

**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 - \$275.00**

**Divorces - \$275**

**Post Decree motions - \$100**

<p><b>Dissolution:</b></p> <p><b>Petition for Dissolution of Marriage without Children</b></p> <p>____ Disclosure of Personal Identifier Information</p> <p>____ Petition for Dissolution (Form 14)</p> <p>____ Waiver of Service of Summons (Form 27)</p> <p>____ Separation Agreement (Form 16)</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><b>*****INCLUDE MIDDLE INITIALS AND DATE OF BIRTH FOR BOTH PARTIES</b></p>	<p><b>Petition for Dissolution of Marriage with Children</b></p> <p>____ Disclosure of Personal Identifier Information</p> <p>____ Petition for Dissolution (Form 14)</p> <p>____ Waiver of Service of Summons (Form 27)</p> <p>____ Separation Agreement (Form 16)</p> <p>____ Shared Parenting Plan <i>if applicable</i> (Form 17)</p> <p>____ Husband's Affidavit of Income &amp; Expenses (Aff 1)</p> <p>____ Wife's Affidavit of Income &amp; 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><b>*****INCLUDE MIDDLE INITIALS AND DATE OF BIRTH FOR BOTH PARTIES</b></p>
<p><b>Divorce:</b></p> <p><b>Divorce without Children</b></p> <p>____ Disclosure of Personal Identifier Information</p> <p>____ Complaint for Divorce (Form 6)</p> <p>____ Request for Service/ Instructions for Service (Form 28)</p> <p>____ Affidavit of Property (Affidavit 2)</p> <p>____ Affidavit of Income and Expenses (Aff 1)</p> <p><b>*****INCLUDE MIDDLE INITIALS AND DATE OF BIRTH FOR BOTH PARTIES</b></p> <p><i>Optional: Motions, Affidavits for Temporary Orders (Affidavit 5)</i></p>	<p><b>Divorce with Children</b></p> <p>____ Disclosure of Personal Identifier Information</p> <p>____ Complaint for Divorce (Form 7)</p> <p>____ Request for Service/ Instructions for Service (Form 28)</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><b>*****INCLUDE MIDDLE INITIALS AND DATE OF BIRTH FOR BOTH PARTIES</b></p> <p><i>Optional: Motion, Affidavits for Temporary Order (Affidavit 5)</i></p>

<p><b>Answer to Complaint for Divorce without Children</b></p> <p>_____Defendant's Answer with Certificate of Service (Form 9)</p> <p>_____Affidavit of Property (Affidavit 2)</p> <p>_____Affidavit of Income and Expenses (Affidavit 1)</p>	<p><b>Answer to Complaint for Divorce with Children</b></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>_____Health Insurance Affidavit (Affidavit 4)</p> <p>_____Parenting Proceeding Affidavit (Affidavit 3)</p>
<p><b>Motions:</b></p>	
<p><b>Motions Regarding Spousal Support</b></p> <p>_____Motion and 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 and Expenses (Affidavit 1)</p> <p>_____Request for Service (Form 28)</p>	<p><b>Motions Regarding Children and Child Support</b></p> <p>_____Motion and Supporting Memorandum (Form 20, 23, 24 or Form 25)</p> <p>_____Affidavit in Support * optional- needed if you are requesting a ruling without an oral hearing first</p> <p>_____Request for Service (Form 28)</p> <p>_____Affidavit of Income and Expenses (Affidavit 1)</p> <p>_____Parenting Proceeding Affidavit (Affidavit 3)</p> <p>_____Health Insurance Affidavit (Affidavit 4)</p>
<p><b>Motion to Show Cause for Contempt</b></p> <p>_____Parenting Proceeding Affidavit (Affidavit 3)</p> <p><b>Only if motion involves children</b></p> <p>_____Motion for Contempt &amp; Affidavit (Form 21)</p> <p>_____Show Cause Order, Notice &amp; Instructions to the Clerk (Form 22)</p>	<p><b>Motions-General</b></p> <p>_____Motion (Visitation-Form 23; Custody-Form 24; Change of Child Support, Medical Support, Tax Exemption or other child-related Expenses-Form 25)</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 &amp; Expenses (Affidavit 1)</p> <p>_____Parenting Proceeding Affidavit (Affidavit 3)</p> <p>_____Request for Service (Form 28)</p>

**CARROLL COUNTY CLERK OF COURTS  
WILLIAM R. WOHLWEND  
LEGAL DEPT. 330.627.4886**

**To: Area Attorneys**

**From: William R. Wohlwend, Clerk of Courts**

Updates to the Rules of Superintendence for Public Access of Court Records which were scheduled to go into effect on May 1<sup>st</sup> have been delayed until July 1<sup>st</sup> of this year. These updates will allow public access to court records while the time delay gives the opportunity to set standards to protect personal information contained in those records.

Rules 44 through 47 speak to the definition of court records, various types of public access, restrictions involved in the public viewing of documents, as well as requesting and obtaining records. Rule 45 (D) addresses the omission of personal identifiers prior to submission of filing a case. This rule states it is the responsibility of the filing party to omit personal identifiers from case information. The **Clerk of Courts is NOT** required to review the case document to confirm the omission nor shall the Clerk refuse to accept or file a documents on this basis.

This rule does permit the court, however, to provide a separate form for personal information which will not be available to the public. For this reason the Carroll County Courts have developed a "Personal Identifiers" form. Please include all personal information you think is necessary or it available to you when filing any type of case involving "sensitive" information. Begin using this form immediately when filing a new case or new motions on old or pending cases. The Clerk of Courts office will not refuse cases for filing because of the contents of personal information or redact private information from cases after filing.

With your cooperation, we will be able to meet the Court's responsibility to the public when providing open records while protecting the private information of those individuals involved.

IN THE COURT OF COMMON PLEAS  
CARROLL COUNTY, OHIO

Case No. \_\_\_\_\_

vs.

Judge \_\_\_\_\_

Precipe regarding the Personal Identifiers exempt  
from Public Record under O.R.C. 149.43 (A) (1);  
and, or Sup. R 45 (D) (1)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Personal Identifiers in the above titled 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 has been delivered to the care of and 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/minor 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)*

\_\_\_\_\_  
*(Number)*

\_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(State)*

\_\_\_\_\_  
*(Zip Code)*

Phone (\_\_\_\_\_) \_\_\_\_\_

e-mail \_\_\_\_\_@\_\_\_\_\_



_____	:	Case No: _____
Plaintiff(s)	:	<b>PERSONAL IDENTIFIERS</b>
vs	:	
_____	:	
Defendants(s)	:	

The following information is considered to be the confidential “personal identifiers” in this case, which will then be omitted from other documents filed in this case.

