If you or your spouse own any **real estate**, or have any type of **pension plan**, you should **consult a private attorney** before using these forms.

CARROLL DIVORCE - WITH CHILDREN

* All forms in **BOLD** must be signed in front of a notary.*

Forms to be completed by you

☐ ❶ Complaint - Tells the Court why you want a divorce and what you want.

☐ ❷ **Affidavit of Indigency** - Tells the Court you cannot afford to prepay the filing fee.

☐ ❸ Instructions for Service - Tells the Court where to send copies to your spouse.

☐ ❹ **Affidavit for Service** - If you do not know where your spouse lives **and** you have completed Form ❷ then complete this form to obtain service.

☐ ❺ **Parenting Proceeding Affidavit** - Tells the Court about your children.

☐ ❻ IV-D Application - Starts the child support process.

☐ ❼ **Health Insurance Affidavit** - Provides insurance information regarding the children.

☐ ❽ **Affidavit of Income and Expenses** – Tells the Court your current financial situation.

☐ ❾ **Affidavit of Property** – Tells the Court what property you own.

Additional Forms if You Need Immediate Orders

☐ ❿ **Motion and Affidavit or Counter Affidavit for Temporary Orders without Oral Hearing** – Tells the Court what you are asking for now and why you need temporary orders now.

After completing the forms

☐ Make three (3) copies of each completed form.

☐ Take the originals and three (3) copies to Clerk of Common Pleas Court.

☐ If you completed Form ❷, you will pay nothing at the time of filing.

☐ If you did not complete Form ❷, the filing fee is $275.00.

☐ If you filed:
Form ❷then also give the Clerk Order A ☐ Journal Entry Filing Fees
Form ❿ then also give the Clerk Order B ☐ Judgment Entry - Temporary Orders
Form ❹ then also give the Clerk Order D ☐ Judgment Entry - Service

After forms are filed

Clerk will send you notice of any court dates. Attend all of these court dates.
If you move, call the Clerk with your new address.
Bring **Order C** Judgment Decree of Divorce to the final hearing. The judge will complete the form.

Form ❶

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

_____ (Your Name)	:	Case Number_____ (Court will complete)
_____ (Your Address)	:	
_____	:	
DOB:_____	:	
Plaintiff,	:	
vs.	:	Judge/Magistrate_____ (Court will complete)
_____ (Your Spouse's Name)	:	
_____ (Your Spouse's Address)	:	**COMPLAINT FOR DIVORCE - WITH CHILDREN**
_____	:	
DOB:_____	:	
Defendant.	:	

1. Plaintiff has been a resident of the State of Ohio for more than six months immediately prior to the filing of this Complaint, and (Check One)

   ☐ of _____ County for more than 90 days immediately prior to filing this Complaint and/or

   ☐ Defendant is a resident of _____ County.

2. Plaintiff and Defendant were married on _____ in
(Insert Date)

_____, _____.
(City) (State)

3. The following children were born of this relationship:

_____ D.O.B._____
Name

_____ D.O.B._____

_____ D.O.B.

_____ D.O.B._____

_____ D.O.B._____

4. Wife is not currently pregnant.

5. Defendant has been guilty of: **(Check all that apply)**

☐ Gross Neglect of Duty

☐ Adultery

☐ Incompatability

☐ Extreme Cruelty

☐ Spouse is currently in prison

☐ Habitual Drunkenness

☐ Living separately for at least one year

6. The parties **(Check One)**

☐ do not own real property

☐ do own real property located at

_____
(Address, City, State)

7. The parties have personal property which: **(Check One)**

☐ has been divided

☐ has not been divided. Major property items not divided include_____

_____

_____

8. The parties: **(Check One)**

☐ do not have any debts

☐ have the following debts_____

_____

_____

THE PLAINTIFF ASKS THE COURT FOR THE FOLLOWING RELIEF:

a. Grant this divorce;

b. Equitably divide the property and debts.

c. That the Court: **(Check all that apply)**

☐ designate the Plaintiff as temporary and permanent residential custodial parent of the minor children.

☐ order the Defendant to pay temporary and permanent child support.

☐ restore wife to her former name of:

_____

☐ order the Defendant not to dispose of property during this action.

☐ order the Defendant to pay spousal support.

d. Order the Defendant to pay the costs of this action; and

e. Award any other relief the Court feels is fair and equitable.

