.  
Blank 2b Your spouse's address.
3. Blank 3 Put Case No. (get from Complaint)
4. Blank 4 Put Judge's name. (Get from Complaint.)
5. Blank 5a Put your name.  
Blank 5b Put your correct address.
6. Blank 6 Put why your disagree with divorce or any problems  
you have.
7. Blank 7 Put what you want the Court to do.
8. Blank 8a Sign your name.  
Blank 8b/c Put your address.  
Blank 8d Put your phone number.
9. Blank 9 Put address of your spouse's lawyer.
10. Blank 10 Put date mailed.
11. Blank 11 Sign your name.

**SAMPLE**

IN THE COURT OF COMMON PLEAS, YOUR COUNTY COUNTY, OHIO

JOHN SMITH

Plaintiff's Name

12 E. MAIN ST.

Plaintiff's address

YOUR TOWN OH

CASE NO. 99-DR-OXX

JUDGE YOUR JUDGE

Plaintiff,

vs.

DEFENDANT'S ANSWER

JANE SMITH

Defendant's Name

102 N. 4<sup>th</sup> ST.

Defendant's address

YOUR TOWN OH

Defendant.

**SAMPLE**

I, the Defendant, answers the Complaint as follows:

I was not cruel to my husband.  
We were married in Our Town, Ohio.

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

**SAMPLE**

# SAMPLE

I ask the Court to:

I want my husband to pay our bills.  
I want my car. I want my  
maiden name "Doe" back. I need  
Support.

I swear that the information contained in the foregoing Answer is true and correct to the best of my information and belief.

Jane Smith  
Pro se  
102 N. 4th Street  
(Address)  
Your Town Ohio  
(City and State)  
XXX-XXX-XXXX  
(Telephone Number)

### CERTIFICATE OF SERVICE

A copy of this document was served upon Plaintiff or upon Plaintiff's attorney at the following address: 269 EAST FIFTH  
STREET, YOUR TOWN OH by ordinary  
U.S. Mail, postage pre-paid, this 3<sup>rd</sup> day of May, 1999.

Jane Smith  
(Your signature)

A:\Divorce How To\No Kids\blankanswer.wpd

# SAMPLE

IN THE COURT OF COMMON PLEAS, -1- COUNTY, OHIO

-2a-  
*Plaintiff's Name*

CASE NO. -3-

-2b-  
*Plaintiff's address*

JUDGE -4-

\_\_\_\_\_  
Plaintiff,  
vs.

**DEFENDANT'S ANSWER**

-5a-  
*Defendant's Name*

-5b-  
*Defendant's address*

\_\_\_\_\_  
Defendant.

I, the Defendant, answers the Complaint as follows: -6-

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



IN THE COURT OF COMMON PLEAS, \_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_  
*Plaintiff's Name*

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
*Plaintiff's address*

JUDGE \_\_\_\_\_

\_\_\_\_\_  
Plaintiff,  
vs.

**DEFENDANT'S ANSWER**

\_\_\_\_\_  
*Defendant's Name*

\_\_\_\_\_  
*Defendant's address*

\_\_\_\_\_  
Defendant.

I, the Defendant, answers the Complaint as follows:

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

I ask the Court to:

---

---

---

---

---

I swear that the information contained in the foregoing Answer is true and correct to the best of my information and belief.

\_\_\_\_\_  
Pro se

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City and State)

\_\_\_\_\_  
(Telephone Number)

CERTIFICATE OF SERVICE

A copy of this document was served upon Plaintiff or upon Plaintiff's attorney at the following address: \_\_\_\_\_

\_\_\_\_\_ by ordinary

U.S. Mail, postage pre-paid, this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Your signature)

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

Plaintiff / Petitioner (1)	:	Case No. _____
SS# _____	:	CSEA No. _____
Address _____	:	Family File No. _____
V.	:	
Defendant / Petitioner (2) / Respondent	:	JUDGE _____
SS# _____	:	MAGISTRATE _____
Address _____		

## Affidavit of Income, Expenses, and Financial Disclosure

**Notes:** This affidavit must be filed and served with the first-pleading filed by each party in every action for divorce, dissolution, legal separation, and annulment. In those actions the Assets/Debts/Separate Property Statement form must be attached to this Affidavit. This affidavit must also be filed and served with every post-decree motion that concerns a modification of support. You will be required to provide proof of income per local rule and O.R.C. 3113.215 (B) (5). If more space is needed, attach additional page(s).

