

**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>

<b>Answer to Complaint for Divorce without Children</b> _____Defendant's Answer with Certificate of Service (Form 9) _____Affidavit of Property (Affidavit 2) _____Affidavit of Income and Expenses (Affidavit 1)	<b>Answer to Complaint for Divorce with Children</b> _____Defendant's Answer with Certificate of Service (Form 10) _____Affidavit of Property (Affidavit 2) _____Affidavit of Income and Expenses (Affidavit 1) _____Health Insurance Affidavit (Affidavit 4) _____Parenting Proceeding Affidavit (Affidavit 3)
<b>Motions:</b>	
<b>Motions Regarding Spousal Support</b> _____Motion and Supporting Memorandum _____Affidavit in Support * optional- needed if you are requesting a ruling without an oral hearing first _____Affidavit of Income and Expenses (Affidavit 1) _____Request for Service (Form 28)	<b>Motions Regarding Children and Child Support</b> _____Motion and Supporting Memorandum (Form 20, 23, 24 or Form 25) _____Affidavit in Support * optional- needed if you are requesting a ruling without an oral hearing first _____Request for Service (Form 28) _____Affidavit of Income and Expenses (Affidavit 1) _____Parenting Proceeding Affidavit (Affidavit 3) _____Health Insurance Affidavit (Affidavit 4)
<b>Motion to Show Cause for Contempt</b> _____Parenting Proceeding Affidavit (Affidavit 3) <b>Only if motion involves children</b> _____Motion for Contempt & Affidavit (Form 21) _____Show Cause Order, Notice & Instructions to the Clerk (Form 22)	<b>Motions-General</b> _____Motion (Visitation-Form 23; Custody-Form 24; Change of Child Support, Medical Support, Tax Exemption or other child-related Expenses-Form 25) _____Supporting Memorandum _____Affidavit in Support * optional- needed if you are requesting a ruling without an oral hearing first _____Affidavit of Income & Expenses (Affidavit 1) _____Parenting Proceeding Affidavit (Affidavit 3) _____Request for Service (Form 28)

**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.

<hr/> <b>Financial Account Information:</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<b>SSN:</b> <hr/> <b>Employer/Employee ID Numbers:</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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**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	:		
City, State and Zip Code	:	Judge	_____
Plaintiff	:		
vs.	:	Magistrate	_____
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):

- ☐ The Wife is not pregnant.
- ☐ All children born from or adopted during this marriage or relationship are adults and not mentally or physically disabled child(ren) incapable of supporting or maintaining themselves.

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 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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) \_\_\_\_\_

☐ 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



## 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	v./and	Case No. _____ Judge _____ 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:  
\_\_\_\_\_



**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 children:  
☐ The Wife is not now pregnant.  
☐ No child(ren) were born from or adopted during the marriage or relationship.  
☐ All child(ren) born from or adopted during the marriage or relationship are emancipated adults and not mentally or physically disabled child(ren) incapable of supporting or maintaining themselves.  
Other findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 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 his/her service did not impact his/her 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 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 ☐ 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: \_\_\_\_\_

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

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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:

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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. 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 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 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