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## Domestic Relations and Juvenile Standardized Forms: Divorce Without Children

These forms are available, by clicking on the links below, in an *interactive* PDF format, so they may be completed online and printed. The PDF files also may be downloaded to your computer. It is strongly suggested that you download the **latest version of Acrobat Reader**.

The forms also are available as Word documents, by clicking on the "Word" link beside each form.

The posted forms are formatted so headings and questions are on the same page as the corresponding blanks to be completed and so there is adequate space to complete the forms by hand. Changes to formatting can interfere with these features.

### 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.

#### To file, the Plaintiff **will** need:

- Form 6 - Complaint for divorce without Children ([Word](#) | [PDF](#))
- DR Form 28/Juvi Form 10 - Request for Service ([Word](#) | [PDF](#))
- Form 1 - Affidavit of Income and Expenses ([Word](#) | [PDF](#))
- Form 2 - Affidavit of Property ([Word](#) | [PDF](#))

#### When filing, the Plaintiff **may** need:

- Form 5 - Motion and Affidavit or Counter Affidavit for Temporary Orders ([Word](#) | [PDF](#))  
(not required, but should be filed if party wishes to have order in place during the pendency of the case)

#### In response, the Defendant **will** need:

- Form 9 - Answer to Complaint for Divorce ([Word](#) | [PDF](#))
- Form 1 - Affidavit of Income and Expenses ([Word](#) | [PDF](#))
- Form 2 - Affidavit of Property ([Word](#) | [PDF](#))

#### In response, the Defendant **may** need:

- Form 8 - Counterclaim for Divorce ([Word](#) | [PDF](#))  
(this is not required, unless the Defendant chooses to file a Counterclaim)
- Form 5 - Motion and Affidavit or Counter Affidavit for Temporary Orders ([Word](#) | [PDF](#))  
(not required, but should be filed if party wishes to have orders in place during the pendency of the case)


#### If an agreement is reached, the parties **will** need:


- Form 16 - Separation Agreement ([Word](#) | [PDF](#))

#### To finalize the case, the court **will** need:

- Form 11 - Judgment Entry ([Word](#) | [PDF](#))  
(parties may need to provide this if required by the local court)

### Check for other local court procedures.

 Word files may be viewed, printed, and searched using the free **Word Viewer**.

 PDF files may be viewed, printed, and searched using the free **Acrobat®** Reader. Acrobat Reader is a trademark of Adobe Systems Incorporated.

### WHAT DO YOU NEED TO DO?

The links below identify specific situations. Clicking on the desired link will take you to a list of forms related to these situations.

- » [Divorce Without Children](#)
- » [Divorce With Children](#)
- » [Dissolution Without Children](#)
- » [Dissolution With Children](#)
- » [Parentage, Allocation of Parental Rights and Responsibilities, and Parenting Time](#)
- » [Change in Parenting Time](#)
- » [Change in Allocation of Parental Rights and Responsibilities](#)
- » [Change in Child Support, Medical Support, Tax Exemption, or Other Child-Related Expenses](#)
- » [Request the Enforcement of a Court Order and Hold the Other Party in Contempt for Violating the Court Order](#)

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To be fully informed and get answers to your questions, you should seek the advice of an attorney.

JOHN C. KLAHN  
CLERK OF COURTS  
OTTAWA COUNTY, OHIO

2021 AUG -4 A 10:00

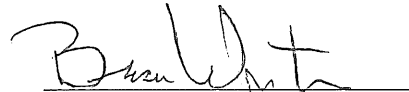
IN THE COMMON PLEAS COURT OF OTTAWA COUNTY, OHIO

In re: REQUIREMENT FOR INITIAL ) Judge Bruce Winters  
ACTIONS IN DOMESTIC )  
RELATIONS PROCEEDINGS ) Administrative Order No. *21m:01*

In order to ensure the proper administration of justice and make certain that all pleadings accepted for filing by the Clerk of Courts are complete,

IT IS HEREBY ORDERED:

The Clerk of Courts shall accept for filing only pleadings that comply with the attached document entitled "Requirement for Initial Actions."