_____	SSN: _____
<b>Financial Account Information:</b>	<b>Employer/Employee ID Numbers:</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**IN THE CARROLL COUNTY COMMON PLEAS COURT  
CARROLLTON, OHIO**

	:	Case No: _____
Plaintiff	:	
	:	
vs.	:	
	:	
	:	
Defendant		

**Confidential Disclosure of Personal Identifiers  
(Rule 45(D) of the Rules of Superintendence for the Courts of Ohio)**

**REFERENCE LIST**

	<b>COMPLETE PERSONAL IDENTIFIER</b> Use this column to list the personal identifiers that have been redacted from the document that is to be placed in this case file.	<b>CORRESPONDING REFERENCE</b> Use this column to list the reference or abbreviation that will refer to the corresponding complete personal identifier.	<b>LOCATION</b> Use this column to identify the document or documents where the reference appears in place of the personal identifier.
<b>1.</b>			
<b>2.</b>			
<b>3.</b>			
<b>4.</b>			

\_\_\_ check if additional pages are attached.

\_\_\_\_\_  
Signature of person submitting the information

IN THE COURT OF COMMON PLEAS

Division

COUNTY, OHIO

Name

Case No.

Street Address

Judge

City, State and Zip Code

Plaintiff

Magistrate

vs.

Name

Street Address

City, State and Zip Code

Defendant

**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 the Wife is pregnant. Check to determine if you meet the residency requirement to file in this county. A Request for Service (Uniform Domestic Relations Form 28) must be filed with this form. The Parenting Proceeding Affidavit (Uniform Domestic Relations Form - Affidavit 3) must be filed.

COMPLAINT FOR DIVORCE WITH CHILDREN

I, the Plaintiff, for this Complaint say:

1. I have been a resident of the State of Ohio for at least six months.
2. ☐ I have been a resident of \_\_\_\_\_ County for at least 90 days immediately before the filing of this Complaint; or  
☐ The Defendant resides in \_\_\_\_\_ County where this Complaint is filed.
3. The Defendant and I were married to one another on \_\_\_\_\_ (date of marriage) in \_\_\_\_\_ (city or county, and state).

4. I state regarding children (check all that apply):

☐ The Wife is not pregnant.

☐ The Wife is pregnant and the approximate due date is: \_\_\_\_\_

☐ The following child(ren) were born from or adopted during this marriage or relationship  
(name and date of birth of each child):

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

☐ Husband is not the biological father of the following child(ren) who were born during the marriage (name and date of birth of each child): \_\_\_\_\_

5. I state the following grounds for divorce exist (check all that apply):

☐ The Defendant and I are incompatible.

☐ The Defendant and I have lived separate and apart without cohabitation and without interruption for one year.

☐ The Defendant or I had a Husband or Wife living at the time of the marriage.

☐ The Defendant has been willfully absent for one year.

☐ The Defendant is guilty of adultery.

☐ The Defendant is guilty of extreme cruelty.

☐ The Defendant is guilty of fraudulent contract.

☐ The Defendant is guilty of gross neglect of duty.

☐ The Defendant is guilty of habitual drunkenness.

☐ The Defendant was imprisoned in a state or federal correctional institution at the time the Complaint was filed.

☐ The Defendant procured a divorce outside this state by virtue of which the Defendant has been

released from the obligations of the marriage, while those obligations remain binding on me.

6. The Defendant and I are owners of real estate and/or personal property.

I request that a divorce be granted from the Defendant, that the Court determine an equitable division of debts and property, and as follows that (check all that apply):

☐ The Defendant be required to pay me spousal support.

☐ The Plaintiff be named the residential parent and legal custodian of the following minor child(ren): \_\_\_\_\_

☐ The Defendant be named the residential parent and legal custodian of the following

child(ren): \_\_\_\_\_

- ☐ The non-residential parent be granted specific parenting time.  
☐ The Defendant and I be granted shared parenting of the following child(ren):

\_\_\_\_\_

pursuant to a Shared Parenting Plan (Uniform Domestic Relations Form 17), which I will prepare and file with the Court.

- ☐ The Defendant be ordered to pay child support and medical support.  
☐ I be restored to my prior name of: \_\_\_\_\_  
☐ The Defendant be required to pay attorney fees.  
☐ The Defendant be required to pay the court costs of the proceeding.  
☐ The Court make the following additional orders: \_\_\_\_\_

\_\_\_\_\_

and that the Court grant such other and further relief as the Court may deem proper.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Telephone number at which the Court may reach you  
or at which messages may be left for you

IN THE COURT OF COMMON PLEAS

Division

COUNTY, OHIO

IN THE MATTER OF:

A Minor

Name

Case No.

Street Address

Judge

City, State and Zip Code

Plaintiff/Petitioner

Magistrate

vs./and

Name

Street Address

City, State and Zip Code

Defendant/Petitioner

**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.

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Please serve the following documents on the following parties as I have indicated below:

☐ Defendant/Petitioner at the address shown above.

☐ Certified Mail, Return Receipt Requested

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

☐ Other (specify) \_\_\_\_\_

Supreme Court of Ohio

Uniform Domestic Relations Form – 28

Uniform Juvenile Form – 10

REQUEST FOR SERVICE

Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46

Effective Date: 7/1/2013

☐ Plaintiff/Petitioner at the address shown above.  
☐ Certified Mail, Return Receipt Requested  
☐ Issuance to Sheriff of \_\_\_\_\_ County, Ohio for ☐ Personal or ☐ Residence service  
☐ Other (specify) \_\_\_\_\_

☐ \_\_\_\_\_ County Child Support Enforcement Agency (provide address below):  
\_\_\_\_\_  
☐ Certified Mail, Return Receipt Requested  
☐ Issuance to Sheriff of \_\_\_\_\_ County, Ohio for ☐ Personal or ☐ Residence service  
☐ Other (specify) \_\_\_\_\_

☐ Other (address): \_\_\_\_\_  
☐ Certified Mail, Return Receipt Requested  
☐ Issuance to Sheriff of \_\_\_\_\_ County, Ohio for ☐ Personal or ☐ Residence service  
☐ Other (specify) \_\_\_\_\_

SPECIAL INSTRUCTIONS TO SHERIFF:

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\_\_\_\_\_  
Your Signature

**COURT OF COMMON PLEAS**

                     **COUNTY, OHIO**

\_\_\_\_\_  
Plaintiff/Petitioner

v./and

Case No. \_\_\_\_\_

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

\_\_\_\_\_  
Defendant/Petitioner/Respondent

**Instructions:** Check local court rules to determine when this form must be filed.

By law, an affidavit must be filed and served with the first pleading filed by each party in every parenting (custody/visitation) proceeding in this Court, including Dissolutions, Divorces and Domestic Violence Petitions. 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 Your Name)

**Check and complete ALL THAT APPLY:**

1. ☐ I request that the court not disclose my current address or that of the child(ren). My address is confidential pursuant to R.C. 3127.23(D) and should be placed under seal to protect the health, safety, or liberty of myself and/or the child(ren).
2. ☐ Minor child(ren) are subject to this case as follows:

Insert the information requested below for all minor or dependent children of this marriage. 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:** ☐ Male ☐ Female

Period of Residence

Check if  
Confidential

Person(s) With Whom Child Lived  
(name & address)

Relationship

to present

☐ Address  
Confidential?

to

☐ Address  
Confidential?

to

☐ Address  
Confidential?

to

☐ Address  
Confidential?