Respectfully submitted,

_____
Plaintiff Signature (Your Signature)

_____
Print Name

_____
Street Address

_____
City, State, Zip

_____
Telephone

Form ❷

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

_____ Case No._____
(Your Name) (Court will complete)

Plaintiff,

Judge/Magistrate _____
(Court will complete)

vs.

_____
(Your Spouse's Name)

Defendant.

AFFIDAVIT OF INDIGENCY AND APPLICATION FOR WAIVER OF FILING FEE

I, _____, being first duly sworn and cautioned, depose and state as
(Your Name)
follows:

1. I am the Plaintiff in the above-captioned case.

2. I do not have the funds or assets to pay the costs of the deposit or to pay for an attorney to represent me. If sufficient funds do become available to me in the future, I am willing to pay the costs at that time.

3. I therefore request that I be allowed to proceed in this matter without prepayment of costs.

4. I understand that the Court may assess the costs of this action at the conclusion of the case and that the costs may be assessed against me.

_____
Affiant (Sign here in front of notary)

STATE OF OHIO, COUNTY OF _____, SS:

Sworn to before me and signed in my presence this ___ day of _____, 20___.

_____
Notary Public

Form ❸

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

_____ Case No._____
(Your Name) (Court will complete)

Plaintiff,

Judge/Magistrate _____
(Court will complete)

vs.

_____
(Your Spouse's Name)

Defendant.

INSTRUCTIONS FOR SERVICE

TO THE CLERK:

Please serve the Defendant with the Summons and the following documents: **(Check all that you filed.)**

_____ Complaint for Divorce

_____ Motion for Temporary Orders

_____ Affidavit of Plaintiff

_____ Parental Affidavit

_____ Affidavit of Indigency

_____ by CERTIFIED MAIL, ADDRESSEE ONLY at the following address: **(Check if you know your spouse's address)**

_____
(Your Spouses Address)

_____

_____

_____ Pursuant to O.R.C.P. 4.4(A)(2) so that notice is posted in the courthouse and two additional public places. Additionally, the complaint and summons will be mailed by ordinary mail, address correction requested to the defendant's last known address.**(Check if you do not know your spouse's address. Also complete Form ❹)**

_____
Plaintiff Signature (Your Signature)

_____
Print Name (Your Name)

_____
Street Address (Your Address)

_____
City, State, Zip

_____
Telephone

Form ❹

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

_____ Case No._____
(Your Name) (Court will complete)

Plaintiff,

Judge/Magistrate _____
(Court will complete)

vs.

_____
(Your Spouse's Name)

Defendant.

AFFIDAVIT FOR SERVICE PURSUANT TO O.R.C.P. 4.4(A)(2)

I, _____, being first duly sworn and cautioned, depose and state
(Your Name)

as follows:

1. I have filed for a divorce and am not able to prepay the filing fees;

2. I do not know the current address of the defendant, my spouse;

3. I have made the following efforts to determine the defendant's current address

_____
(List what you have done)

_____

_____

4. The defendant's residence cannot be learned with reasonable effort;

5. The defendant's last known mailing address is:

_____
(Your Spouse's Last Known Address)

_____

_____

_____
Affiant (Sign Here in Front of Notary)

STATE OF OHIO, COUNTY OF _____, SS:

Sworn to before me and signed in my presence this _____day of _____, 20___.

_____
Notary Public

COURT OF COMMON PLEAS

_____ COUNTY, OHIO

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

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?	_____	_____

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.

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?	_____	_____

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.

Name	Case Number	Court/State/County	Convicted of What Crime?

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 have physical custody or claim 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 physical custody or claims to have custody or visitation rights with respect to any child subject to this case.

☐ I **KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

a. Name/Address of Person _____ _____

☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights

Name of each child: _____ _____

_____ _____ _____

b. Name/Address of Person _____ _____

☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights

Name of each child: _____

_____ _____ _____

c. Name/Address of Person _____ _____

☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights

Name of each child: _____ _____

_____ _____ _____

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:

_____

Form ❻

APPLICATION FOR CHILD SUPPORT SERVICES
NON-PUBLIC ASSISTANCE APPLICANT

IMPORTANT: If you are receiving ADC or Medicaid, do not complete this application, because you became eligible for child support services when you became eligible to receive ADC or Medicaid.