### I. Information Required for Support Calculation:

A.

Date of Marriage	Date of Separation	Date of Divorce Decree (If Post-Decree Case)

B. Minor or Dependent Children of this Marriage (Include adopted children and any child of the parties who is over 18 and handicapped)

Childs Name	Social Security No.	Date of Birth	Residing with

C. Other Minor Children Living in My Household

Childs Name	Social Security No.	Date of Birth	Relationship

**D. Other Minor Children of Mine, Not Living in My Household**

Childs Name	Social Security No.	Date of Birth	Residing with

**II. Income (As defined in O.R.C. 3113.215 (A)):**

**A. Gross Yearly Income from Employment**

(If not known, please estimate. Put "EST." after each estimated figure.)

	Husband / Father	Wife / Mother
Gross Yearly Employment Income	\$	\$
Employer		
Payroll Address		
City, State, Zip		
Check the number of 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
Year-to-Date Gross Income	\$ Through Date of	\$ Through Date of
Prior Year's Tax Refund	\$	\$

**B. Gross Self-Employment Income**

(If not known, please estimate. Put "EST." after each estimated figure.)

Use Gross Annual Figures for Most Recent Full Year. See O.R.C. 3113.215 (A)

	Husband / Father	Wife / Mother
Business Receipts	\$	\$
Ordinary & Necessary Business Expenses	\$	\$
Net Business Income	\$	\$

**C. Other Income**

All other income, *actual or expected*, including pension, social security, workers compensation, commissions, royalties, disability benefits, trust income, annuities, reoccurring capitals gains, unemployment benefits, rents, expense-sharing, dividends, interest, AFDC, SSI, food stamps, spousal support received from a prior spouse, etc.

(If not known, please estimate. Put "EST." after each estimated figure.)

Husband / Father		Wife / Mother	
Per Year	Describe	Per Year	Describe
\$		\$	
\$		\$	
\$		\$	

**D. Annual Overtime, Commissions, Bonuses**

(If not known, please estimate. Put "EST." after each estimated figure.)

Husband / Father		
Year 3 is Most Recent Year	Base Income	Overtime, Commission, Bonuses
19 ____ year 1	\$	\$
19 ____ year 2	\$	\$
19 ____ year 3	\$	\$
Y-T-D This Year Through: ____	\$	\$

Wife / Mother		
Year 3 is Most Recent Year	Base Income	Overtime, Commission, Bonuses
19 ____ year 1	\$	\$
19 ____ year 2	\$	\$
19 ____ year 3	\$	\$
Y-T-D This Year Through: ____	\$	\$

**III. Child Support Guideline Adjustment:**

Court Ordered Child Support You Pay for Other Child(ren) in Another Case

Husband / Father (All Figures Per Year)
\$

Wife / Mother (All Figures Per Year)
\$

Court Ordered Spousal Support You Pay to a Former Spouse

\$
----

\$
----

Number of Your Other Dependent Child(ren) Living With You From a Previous Marriage

<input type="text"/>
----------------------

<input type="text"/>
----------------------

Court Ordered Child Support You Receive for the Dependent Child(ren) You Indicated on Line Above

\$
----

\$
----

Child Care Expenses You Pay for Child(ren) of this Marriage (Employment or Educational - Related)

\$
----

\$
----

Local Income Taxes Paid or Rate of Tax where you Live or Work

\$ or: %
----------

\$ or: %
----------

Self-Employment Tax (5.6% of A.G.I.)