**b. Child's Name:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Sex:** ☐ Male ☐ Female

☐ Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>		<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____	to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____

**c. Child's Name:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Sex:** ☐ Male ☐ Female

☐ Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>		<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____	to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CHILDREN, ATTACH A SEPARATE PAGE AND CHECK THIS BOX ☐.

**3. 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. For each case in which you participated, give the following information:

- a. Name of each child: \_\_\_\_\_
- b. Type of case: \_\_\_\_\_
- c. Court and State: \_\_\_\_\_
- d. Date and court order or judgment (if any): \_\_\_\_\_

IF MORE SPACE IS NEEDED FOR ADDITIONAL CUSTODY CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX ☐.

4. **Information about other civil case(s) that could affect this case: (Check only one box.)**

- ☐ I **HAVE NO INFORMATION** about any other civil 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 other civil 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. Do not repeat cases already listed in Paragraph 3. Explain:

- a. Name of each child: \_\_\_\_\_
- b. Type of case: \_\_\_\_\_
- c. Court and State: \_\_\_\_\_
- d. Date and court order or judgment (if any): \_\_\_\_\_

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX ☐.

5. **Information about criminal case(s):**

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.

<u>Name</u>	<u>Case Number</u>	<u>Court/State/County</u>	<u>Convicted of What Crime?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX ☐.

**6. Persons not a party to this case who has physical custody or claims to have custody or visitation rights to children subject to this case: (Check only one box.)**

☐ I **DO NOT KNOW OF ANY PERSON(S)** not a party to this case who has/have physical custody or claim(s) 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: \_\_\_\_\_

**OATH**

(Do Not Sign Until Notary is Present)

I, (print name) \_\_\_\_\_, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document 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

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

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

My Commission Expires: \_\_\_\_\_

**COURT OF COMMON PLEAS  
COUNTY, OHIO**

Plaintiff/Petitioner		Case No. _____	
		Judge _____	
v./and		Magistrate _____	
Defendant/Petitioner			

**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 amounts. Do not leave any category blank. Write "none" where appropriate. 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 INCOME AND EXPENSES**

Affidavit of \_\_\_\_\_  
(Print Your Name)

Date of marriage \_\_\_\_\_ Date of separation \_\_\_\_\_

**SECTION I - INCOME**

	<u><b>Husband</b></u>	<u><b>Wife</b></u>
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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><b>Husband</b></u>	<u><b>Wife</b></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>Husband</u>	<u>Wife</u>
Base yearly income	\$ _____	\$ _____
Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Disability benefits		
<input type="checkbox"/> Workers' Compensation		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Retirement benefits		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Spousal support received	\$ _____	\$ _____
Interest and dividend income (source)		
_____	\$ _____	\$ _____
Other income (type and source)		
_____	\$ _____	\$ _____
<b>TOTAL YEARLY INCOME</b>	\$ _____	\$ _____
Supplemental Security Income (SSI) or public assistance	\$ _____	\$ _____
Court-ordered child support that you receive for minor and/or dependent child(ren) not of the marriage or relationship	\$ _____	\$ _____

## SECTION II – CHILDREN AND HOUSEHOLD RESIDENTS

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

Name	Date of birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to the above children there is/are in your household:

\_\_\_\_\_ adult(s)  
\_\_\_\_\_ other minor and/or dependent child(ren).

## SECTION III – EXPENSES

List monthly expenses below for your present household.

### A. MONTHLY HOUSING EXPENSES

Rent or first mortgage (including taxes and insurance)	\$	_____
Real estate taxes (if not included above)	\$	_____
Real estate/homeowner's insurance (if not included above)	\$	_____
Second mortgage/equity line of credit	\$	_____
Utilities		
o Electric	\$	_____
o Gas, fuel oil, propane	\$	_____
o Water and sewer	\$	_____
o Telephone	\$	_____
o Trash collection	\$	_____
o Cable/satellite television	\$	_____
Cleaning, maintenance, repair	\$	_____
Lawn service, snow removal	\$	_____
Other: _____	\$	_____
_____	\$	_____
TOTAL MONTHLY :		\$ _____

**B. OTHER MONTHLY LIVING EXPENSES**

Food	
o Groceries (including food, paper, cleaning products, toiletries, other)	\$ _____
o Restaurant	\$ _____
Transportation	
o Vehicle loans, leases	\$ _____
o Vehicle maintenance (oil, repair, license)	\$ _____
o Gasoline	\$ _____
o Parking, public transportation	\$ _____
Clothing	
o Clothes (other than children's)	\$ _____
o Dry cleaning, laundry	\$ _____
Personal grooming	
o Hair, nail care	\$ _____
o Other	\$ _____
Cell phone	\$ _____
Internet (if not included elsewhere)	\$ _____
Other	\$ _____
<b>TOTAL MONTHLY</b> \$ _____	

**C. MONTHLY CHILD-RELATED EXPENSES**  
(for children of the marriage or relationship)

Work/education-related child care	\$ _____
Other child care	\$ _____
Unusual parenting time travel	\$ _____
Special and unusual needs of child(ren) (not included elsewhere)	\$ _____
Clothing	\$ _____
School supplies	\$ _____
Child(ren)'s allowances	\$ _____
Extracurricular activities, lessons	\$ _____
School lunches	\$ _____
Other	\$ _____
<b>TOTAL MONTHLY</b> \$ _____	

D. INSURANCE PREMIUMS

Life	\$	
Auto	\$	
Health	\$	
Disability	\$	
Renters/personal property (if not included in part A above)	\$	
Other	\$	
<b>TOTAL MONTHLY</b>		\$

E. MONTHLY EDUCATION EXPENSES

Tuition		
o Self	\$	
o Child(ren)	\$	
Books, fees, other	\$	
College loan repayment	\$	
Other	\$	
	\$	
<b>TOTAL MONTHLY:</b>		\$

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

Physicians	\$	
Dentists	\$	
Optometrists/opticians	\$	
Prescriptions	\$	
Other	\$	
	\$	
<b>TOTAL MONTHLY:</b>		\$

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren)	\$	
Child support for children who were not born of this marriage or relationship and were not adopted of this marriage	\$	
Spousal support paid to former spouse(s)	\$	
Subscriptions, books	\$	
Entertainment	\$	



Charitable contributions	\$	
Memberships (associations, clubs)	\$	
Travel, vacations	\$	
Pets	\$	
Gifts	\$	
Bankruptcy payments	\$	
Attorney fees	\$	
Required deductions from wages (excluding taxes, Social Security and Medicare) (type) _____	\$	
Additional taxes paid (not deducted from wages) (type) _____	\$	
Other _____	\$	
	\$	
<b>TOTAL MONTHLY:</b>	\$	

H. MONTHLY INSTALLMENT PAYMENTS

(Do not repeat expenses already listed.)