I the undersigned, _____ request Child Support Services from the _____ County Child Support Enforcement Agency. I understand and agree to the following conditions:

A. I am a resident of the County in which services are requested.

B. Recipients of child support services shall cooperate to the best of their ability with the CSEA. *(See attached rights and responsibility information).*

The Child Support Enforcement Agency can assist you in providing the following services:

1. **Location of Absent Parents.**

   The agency can assist in finding where an absent parent is currently living, in what city, town or state. The applicant can request **"Location Services Only"**, if the sole need is to find the whereabouts of the absent parent.

2. **Establishment or Modification of Child Support and Medical Support.**

   The CSEA can assist you to obtain an order for support if you are separated, have been deserted or need to establish paternity *(fatherhood)*. The CSEA can also assist you in changing the amount of support orders *(modification)*, and to establish a medical support order.

3. **Enforcement of Existing Orders.**

   The CSEA can help you collect current and back child support.

4. **Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.**

   The agency can assist in collecting back support *(arrearages)* by intercepting a non-payor's federal and state income tax refunds on some cases.

5. **Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.**

   The agency can help you get payroll deductions for current and back child support and can intercept unemployment compensation to collect child support.

6. **Establishment of Paternity.**

   The agency can obtain an order for the establishment of paternity *(fatherhood)*, if you were not married to the father of the child. An absent parent may request paternity services.

7. **Collection and Disbursement of Payments.**

   The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Back support collected will be paid to you until all of the back support you are owed is paid.

   If you received ADC in the past and support was assigned to the state, back support collected will be paid to the state after you receive back support owed to you.

8. **Interstate Collection of Child Support.**

   The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.

C. The only fee you can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.

D. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

APPLICANT INFORMATION *(INFORMATION ABOUT YOU)*	
Name	Date of Birth
Social Security Number (SSN)	Current Marital Status (Check One) ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Deserted ☐ Widowed

Type(s) of Service(s) Requested: All services listed _____ Location of absent parent only _____
Other *(please explain)* _____

I understand that the Child Support Agency - within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support services (IV-D Services).

Signature of Applicant	Date

JFS 07076 (Rev. 5/2001)
(Formerly DHS 7076)

Applicants Name *(Last, First, Middle)*	Telephone Number *(Home)*
Address *(Street/Route, P.O. Box)*	*(Work)*
City, State, Zip Code	

INFORMATION ON CHILDREN

	Child 1	Child 2	Child 3	Child 4
a. Name				
b. Sex				
c. SSN				
d. Date of Birth (DOB)				
e. Name(s) of Absent Parent				
f. Has Paternity (Fatherhood) Been Established?				
g. Is There An Order For Support ☐ Yes ☐ No				

ABSENT PARENT INFORMATION OR PARENT ORDERED TO PAY CHILD SUPPORT

	Absent Parent #1	Absent Parent #2	Absent Parent #3
Name			
Address (City, State, Zip Code)			
SSN			
Date of Birth (DOB)			
Name of Employer			
Address of Employer (City, State, Zip Code)			
Amount of Support Ordered (Wk, Bi-Wk, Mo)			
Case Number on Support Order			
Date of Support Order			
Location Where Order Was Issued (City, County, State)			
Military Service Give Date and Branch Entered			
Arrest Record: Give Date and Place of Arrest			
If the absent parent has been on Public Assistance: Give Date and Place			
Give Name and Address of Current Spouse of Absent Parent			

- Have you ever been on public assistance? ☐ Yes ☐ No

When *(Date)*	Where *(City and State)*	County

FOR AGENCY USE ONLY

Case Name	Date Requested	Date Mailed or Provided
Case Number	Date Returned or File Date	

COURT OF COMMON PLEAS
_____ COUNTY, OHIO

_____
Plaintiff/Petitioner

v./and

_____
Defendant/Petitioner

Case No. _____

Judge _____

Magistrate _____

Instructions: Check local court rules to determine when this form must be filed.
This affidavit is used to disclose health insurance coverage that is available for children. 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 Number _____	☐ Yes ☐ No Number _____
Other individuals?	☐ Yes ☐ No Number _____	☐ Yes ☐ No 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:
_____

COURT OF COMMON PLEAS
_____ COUNTY, OHIO

_____
Plaintiff/Petitioner

v./and

_____
Defendant/Petitioner

Case No. _____

Judge _____

Magistrate _____

Instructions: Check local court rules to determine when this form must be filed.
This affidavit is used to make complete disclosure of income, expenses and money owed. It is used to determine child and spousal support 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