  
\_\_\_\_\_  
Judge

## REQUIREMENTS FOR INITIAL ACTIONS

**All listed forms must be included, satisfactorily complete, legible, signed, and notarized, where applicable, in order to be accepted for processing.**

### A. DIVORCE, ANNULMENT, AND LEGAL SEPARATION ACTIONS:

- Complaint
- Instructions for service of the Complaint and other pleadings
- Affidavit of Basic Information, Income and Expenses
- Affidavit of Property and Debt
- Parenting Proceeding Affidavit (for actions with children)
- Health Insurance Affidavit (for actions with children)
- Motion for Temporary Orders (if applicable)

### B. DISSOLUTION OF MARRIAGE ACTIONS:

- Petition for Dissolution of Marriage
- Waiver of Service of Summons
- Affidavit of Basic Information, Income and Expenses
- Affidavit of Property and Debt
- Parenting Proceeding Affidavit (for actions with children)
- Health Insurance Affidavit (for actions with children)
- Separation Agreement
- Shared Parenting Plan or Parenting Plan (for actions with children)
- Judgment Entry – Decree of Dissolution of Marriage

OTTAWA COUNTY COMMON PLEAS COURT CASE DESIGNATION SHEET

Fax: 419-734-6875 email: cpclerksfilings@co.ottawa.oh.us

PLAINTIFF

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

-vs-

Date of Filing \_\_\_\_\_

DEFENDANT

ATTORNEY FOR PLAINTIFF

Civil

(CVA) ( ) PROFESSIONAL TORT (Medical Malpractice?) Y ( ) N ( )

(CVB) ( ) PRODUCT LIABILITY

(CVC) ( ) ALL OTHER TORTS

(CVD) ( ) WORKERS COMPENSATION

(CVE) ( ) FORECLOSURE

(CVF) ( ) ADMINISTRATIVE APPEAL

(CVH) ( ) ALL OTHER CIVIL

( ) OHIO MORTGAGE BROKER ACT (revised code chapter 1322)

( ) CONSUMER SALES PRACTICES ACT (revised code chapter 1345)

( ) SPECIFY: \_\_\_\_\_

(CVG) ( ) SHOULD THIS BE DESIGNATED AS "COMPLEX LITIGATION" PURSUANT TO SUPERINTENDENCE RULE 8.01(B)?

IS THIS A REILING? ( ) OR A COMPANION CASE? ( )

IS THIS COMPLAINT TO BE SENT TO THE OHIO ATTORNEY GENERAL? ( ) (copy to be provided by attorney)

Domestic

COMPLAINT FOR:

(DRA) ( ) DIVORCE WITH MINOR CHILDREN

(DRB) ( ) DIVORCE WITHOUT MINOR CHILDREN

(DRC) ( ) DISSOLUTION WITH MINOR CHILDREN

(DRD) ( ) DISSOLUTION WITHOUT MINOR CHILDREN

(DRH) ( ) CIVIL DOMESTIC VIOLENCE

(DRI) ( ) U.R.E.S.A

(DRJ) ( ) PARENTAGE

MOTION FOR:

(DRE) ( ) CHANGE OF CUSTODY

(DRF) ( ) VISITATION ENFORCEMENT OR MODIFICATION

(DRG) ( ) SUPPORT ENFORCEMENT OR MODIFICATION

(DRK) ( ) ALL OTHER SPECIFY: \_\_\_\_\_

NOTICE: THIS CASE DESIGNATION SHEET MUST BE COMPLETED BY COUNSEL FOR PLAINTIFF AND FILED WITH THE CLERK WHEN THE COMPLAINT IS FILED.

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 do not have (a) child(ren), adult child(ren) attending high school, or child(ren) with disabilities. 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.

COMPLAINT FOR DIVORCE WITHOUT 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 child(ren) (check all that apply):

- There is/are no child(ren) expected from this marriage or relationship.
- There is/are child(ren) expected from this marriage or relationship and the approximate due date is:  
\_\_\_\_\_.

- There is/are no child(ren) from this marriage or relationship.
- The parties are parents of \_\_\_\_\_ (number) child(ren) from the marriage or relationship. Of the child(ren), \_\_\_\_\_ (number) is/are emancipated adult(s) and not under a 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
_____	_____
_____	_____
_____	_____

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 Spouse 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 ordered to pay me spousal 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: \_\_\_\_\_

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

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Your Signature

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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:

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

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

**COURT OF COMMON PLEAS  
COUNTY, OHIO**

Case No. \_\_\_\_\_  
 Judge \_\_\_\_\_  
 Magistrate \_\_\_\_\_

\_\_\_\_\_  
 Plaintiff/Petitioner 1

v./and

\_\_\_\_\_  
 Defendant/Petitioner 2

**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**

	Your Name	Spouse's Name
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**

	Your Name	Spouse's Name
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

	Your Name	Spouse's Name
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>	<b>\$ _____</b>	<b>\$ _____</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 from 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		
<input type="radio"/> Electric	\$	_____
<input type="radio"/> Gas, fuel oil, propane	\$	_____
<input type="radio"/> Water and sewer	\$	_____
<input type="radio"/> Telephone	\$	_____
<input type="radio"/> Trash collection	\$	_____
<input type="radio"/> Cable/satellite television	\$	_____
Cleaning, maintenance, repair	\$	_____
Lawn service, snow removal	\$	_____
Other: _____	\$	_____
_____	\$	_____
<b>TOTAL MONTHLY :</b>		<b>\$ _____</b>