Examples: car, credit card, rent-to-own, cash advance payments

To whom paid	Purpose	Balance due	Monthly payment
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		<b>TOTAL MONTHLY:</b>	\$

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

**OATH**

(Do not sign until notary is present.)

I, (print name) \_\_\_\_\_, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document 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

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

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

My Commission Expires:  
\_\_\_\_\_



## II. OTHER ASSETS

<u>Category</u>	<u>Description</u> (List who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
<b>A. Vehicles and Other Certificate of Title Property</b>	(Include model and year of automobiles, trucks, motorcycles, boats, motors, motor homes, etc.)		
1.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
2.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
3.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
4.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
5.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
6.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
<b>B. Financial Accounts</b>	(Include checking, savings, CDs, POD accounts, money market accounts, etc.)		
1.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
2.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
3.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
4.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____

<u>Category</u>	<u>Description</u> (List who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
<b>C. Pensions &amp; Retirement plans</b> (Include profit-sharing, IRAs, 401k plans, etc.; Describe each type of plan)			
1. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
2. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
3. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
4. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
<b>D. Publicly Held Stocks, Bonds, Securities &amp; Mutual Funds</b>			
1. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
2. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
3. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
4. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
<u>Category</u>	<u>Description</u> (List who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
<b>E. Closely Held Stocks &amp; Other Business Interests and Name of Company</b> (Type of ownership and number)			
1. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
2. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____

<b>F. Life Insurance Type (Term/Whole Life)</b>	(Any cash value or loans)		(Insured party & value upon death)
1. _____ _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____ _____
2. _____ _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____ _____
3. _____ _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____ _____
4. _____ _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____ _____

<u>Category</u>	<u>Description</u>	<u>Who Has Possession</u>	<u>Value/Date of Value</u>
<b>G. Furniture &amp; Appliances</b>			
(Estimate value of those in your possession, and value of those in your spouse's possession)			
1. _____ _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____ _____
2. _____ _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____ _____
3. _____ _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____ _____
4. _____ _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____ _____

<b>H. Safe Deposit Box</b>	(Give location and describe contents)	<u>Titled To</u>	
1. _____ _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____ _____
2. _____ _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____ _____

**I. Transfer of Assets**

**Explanation:** List the name and address of any person (other than creditors listed on your Affidavit) who has received money or property from you exceeding \$300 in value in the past 12 months and the reason for each transfer.

1.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$	
2.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$	
3.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$	
4.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$	

CategoryDescription

(Also list who has possession)

Titled ToValue/Date of Value**J. All Other Assets Not Listed Above**

**Explanation:** List any item you have not listed above that is considered an asset.

1.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$	
2.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$	

**TOTAL SECTION II: OTHER ASSETS** \$ \_\_\_\_\_

**III. SEPARATE PROPERTY CLAIMS: Pre-marital assets, gifts to one spouse only, inheritances**

If you are making any claims in any of the categories below, explain the nature and amount of your claim. **This includes, but is not limited to, inheritances, property owned before marriage, and any pre-marital agreements.**

<u>Category</u> (Pre-marital Gift, Inheritance, etc., acquired after separation)	<u>Description</u>	<u>Why do you claim this as a separate property?</u>	<u>Present Fair Market Value</u>
1.			\$ _____
2.			\$ _____
3.			\$ _____
4.			\$ _____
5.			\$ _____

**TOTAL SECTION III: SEPARATE PROPERTY CLAIMS** \$ \_\_\_\_\_

#### IV. DEBT

List ALL OF YOUR DEBTS, the debts of your spouse, 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.**

<u>Type</u>	<u>Name of Creditor/Purpose of Debt</u>	<u>Account Name</u>	<u>Name(s) on Account</u>	<u>Total Debt Due</u>	<u>Monthly Payment</u>
<b>A. Secured Debt (Mortgages, Car, etc.)</b>					
1. _____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
2. _____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
3. _____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
4. _____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
5. _____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
<b>B. Unsecured Debt, including credit cards</b>					
1. _____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
2. _____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
3. _____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
4. _____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
5. _____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
<b>TOTAL SECTION IV: DEBT</b>				\$ _____	



## V. BANKRUPTCY

	<u>Filed by: Wife, Husband, Both</u>	<u>Date of Filing: Case Number</u>	<u>Date of Discharge or Relief from Stay</u>	<u>Type of Case (Ch. 7, 11, 12, 13)</u>	<u>Current Monthly Payments</u>
1.	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	_____	_____	_____	\$ _____
2.	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	_____	_____	_____	\$ _____
<b>TOTAL SECTION V: BANKRUPTCY</b>					<b>\$ _____</b>

## OATH

(Do Not Sign Until Notary is Present)

I, (print name) \_\_\_\_\_ swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document 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

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

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

My Commission Expires: \_\_\_\_\_  
\_\_\_\_\_

**COURT OF COMMON PLEAS  
COUNTY, OHIO**

Plaintiff/Petitioner		Case No.	
		Judge	
v./and		Magistrate	
Defendant/Petitioner			

**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. It is also used to determine child support. It must be filed if there are minor children of the relationship. **If more space is needed, add additional pages.**

**HEALTH INSURANCE AFFIDAVIT**

Affidavit of \_\_\_\_\_  
(Print Your Name)

**Mother**

**Father**

Are your child(ren) currently enrolled in a low-income government-assisted health care program (Healthy Start/Medicaid)?

☐ Yes ☐ No

☐ Yes ☐ No

Are you enrolled in an individual (non-group or COBRA) health insurance plan?

☐ Yes ☐ No

☐ Yes ☐ No

Are you enrolled in a health insurance plan through a group (employer or other organization)?

☐ Yes ☐ No

☐ Yes ☐ No

If you are not enrolled, do you 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 child(ren)'s home?

☐ Yes ☐ No

☐ Yes ☐ No

**Mother****Father**

Under the available insurance, what would be the annual premium for a plan covering you and the child(ren) of this relationship (not including a spouse)?

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Under the available insurance, what would be the annual premium for a plan covering you alone (not including children or spouse)?