\$
----

\$
----

Health Insurance Premium for Children (Family Plan Cost Less Individual Plan Cost)

\$
----

\$
----

**For Post Decree Modifications Only:**

**Current Spouse's Gross Income**

\$
----

\$
----

Number of Your Other Dependent Child(ren) Living With You From Your Present Marriage [excluding unadopted step child(ren)]

<input type="text"/>
----------------------

<input type="text"/>
----------------------

#### IV. Affiant's Monthly Living Expenses:

List your **ACTUAL** expenses for your **present household** in the first column. Give estimated expenses if you don't have exact figures. If you expect changes soon, list your **ANTICIPATED** expenses in your household after the divorce case in the second column. Explain why you expect your expenses to change. Also, if you are living with your parents or someone helping you with your living expenses, please explain.

My Average Monthly Expenses	Actual Monthly Expenses in My Present Household	Anticipated Future Monthly Expenses in My Household
There are now ____ adults and ____ children living in my present household.	I am assisted with my living expenses by:	The reason I expect my household living expenses to change soon is:
<b>A. Housing</b>	<b>Actual</b>	<b>Anticipated</b>
Rent or First Mortgage \$		
Real Estate Taxes (if not included above) \$		
Real Estate Insurance (if not included above) \$		
Second Mortgage, if any \$		
UTILITIES:		
• Electric (level billing or avg / month) \$		
• Gas (if billed separately) \$		
• Fuel Oil / Propane \$		
• Water & Sewer \$		
• Telephone (basic monthly charge) \$		
• Water Softener \$		
• Trash Collection \$		
Telephone (average long distance) \$		
Cable Television \$		
Home Cleaning, Maintenance, Repair \$		
Lawn Service, Snow Removal \$		
Other: _____ \$		
<b>Housing Total \$</b>	<b>(A)</b>	<b>(A)</b>

<b>B. Other Necessary Living Expenses</b>	<b>Actual</b>	<b>Anticipated</b>
<b>FOOD, ETC.:</b>		
• Grocery (include food, paper, & cleaning products, toiletries, etc.) \$		
• Restaurant \$		
<b>TRANSPORTATION, ETC.:</b>		
• Car Loan or Lease \$		
• Gasoline \$		
• Car Maintenance & Repair \$		
• Parking, Public Transit \$		
<b>CLOTHING, ETC.:</b>		
• Clothes \$		
• Dry Cleaning / Laundry \$		
• Personal Grooming \$		
Other: _____ \$		
Other: _____ \$		
<b>Other Necessities Total \$</b>	<b>(B)</b>	<b>(B)</b>

<b>C. Child-Related Expenses</b>	<b>Actual</b>	<b>Anticipated</b>
Child Care, Work - or Educational-Related \$		
Clothing \$		
School Lunches \$		
Children's Allowances \$		
Extra - Curricular Activities \$		
Other: _____ \$		
<b>Child-Related Expenses Total \$</b>	<b>(C)</b>	<b>(C)</b>

D. Educational Expenses for:	Actual		Anticipated	
	You	Child(ren)	You	Child(ren)
Tuition \$				
Books \$				
Fees \$				
Tutor \$				
Activities \$				
College Loan Repayment \$				
Other: _____ \$				
<b>Education Total \$</b>		(D)		(D)

E. Medical Expenses (out-of-pocket) for:	Actual		Anticipated	
	You	Child(ren)	You	Child(ren)
Doctor \$				
Dentist \$				
Optical \$				
Orthodontist \$				
Prescriptions \$				
Other: _____ \$				
<b>Medical Total \$</b>		(E)		(E)

F. Insurance	Actual		Anticipated	
	You	Child(ren)	You	Child(ren)
Life \$				
Auto \$				
Health \$				
Disability \$				
COBRA Insurance Coverage \$				
Personal Property \$				
Other: _____ \$				
<b>Insurance Total \$</b>		(F)		(F)