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	\$	_____





**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 1

v./and

Respondent/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. 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

Affidavit of

(Print Your Name)

I. REAL ESTATE INTERESTS

Table with 5 columns: Address, Present Fair Market Value, Titled To, Mortgage Balance, Equity (as of date). Contains two rows of property information with checkboxes for 'Your Name', 'Spouse's Name', and 'Both'.

TOTAL SECTION I: REAL ESTATE INTERESTS \$

**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"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
2.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
3.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
4.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
5.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
6.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
<b>B. Financial Accounts</b>	(Include checking, savings, CDs, POD accounts, money market accounts, etc.)		
1.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
2.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
3.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
4.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____

<u>Category</u>	<u>Description</u> (List who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
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**C. Pensions & Retirement plans**

(Include profit-sharing, IRAs, 401k plans, etc.; Describe each type of plan)

1.			<input type="checkbox"/> Your Name \$ _____ <input type="checkbox"/> Spouse's Name _____ <input type="checkbox"/> Both _____ <input type="checkbox"/> Your Name \$ _____ <input type="checkbox"/> Spouse's Name _____ <input type="checkbox"/> Both _____
2.			<input type="checkbox"/> Your Name \$ _____ <input type="checkbox"/> Spouse's Name _____ <input type="checkbox"/> Both _____
3.			<input type="checkbox"/> Your Name \$ _____ <input type="checkbox"/> Spouse's Name _____ <input type="checkbox"/> Both _____
4.			<input type="checkbox"/> Your Name \$ _____ <input type="checkbox"/> Spouse's Name _____ <input type="checkbox"/> Both _____

**D. Publicly Held Stocks, Bonds, Securities, & Mutual Funds**

1.			<input type="checkbox"/> Your Name \$ _____ <input type="checkbox"/> Spouse's Name _____ <input type="checkbox"/> Both _____ <input type="checkbox"/> Your Name \$ _____ <input type="checkbox"/> Spouse's Name _____ <input type="checkbox"/> Both _____
2.			<input type="checkbox"/> Your Name \$ _____ <input type="checkbox"/> Spouse's Name _____ <input type="checkbox"/> Both _____
3.			<input type="checkbox"/> Your Name \$ _____ <input type="checkbox"/> Spouse's Name _____ <input type="checkbox"/> Both _____
4.			<input type="checkbox"/> Your Name \$ _____ <input type="checkbox"/> Spouse's Name _____ <input type="checkbox"/> Both _____

<u>Category</u>	<u>Description</u> (List who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
-----------------	---	------------------	----------------------------

**E. Closely Held Stocks & Other Business Interests and Name of Company**

(Type of ownership and number)

1.			<input type="checkbox"/> Your Name \$ _____ <input type="checkbox"/> Spouse's Name _____ <input type="checkbox"/> Both _____ <input type="checkbox"/> Your Name \$ _____ <input type="checkbox"/> Spouse's Name _____ <input type="checkbox"/> Both _____
2.			<input type="checkbox"/> Your Name \$ _____ <input type="checkbox"/> Spouse's Name _____ <input type="checkbox"/> Both _____

**F. Life Insurance Type  
(Term/Whole Life)**

(Any cash value or loans)

(Insured party  
& value upon death)

1.	<hr/> <hr/>	<hr/> <hr/>	<input type="checkbox"/>	<hr/> Your Name	\$	<hr/> 
			<input type="checkbox"/>	<hr/> Spouse's Name		<hr/> 
			<input type="checkbox"/>	<hr/> Both		<hr/> 
			<input type="checkbox"/>	<hr/> Your Name	\$	<hr/> 
			<input type="checkbox"/>	<hr/> Spouse's Name		<hr/> 
			<input type="checkbox"/>	<hr/> Both		<hr/> 
			<input type="checkbox"/>	<hr/> Your Name	\$	<hr/> 
			<input type="checkbox"/>	<hr/> Spouse's Name		<hr/> 
			<input type="checkbox"/>	<hr/> Both		<hr/> 
			<input type="checkbox"/>	<hr/> Your Name	\$	<hr/> 
			<input type="checkbox"/>	<hr/> Spouse's Name		<hr/> 
			<input type="checkbox"/>	<hr/> Both		<hr/> 