\$ \_\_\_\_\_

\$ \_\_\_\_\_

If you are enrolled in a health insurance plan through a group (employer or other organization) or individual insurance plan, which of the following people is/are covered:

Yourself?

☐ Yes ☐ No☐ Yes ☐ No

Your spouse?

☐ Yes ☐ No☐ Yes ☐ No

Minor child(ren) of this relationship?

☐ Yes ☐ No☐ Yes ☐ No

Number \_\_\_\_\_

Number \_\_\_\_\_

Other individuals?

☐ Yes ☐ No☐ Yes ☐ No

Number \_\_\_\_\_

Number \_\_\_\_\_

Name of group (employer or organization) that provides health insurance

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number

\_\_\_\_\_

\_\_\_\_\_

**OATH**

(Do not sign until notary is present.)

I, (print name) \_\_\_\_\_, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document 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

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

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

My Commission Expires: \_\_\_\_\_  
\_\_\_\_\_

**IN THE COURT OF COMMON PLEAS**

**Division**

**COUNTY, OHIO**

\_\_\_\_\_  
Plaintiff

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

\_\_\_\_\_  
City, State and Zip Code

vs.

\_\_\_\_\_  
Defendant

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

\_\_\_\_\_  
City, State and Zip Code

Case No. \_\_\_\_\_

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

**FINAL JUDGMENT FOR DIVORCE WITH CHILDREN**

This matter came on for final hearing on \_\_\_\_\_ before ☐ Judge ☐ Magistrate  
\_\_\_\_\_ upon the Plaintiff's Complaint for Divorce with Children filed on  
\_\_\_\_\_ and/or Defendant's Counterclaim filed on \_\_\_\_\_  
and upon the following: \_\_\_\_\_.

**FINDINGS**

Upon a review of the record, testimony, and evidence presented, the Court makes the following findings:

A. Check all that apply:

- ☐ The Defendant was properly served with summons, copy of the Complaint, and notice of the hearing.
- ☐ The Defendant's waiver of service of summons and Complaint have been filed in this case.
- ☐ The Defendant filed an Answer.
- ☐ The Defendant failed to file an Answer or plead, despite being properly served with summons, copy of the Complaint, and notice of the hearing.
- ☐ The Plaintiff replied to the Defendant's Counterclaim.
- ☐ The Plaintiff failed to reply to the Defendant's Counterclaim.

- B. Present at the hearing were the: ☐ Plaintiff, ☐ Defendant,  
☐ \_\_\_\_\_ appearing as counsel for the Plaintiff.  
☐ \_\_\_\_\_ appearing as counsel for the Defendant.
- C. The ☐ Plaintiff and/or ☐ Defendant was/were a resident(s) of the State of Ohio for at least six months immediately before the Complaint and/or Counterclaim was/were filed.
- D. At the time the Complaint and/or Counterclaim was/were filed:  
☐ The Plaintiff was a resident of this county for at least 90 days.  
☐ The Defendant was a resident of this county.  
☐ Other grounds for venue were: \_\_\_\_\_
- E. The Plaintiff and Defendant were married to one another on \_\_\_\_\_ (date of marriage) in \_\_\_\_\_ (city or county, and state). The termination of marriage is the date of ☐ final hearing or ☐ as specified: \_\_\_\_\_
- F. Check all that apply regarding children:  
☐ The Wife is not now pregnant.  
☐ The Wife is pregnant and the approximate due date is: \_\_\_\_\_  
☐ Other findings: \_\_\_\_\_  
☐ The parties are parents of \_\_\_\_\_ (number) born from or adopted during the marriage or relationship. Of the children, \_\_\_\_\_ (number) is/are emancipated adult(s) and not under any disability. The following \_\_\_\_\_ (number) child(ren) is/are minor child(ren) and/or mentally or physically disabled and incapable of supporting or maintaining themselves. (name and date of birth of each child):

**Name of Child**

**Date of Birth**

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

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

☐ Husband is not the biological father of the following child(ren) who was/were born during the marriage (name and date of birth of each child): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- G. ☐ The following child(ren) from the marriage or relationship are subject to a custody or parenting order in a different Court proceeding (name of each child and the Court that has issued the custody or parenting order): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

H. Select one:

- ☐ Neither the Plaintiff nor Defendant is in the military service of the United States.  
☐ The ☐ Plaintiff and/or ☐ Defendant is in the military service of the United States and his/her service did not impact his/her ability to defend this action.

- I. The ☐ Plaintiff and/or ☐ Defendant through testimony have indicated full and complete disclosure to the other of all marital property, separate property, and any other assets, debts, income, or expenses.  
☐ The Defendant has not filed a response or made an appearance.  
☐ The Plaintiff has not filed a response or made an appearance.

J. The parties that appeared have no knowledge of any other property and debts of any kind in which either party has an interest.

K. The parties that appeared have had the opportunity to value and verify all marital property, separate property, and other debts.

L. This Court has jurisdiction and proper venue to determine all of the issues raised by the pleadings and motions.

M. Select one:

- ☐ A Magistrate's Decision was filed on: \_\_\_\_\_  
☐ No objections were filed. The Court approves the terms contained in the Decision and finds the terms are fair and equitable.  
☐ All objections were ruled upon by a separate entry.  
☐ The parties have presented the Court with a written Separation Agreement or have read into the record a settlement of all issues, which the Court finds to be a fair and equitable division of property and debts and an appropriate resolution of all issues, knowingly and voluntarily entered into by the parties.  
☐ The Court has made a fair and equitable division of property and debts and an appropriate resolution of all issues of the parties after review and consideration of all evidence presented.  
☐ Other: \_\_\_\_\_
- 
- 

N. The divorce is granted on the following ground(s) (check all that apply):

- ☐ The Plaintiff and Defendant are incompatible.  
☐ The Plaintiff and Defendant have lived separate and apart without cohabitation and without interruption for one year.  
☐ The Defendant or ☐ Plaintiff had a Husband or Wife living at the time of the marriage.  
☐ The Defendant or ☐ Plaintiff has been willfully absent for one year.  
☐ The Defendant or ☐ Plaintiff is guilty of adultery.

- ☐ The Defendant or ☐ Plaintiff is guilty of extreme cruelty.
- ☐ The Defendant or ☐ Plaintiff is guilty of fraudulent contract.
- ☐ The Defendant or ☐ Plaintiff is guilty of gross neglect of duty.
- ☐ The Defendant or ☐ Plaintiff is guilty of habitual drunkenness.
- ☐ The Defendant or ☐ Plaintiff was imprisoned in a state or federal correctional institution at the time the Complaint was filed.
- ☐ The Defendant or ☐ Plaintiff procured a divorce outside this state by virtue of which she or he has been released from the obligations of the marriage, while those obligations remain binding on the ☐ Plaintiff or ☐ Defendant.

## JUDGMENT

Based upon the findings set out above, it is, therefore, **ORDERED, ADJUDGED and DECREED** that:

### FIRST: DIVORCE GRANTED

A divorce is granted, and both parties shall be released from the obligations of their marriage except for those obligations listed below or as set out in the attached ☐ Separation Agreement

☐ Shared Parenting Plan ☐ Parenting Plan ☐ Magistrate's Decision and/or

☐ Other: \_\_\_\_\_

which is incorporated in this entry.

### SECOND: PROPERTY

The parties' property shall be divided as follows:

- A. The Plaintiff shall have the following items of real estate and personal property, free and clear from all claims of the Defendant, subject to any indebtedness which the Plaintiff shall pay and from which the Plaintiff shall hold the Defendant harmless: \_\_\_\_\_

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- B. The Defendant shall have the following items of real estate and personal property, free and clear from all claims of the Plaintiff, subject to any indebtedness which the Defendant shall pay and from which the Defendant shall hold the Plaintiff harmless: \_\_\_\_\_

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C. The Plaintiff is awarded the following separate property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. The Defendant is awarded the following separate property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Other orders regarding property (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Within 30 days the parties will take all necessary steps to transfer legal title and possession of property and take appropriate actions to implement and effectuate the division of pensions and retirements.

G. Other orders regarding transfers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIRD: DEBT**

The Plaintiff and Defendant's debts shall be divided as follows.

A. The Plaintiff shall pay the following debts and shall hold the Defendant harmless from all claims:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



B. The Defendant shall pay the following debts and shall hold the Plaintiff harmless from all claims:

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C. Bankruptcy (select one):

☐ The Court will retain jurisdiction to enforce payment of debt obligations, in the event a party files bankruptcy, including, but not limited to, the ability to determine the debt assigned is in the nature of maintenance, necessity or support and is therefore nondischargeable in bankruptcy, and/or making a future spousal support order, regardless of the spousal support order set forth below under **FOURTH: SPOUSAL SUPPORT**.

☐ Nothing in this order shall prevent the ☐ Plaintiff and/or ☐ Defendant from being fully discharged from the debts allocated in this order in a bankruptcy proceeding except for any orders expressly for spousal support and the following debts: \_\_\_\_\_

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Neither party shall incur liabilities against the other party in the future.

#### **FOURTH: SPOUSAL SUPPORT**

A. Spousal Support Not Awarded

☐ Neither the Plaintiff nor Defendant shall pay spousal support to the other. The Court shall not retain jurisdiction, except as set forth above under **THIRD: DEBTS**.

B. Spousal Support Awarded

The ☐ Plaintiff ☐ Defendant shall pay spousal support to the ☐ Plaintiff ☐ Defendant in the amount of \$ \_\_\_\_\_ per month plus 2% processing charge commencing on \_\_\_\_\_ and due on the \_\_\_\_\_ day of the month. This spousal support shall continue ☐ indefinitely ☐ for a period of \_\_\_\_\_

☐ The Court shall not retain jurisdiction to modify spousal support.

☐ The Court shall retain jurisdiction to modify the ☐ amount ☐ duration of the spousal support order.

C. Termination of Spousal Support

This spousal support shall terminate sooner than the above stated date upon the Plaintiff's or the

Defendant's death or in the event of the following (check all that apply):

- ☐ The cohabitation of the person receiving support in a relationship comparable to marriage.  
☐ The remarriage of the person receiving support.  
☐ Other (specify): \_\_\_\_\_

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

D. Method of Payment of Spousal Support:

- ☐ The spousal support payment, plus 2% processing charge, shall be made to the Ohio Child Support Payment Central, P. O. Box 182372, Columbus, Ohio 43218-2372, as administered through the \_\_\_\_\_ County Child Support Enforcement Agency by income withholding at his/her place of employment.

E. Deductibility of Spousal Support for All Tax Purposes (select one):

- ☐ The spousal support paid shall be deducted from income of the person paying the support and included by the person receiving the support.  
☐ The spousal support paid shall be included in income of the person paying the support.

F. Other orders regarding spousal support (specify): \_\_\_\_\_

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

G. Arrearage

- ☐ Any temporary spousal support arrearage will survive this judgment entry.  
☐ Any temporary spousal support arrearage will not survive this judgment entry.  
☐ Other: \_\_\_\_\_

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

**FIFTH: NAME**

☐ \_\_\_\_\_ is restored to  
the prior name of: \_\_\_\_\_

**SIXTH: ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES**

A. Parental rights and responsibilities shall be allocated as follows:

- ☐ Father shall be the residential parent and legal custodian of the following minor child(ren):

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

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☐ Mother shall be the residential parent and legal custodian of the following minor child(ren):

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☐ Father ☐ Mother shall have parenting time with the minor child(ren) who is/are not residing with him/her according to the attached schedule.

☐ The parents have entered into a Shared Parenting Plan or Parenting Plan which has been filed with the Court and is adopted by the Court.

**B. Relocation Notice**

Pursuant to section 3109.051(G) of the Revised Code:

If the residential parent intends to move to a residence other than the residence specified in the court order, the parent shall file a notice of intent to relocate with this Court. Except as provided in divisions (G)(2), (3), and (4) of section 3109.051 of the Revised Code, the Court shall send a copy of the notice to the parent who is not the residential parent. Upon receipt of the notice, the Court, on its own motion or the motion of the parent who is not the residential parent, may schedule a hearing with notice to both parents to determine whether it is in the best interests of the child(ren) to revise the parenting time schedule for the child(ren).

☐ The obligation under this notice applies to both parents in a Shared Parenting Plan.

☐ The non-residential parent shall inform the Court and other parent in writing of changes in address and telephone, including cellular telephone number, unless otherwise provided by court order.

☐ The residential parent shall inform the Court and other parent in writing of changes in address and telephone, including cellular telephone number, unless otherwise provided by court order.

The relocation notice must be filed with the Court that granted the divorce and allocated parental rights and responsibilities (print name and address of Court): \_\_\_\_\_

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Other orders: \_\_\_\_\_

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**C. Records Access Notice**

Pursuant to sections 3109.051(H) and 3319.321(B)(5)(a) of the Revised Code:

Subject to sections 3125.16 and 3319.321(F) of the Revised Code, the parent who is not the residential parent is entitled to access to any record that is related to the child(ren), and to

which the residential parent is legally provided access under the same terms and conditions as the residential parent. Any keeper of a record who knowingly fails to comply with any record access order is in contempt of court.

Restrictions or limitations:

☐ None

☐ Restrictions or limitations to non-residential parents regarding records access are as follows:

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D. Day Care Access Notice

Pursuant to section 3109.051(I) of the Revised Code:

In accordance with section 5104.11 of the Revised Code, the parent who is not the residential parent is entitled to access to any day care center that is or will be attended by the child(ren) with whom parenting time is granted, to the same extent that the residential parent is granted access to the center.