<u>Category</u>	<u>Description</u>	<u>Who Has Possession</u>	<u>Value/Date of Value</u>
-----------------	--------------------	---------------------------	----------------------------

**G. Furniture & Appliances**

(Estimate value of those in your possession and value of those in your spouse's possession)

1.	<hr/> <hr/>	<hr/> <hr/>	<input type="checkbox"/>	<hr/> Your Name	\$	<hr/> 
			<input type="checkbox"/>	<hr/> Spouse's Name		<hr/> 
			<input type="checkbox"/>	<hr/> Both		<hr/> 
			<input type="checkbox"/>	<hr/> Your Name	\$	<hr/> 
			<input type="checkbox"/>	<hr/> Spouse's Name		<hr/> 
			<input type="checkbox"/>	<hr/> Both		<hr/> 
			<input type="checkbox"/>	<hr/> Your Name	\$	<hr/> 
			<input type="checkbox"/>	<hr/> Spouse's Name		<hr/> 
			<input type="checkbox"/>	<hr/> Both		<hr/> 
			<input type="checkbox"/>	<hr/> Your Name	\$	<hr/> 
			<input type="checkbox"/>	<hr/> Spouse's Name		<hr/> 
			<input type="checkbox"/>	<hr/> Both		<hr/> 

**H. Safe Deposit Box**

(Give location and describe contents)

Titled To

1.	<hr/> <hr/>	<hr/> <hr/>	<input type="checkbox"/>	<hr/> Your Name	\$	<hr/> 
			<input type="checkbox"/>	<hr/> Spouse's Name		<hr/> 
			<input type="checkbox"/>	<hr/> Both		<hr/> 
			<input type="checkbox"/>	<hr/> Your Name	\$	<hr/> 
			<input type="checkbox"/>	<hr/> Spouse's Name		<hr/> 
			<input type="checkbox"/>	<hr/> Both		<hr/> 

**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"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
2.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
3.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
4.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____

<u>Category</u>	<u>Description</u> (Also list who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
<b>J. All Other Assets Not Listed Above</b>	<b>Explanation:</b> List any item you have not listed above that is considered an asset.		

1.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
2.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <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"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
2.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
3.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
4.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
5.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$

<b>B. Unsecured Debt, including credit cards</b>					
1.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
2.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
3.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
4.			<input type="checkbox"/> Your Name	\$	\$

	Spouse's Name
	<input type="checkbox"/> Joint
5.	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint
	\$ _____ \$ _____

**TOTAL SECTION IV: DEBT** \$ \_\_\_\_\_

**V. BANKRUPTCY**

Filed by:

- \_\_\_\_\_  
Your Name
- \_\_\_\_\_  
Spouse's Name
- Both

	Date of Filing: Case Number	Date of Discharge or Relief from Stay	Type of Case (Ch. 7, 11, 12, 13)	Current Monthly Payments
--	--------------------------------	--	-------------------------------------	-----------------------------

1.	<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both			\$ _____
2.	<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both			\$ _____

**TOTAL SECTION V: BANKRUPTCY** \$ \_\_\_\_\_

**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

Case No.

Judge

v.

Magistrate

Defendant

Instructions: Check local court rules to determine when this form must be filed. This form is used to request temporary orders in your divorce or legal separation case. After a party serves a Motion and Affidavit, the other party has 14 days to file a Counter Affidavit and serve it on the party who filed the motion. If more space is needed, add additional pages.

MOTION AND AFFIDAVIT OR COUNTER AFFIDAVIT FOR TEMPORARY ORDERS WITHOUT ORAL HEARING

Check one box below to show whether you are filing a (1) Motion and Affidavit or (2) Counter Affidavit.

(1) Motion and Affidavit

(Print Your Name) files this Motion and Affidavit under Rule 75(N) of the Ohio Rules of Civil Procedure to request the temporary orders checked here.

- Residential parenting rights (custody)
Parenting time (visitation)
Child support
Spousal support (alimony)
Payment of debts and/or expenses

THE OTHER PARTY HAS 14 DAYS FROM THE DATE ON WHICH THIS MOTION IS SERVED TO FILE A COUNTER AFFIDAVIT AND SERVE IT UPON THE PARTY WHO FILED THE MOTION. (See below.)

(2) Counter Affidavit

(Print Your Name) files this Counter Affidavit in response to a Motion and Affidavit.

Complete the following information, whether filing Motion and Affidavit or Counter Affidavit. Check all that apply.

1.  My spouse and I are living separately.  
 Date of separation is \_\_\_\_\_
- My spouse and I are living together.
- We have no minor children. (Skip to number 5.)
- There are minor child(ren) who are adopted or born of this marriage.  
 (List children here.)