Restrictions or limitations:

☐ None

☐ Restrictions or limitations to non-residential parents regarding day care access are as follows:

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E. School Activities Access Notice

Pursuant to section 3109.051(J) of the Revised Code:

Subject to section 3319.321(F), the parent who is not the residential parent is entitled to access to any student activity that is related to the child(ren) and to which the residential parent is legally provided access, under the same terms and conditions as the residential parent. Any school employee or official who knowingly fails to comply with this school activities access order is in contempt of court.

Restrictions or limitations:

☐ None

☐ Restrictions or limitations to non-residential parents regarding school activities access are as follows: \_\_\_\_\_

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## SEVENTH: HEALTH INSURANCE COVERAGE

As required by law, the parties have completed a Child Support Worksheet, which is attached to and incorporated in this Agreement.

Select one:

- A. ☐ Health Insurance Coverage Available to at Least One Parent
1. Private health insurance coverage is accessible and reasonable in cost through a group policy, contract, or plan to: ☐ Father ☐ Mother ☐ Both parents.
  2. If both parents are ordered to provide private health insurance coverage for the benefit of the child(ren), ☐ Father's ☐ Mother's health insurance plan shall be considered the primary health insurance plan for the child(ren).
  3. The parent required to provide private health insurance coverage shall provide proof of insurance to the \_\_\_\_\_ County Child Support Enforcement Agency (CSEA) and the other parent.
  4. Both parents shall cooperate in the preparation of insurance forms to obtain reimbursement or payment of expenses, as applicable. A copy of medical bills must be submitted to the party holding the insurance and responsible for payment or the other parent within 30 days of receipt.
  5. Should the health insurance coverage be cancelled for any reason, the parent ordered to maintain insurance shall immediately notify the other parent and take immediate steps to obtain replacement coverage. Unless the cancellation was intentional, the uncovered expenses shall be paid as provided above. If the cancellation was intentionally caused by the parent ordered to maintain insurance coverage, that parent shall be responsible for all medical expenses that would have been covered had the insurance been in effect.
- B. ☐ Health Insurance Coverage Unavailable to Either Parent
1. Private health insurance coverage is **not** accessible and reasonable in cost through a group policy, contract, or plan to either parent.
  2. If private health insurance coverage becomes available to either parent at reasonable cost, he/she will immediately obtain the insurance, notify the other parent and the \_\_\_\_\_ County CSEA, and submit to the other parent proof of insurance, insurance forms, and an insurance card. The CSEA shall determine whether the cost of the insurance is of sufficient amount to justify an administrative review of the amount of child support payable. In the event an administrative review is warranted, one shall be conducted.
- C. Division of Uninsured Expenses
1. The cost of any uninsured medical expenses, incurred by or on the behalf of the child(ren) not paid by a health insurance plan, and exceeding \$100 per child per year, including co-payments and deductibles, shall be paid by the parents as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
The first \$100 per child per year of uninsured expenses shall be paid by the Mother for the following child(ren): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
The first \$100 per child per year of uninsured expenses shall be paid by the Father for the following child(ren): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Other orders regarding uninsured medical expenses: \_\_\_\_\_

2. The parent incurring the expenses shall provide the other parent the original or copies of all medical bills, and Explanation of Benefits (EOB), if available, within 30 days of the date on the bill or EOB, whichever is later, absent extraordinary circumstances. The other parent shall, within 30 days of receipt of the bill, reimburse the parent incurring the expenses or pay directly to the health care provider, that parent's percentage share of the bill as shown above.
- D. Other Important Information about Medical Records and Expenses
1. Each party shall have access to all medical records of the child(ren) as provided by law.
2. The term "medical expense" or "medical records" shall include but not be limited to medical, dental, orthodontic, optical, surgical, hospital, major medical, psychological, psychiatric, outpatient, doctor, therapy, counseling, prosthetic, and/or all other expenses/records including preventative health care expenses/records related to the treatment of the human body and mind.

#### **EIGHTH: CHILD SUPPORT**

A completed Child Support Work Sheet is attached and incorporated in this Decree.

A. Child Support with Private Health Insurance Coverage

When private health insurance coverage is being provided for the child(ren), ☐ Father ☐ Mother, the Obligor, shall pay child support in the amount of \$\_\_\_\_\_ per child per month, for \_\_\_\_\_ (number) child(ren) for a total of \$\_\_\_\_\_ per month.

B. Child Support without Private Health Insurance Coverage

When private health insurance is **not** available for child(ren), ☐ Father ☐ Mother, the Obligor, shall pay child support in the amount of \$\_\_\_\_\_ per child per month, and \$\_\_\_\_\_ per child per month as cash medical support.

The total of child support and cash medical support for \_\_\_\_\_ (number) child(ren)

is \$ \_\_\_\_\_ per month.

C. Child Support Payment

Child support payment (including cash medical support, if any) plus a 2% processing charge shall commence on \_\_\_\_\_ and shall be paid to the Ohio Child Support Payment Center, P. O. Box 182372, Columbus, Ohio 43218-2372, as administered through the \_\_\_\_\_ County Child Support Enforcement Agency (CSEA) by income withholding at Obligor's place of employment or from nonexempt funds on deposit at a financial institution.

D. Deviation of Child Support Amount

The child support calculated pursuant to the child support schedule \$ \_\_\_\_\_ is unjust or inappropriate and is not in the best interest of the minor child(ren) for the following reason(s), as provided in R.C. 3119.22, 3119.23, and 3119.24, and shall be adjusted as follows:

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E. Duration of Child Support

The child support order will terminate upon the child's 18<sup>th</sup> birthday unless one of the following circumstances applies:

- The child is mentally or physically disabled and is incapable of supporting or maintaining himself or herself.
- The parents have agreed to continue child support beyond the date it would otherwise terminate.
- The child continuously attends a recognized and accredited high school on a full-time basis so long as the child has not, as yet, reached the age of 19 years old. (Under these circumstances, child support will end at the time the child ceases to attend a recognized and accredited high school on a full-time basis or when he or she reaches the age of 19, whichever occurs first.)

This Support Order will remain in effect during seasonal vacation periods until the order terminates.

☐ The Court finds by agreement that child support will extend beyond the time when it would otherwise end. The terms and conditions of that agreement are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ The Court finds the parties have (a) child(ren) who is/are mentally or physically disabled and incapable of supporting or maintaining themselves, and that child support will extend beyond the time when it would otherwise end. The name of the child and the nature of the mental or physical disability are as follows: \_\_\_\_\_  
\_\_\_\_\_

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F. Important Child Support Orders and Information

Obligee must immediately notify and Obligor may notify the CSEA of any reason for which the support order should terminate. A willful failure to notify the CSEA as required is contempt of court. The following are reasons for termination of the Order:

- Child's attainment of the age of majority if the child no longer attends an accredited high school on a full-time basis and the support order does not provide for the duty of support to continue past the age of majority
- Child stops attending an accredited high school on a full-time basis after attaining the age of majority
- Child's death
- Child's marriage
- Child's emancipation
- Child's enlistment in the Armed Services
- Child's deportation
- Change of legal custody of the child

All support payments must be made through the CSEA or the office of child support in the Ohio Department of Job and Family Services (Child Support Payment Central). Any payment of money not made through the CSEA will be considered a gift, unless the payment is made to discharge an obligation other than support.

All support under this Order shall be withheld or deducted from the income or assets of the Obligor pursuant to a withholding or deduction notice or appropriate order issued in accordance with Chapters 3119., 3121., 3123., and 3125. of the Revised Code or a withdrawal directive issued pursuant to sections 3123.24 to 3123.38 of the Revised Code and shall be forwarded to the Obligee in accordance with Chapters 3119., 3121., 3123., and 3125. of the Revised Code.

The Obligor and/or Obligee required under this Order to provide private health insurance coverage for the child(ren) is also required to provide the other party within 30 days after the issuance of the Order, the following:

- Information regarding the benefits, limitations, and exclusions of the health insurance coverage
- Copies of any insurance form necessary to receive reimbursement, payment, or other benefits under the coverage
- A copy of any necessary health insurance cards

The Health Plan Administrator that provides the private health insurance coverage for the child(ren) may continue making payment for medical, optical, hospital, dental, or prescription services directly to any health care provider in accordance with the applicable private health insurance policy, contract, or plan.



The Obligor and/or Obligee required to provide private health insurance for the child(ren) must designate said child(ren) as dependents under any private health insurance policy, contract, or plan for which the person contracts.

The employer of the person required to provide private health insurance coverage is required to release to the other parent, any person subject to an order issued under section 3109.19 of the Revised Code, or the CSEA, upon written request, any necessary information regarding health insurance coverage, including the name and address of the health plan administrator and any policy, contract, or plan number, and the employer will otherwise comply with all orders and notices issued.

If the person required to obtain private health insurance coverage for the child(ren) subject to this Support Order obtains new employment, the agency shall comply with the requirements of section 3119.34 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 private health insurance coverage provided by the new employer.

Upon receipt of notice by the CSEA that private health insurance coverage is not available at a reasonable cost, cash medical support shall be paid in the amount as determined by the child support computation worksheets in section 3119.022 or 3119.023 of the Revised Code, as applicable. The CSEA may change the financial obligations of the parties to pay child support in accordance with the terms of the court or administrative order and cash medical support without a hearing or additional notice to the parties.

An Obligor that is in arrears in his/her child support obligation is subject to having any federal, state and/or local income tax refund to which the Obligor may be entitled forwarded to the CSEA for payment toward these arrears. Such refunds will continue to be forwarded to the CSEA for payment until all arrears owed are paid in full. If the Obligor is married and files a joint tax return, the Obligor's spouse may contact the CSEA about filing an "Injured Spouse" claim after the Obligor is notified by the Internal Revenue Service that his/her refund is being forwarded to the CSEA.

Pursuant to section 3121.29 of the Revised Code, the parties are notified as follows:

**EACH PARTY TO THIS SUPPORT ORDER MUST NOTIFY THE CHILD SUPPORT AGENCY IN WRITING OF HIS OR HER CURRENT MAILING ADDRESS, CURRENT RESIDENCE ADDRESS, CURRENT RESIDENCE TELEPHONE NUMBER, 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 \$50.00 FOR A FIRST OFFENSE, \$100.00 FOR A SECOND OFFENSE, AND \$500.00 FOR EACH SUBSEQUENT OFFENSE. IF YOU ARE AN OBLIGOR OR OBLIGEE UNDER ANY SUPPORT ORDER AND YOU**

**WILLFULLY FAIL TO MAKE THE REQUIRED NOTIFICATIONS YOU MAY BE SUBJECTED TO FINES OF UP TO \$1,000.00 AND IMPRISONMENT FOR NOT MORE THAN 90 DAYS.**

**IF YOU ARE AN OBLIGOR AND YOU FAIL TO MAKE THE REQUIRED NOTIFICATIONS, 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 RESTRICTIONS AND DEDUCTIONS FROM YOUR ACCOUNTS IN FINANCIAL INSTITUTIONS; AND ANY OTHER ACTION PERMITTED BY LAW TO OBTAIN MONEY FROM YOU AND TO SATISFY YOUR SUPPORT OBLIGATION.**

G. Payment shall be made in accordance with Chapter 3121. of the Revised Code.

H. Arrearage

☐ Any temporary child support arrearage will survive this judgment entry.

☐ Any temporary child support arrearage will not survive this judgment entry.

☐ Other: \_\_\_\_\_

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

#### **NINTH: TAX EXEMPTION**

Income tax dependency exemptions (check all that apply):

A. ☐ The Father shall be entitled to claim the following minor child(ren) for all tax purposes for ☐ even-numbered tax years ☐ odd-numbered tax years ☐ all eligible tax years, so long as he is substantially current in any child support he is required to pay as of December 31 of the tax year in question: \_\_\_\_\_

☐ The Mother shall be entitled to claim the following minor child(ren) for all tax purposes for ☐ even-numbered tax years ☐ odd-numbered tax years ☐ all eligible tax years, so long as she is substantially current in any child support she is required to pay as of December 31 of the tax year in question: \_\_\_\_\_

B. ☐ Other orders regarding tax exemptions (specify): \_\_\_\_\_

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

If a non-residential parent is entitled to claim the child(ren), the residential parent is required to execute and deliver Internal Revenue Service Form 8332, or its successor, together with any other required forms as set out in section 152 of the Internal Revenue Code, as amended, on or before February 15th of the year following the tax year in question, to allow the non-residential parent to

claim the minor child(ren).

**TENTH: OTHER ORDERS**

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**ELEVENTH: COURT COSTS**

Court costs shall be (select one):

☐ Taxed to the deposit. Court costs due above the deposit shall be paid as follows: \_\_\_\_\_

☐ Other (specify): \_\_\_\_\_

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**TWELFTH: CLERK OF COURTS**

The Clerk of Courts shall provide:

☐ a certified copy to: \_\_\_\_\_

☐ a file stamped copy to: \_\_\_\_\_

NOTICE. Pursuant to Civil Rule 58(B), the Clerk is directed to serve upon the parties a notice of the filing of this Judgment Entry and of the date of entry upon the Journal.

\_\_\_\_\_  
Date

\_\_\_\_\_  
JUDGE