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

- In addition to the above children there is/are in my household:  
 \_\_\_\_\_ adult(s)  
 \_\_\_\_\_ other minor and/or dependent child(ren).

2. My child(ren) attend(s) school in:

- My school district
- The other parent's school district
- Open enrollment
- Other (Explain.) \_\_\_\_\_
- All children do not attend school in the same district. (Explain.) \_\_\_\_\_

3.  I request to be named the temporary residential parent and legal custodian of the child(ren).  
 (Specify child(ren) if request is not for all children.) \_\_\_\_\_

I do not object to my spouse being named the temporary residential parent of the child(ren).

I request the following parenting time order:

- The Court's standard parenting order (See county's local rules of court.)
- A specific parenting time order as follows:  
 \_\_\_\_\_  
 \_\_\_\_\_

I have reached an agreement regarding parenting time with my spouse as follows:

---

---

I request that my spouse's parenting time (visitation) be supervised. (Explain--supervised parenting time order will NOT be granted if the reasons are not explained.)

---

---

Name of an appropriate supervisor \_\_\_\_\_

4.  A court or agency has made a child support order concerning the child(ren).

Name of Court/Agency \_\_\_\_\_

Date of Order \_\_\_\_\_

SETS No. \_\_\_\_\_

5. I request the Court to order my spouse to pay:

\$ \_\_\_\_\_ child support per month

\$ \_\_\_\_\_ spousal support per month

\$ \_\_\_\_\_ attorney fees, expert fees, court costs

The following debts and/or expenses:

---

---

Other

6.  I am willing to attend mediation.

I am not willing to attend mediation.

I request the following court services. (See local rules of court for available services.)

---

---

State specific reasons why court services are required.

---

---

**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:

**NOTICE OF HEARING**

(Check with local court for scheduling procedure.)

You are hereby given notice that this motion for temporary orders will be heard upon affidavits only, and without oral testimony, before Judge/Magistrate \_\_\_\_\_, Hearing Room \_\_\_\_\_, at \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ floor.

**CERTIFICATE OF SERVICE**

Check the boxes that apply.

I delivered a copy of my:  Motion and Affidavit or  Counter Affidavit

On: (Date) \_\_\_\_\_, 20\_\_\_\_

To: (Print name of other party's attorney or, if there is no attorney, print name of the party.) \_\_\_\_\_

At: (Print address or fax number.) \_\_\_\_\_

- By:  U.S. Mail  
 Fax  
 Messenger  
 Clerk of courts (if address is unknown)

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

IN THE COURT OF COMMON PLEAS

Division

COUNTY, OHIO

Plaintiff

Case No.

Street Address

Judge

City, State and Zip Code

vs.

Magistrate

Defendant

Street Address

City, State and Zip Code

FINAL JUDGMENT FOR DIVORCE WITHOUT CHILDREN

This matter came on for final hearing on \_\_\_\_\_ before  Judge  Magistrate
\_\_\_\_\_ upon the Plaintiff's Complaint for Divorce without 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 child(ren):  
 There is/are no child(ren) expected from this marriage or relationship.  
 There is/are child(ren) expected from this marriage or relationship and the approximate due date is: \_\_\_\_\_  
 There is/are no child(ren) from this marriage or relationship.  
 The parties are parents of \_\_\_\_\_ (number) child(ren) from the marriage or relationship. Of the child(ren), \_\_\_\_\_ (number) is/are emancipated adult(s) and not under a 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
_____	_____
_____	_____
_____	_____

G. Select one:  
 Neither the Plaintiff nor the Defendant is in the military service of the United States.  
 The  Plaintiff and/or the  Defendant is in the military service of the United States and the service did not impact the ability to defend this action.

H. The  Plaintiff and/or the  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.

I. The parties that appeared have no additional knowledge of any other property and debts of any

kind in which either party has an interest.

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

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

L. 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: \_\_\_\_\_

M. 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 Spouse 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  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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Bankruptcy (select one):

The Court will retain jurisdiction to enforce payment of debt obligations, in the event a party files bankruptcy. This includes, but is 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 to make 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: \_\_\_\_\_

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

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 (select one):

The spousal support payment shall be made directly to the  Plaintiff  Defendant.

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 the party's place of employment.

- E. Deductibility of Spousal Support for All Tax Purposes (select one):
- The spousal support paid shall be deducted from income to 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: OTHER ORDERS**

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

**SEVENTH: 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): \_\_\_\_\_  
\_\_\_\_\_

**EIGHTH: 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