	Husband	**Wife**
Employed	☐ Yes ☐ No	☐ Yes ☐ No
Employer	_____	_____
Payroll address	_____	_____
Payroll city, state, zip	_____	_____
Scheduled paychecks per year	☐ 12 ☐ 24 ☐ 26 ☐ 52	☐ 12 ☐ 24 ☐ 26 ☐ 52

A. YEARLY INCOME, OVERTIME, COMMISSIONS AND BONUSES FOR PAST THREE YEARS

	Husband			**Wife**
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

	Husband	Wife
Base yearly income	$ _____	$ _____
Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)	$ _____	$ _____
Unemployment compensation	$ _____	$ _____
Disability benefits		
☐ Workers' Compensation		
☐ Social Security		
☐ Other: _____	$ _____	$ _____
Retirement benefits		
☐ Social Security		
☐ Other: _____	$ _____	$ _____
Spousal support received	$ _____	$ _____
Interest and dividend income (source)		
_____		
_____	$ _____	$ _____
Other income (type and source)		
_____		
_____	$ _____	$ _____
TOTAL YEARLY INCOME	$ _____	$ _____

Supplemental Security Income (SSI) 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 _____	$	_____
TOTAL MONTHLY	$	_____

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 _____	$	_____
TOTAL MONTHLY	$	_____

D. INSURANCE PREMIUMS

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

E. MONTHLY EDUCATION EXPENSES

Tuition		
o Self	$	_____
o Child(ren)	$	_____
Books, fees, other	$	_____
College loan repayment	$	_____
Other _____	$	_____
_____	$	_____
TOTAL MONTHLY:	$	_____

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

Physicians	$	_____
Dentists	$	_____
Optometrists/opticians	$	_____
Prescriptions	$	_____
Other _____	$	_____
_____	$	_____
TOTAL MONTHLY:	$	_____

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	$	
	$	
TOTAL MONTHLY:	$	

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
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		TOTAL MONTHLY:	$

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:
_____

COURT OF COMMON PLEAS

_____ COUNTY, OHIO

_____
Plaintiff/Petitioner

v./and

_____
Respondent/Petitioner

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

	Address	Present Fair Market Value	Titled To	Mortgage Balance	Equity (as of date)
1.	_____	$ _____	☐ Husband ☐ Wife ☐ Both	$ _____	$ _____
2.	_____	$ _____	☐ Husband ☐ Wife ☐ Both	$ _____	$ _____

TOTAL SECTION I: REAL ESTATE INTERESTS $ _____

II. OTHER ASSETS

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

Category	Description (List who has possession)	Titled To	Value/Date of Value
C. Pensions & Retirement plans	(Include profit-sharing, IRAs, 401k plans, etc.; Describe each type of plan)		
1. _____	_____	☐ Husband ☐ Wife ☐ Both	$ _____
2. _____	_____	☐ Husband ☐ Wife ☐ Both	$ _____
3. _____	_____	☐ Husband ☐ Wife ☐ Both	$ _____
4. _____	_____	☐ Husband ☐ Wife ☐ Both	$ _____
D. Publicly Held Stocks, Bonds, Securities & Mutual Funds			
1. _____	_____	☐ Husband ☐ Wife ☐ Both	$ _____
2. _____	_____	☐ Husband ☐ Wife ☐ Both	$ _____
3. _____	_____	☐ Husband ☐ Wife ☐ Both	$ _____
4. _____	_____	☐ Husband ☐ Wife ☐ Both	$ _____

Category	Description (List who has possession)	Titled To	Value/Date of Value
E. Closely Held Stocks & Other Business Interests and Name of Company	(Type of ownership and number)		
1. _____	_____	☐ Husband ☐ Wife ☐ Both	$ _____
2. _____	_____	☐ Husband ☐ Wife ☐ Both	$ _____

F. Life Insurance Type (Term/Whole Life)	(Any cash value or loans)		(Insured party & value upon death)
1. _____		☐ Husband ☐ Wife ☐ Both	$ _____
2. _____		☐ Husband ☐ Wife ☐ Both	$ _____
3. _____		☐ Husband ☐ Wife ☐ Both	$ _____
4. _____		☐ Husband ☐ Wife ☐ Both	$ _____

Category	Description	Who Has Possession	Value/Date of Value
G. Furniture & Appliances	(Estimate value of those in your possession, and value of those in your spouse's possession)		
1. _____		☐ Husband ☐ Wife ☐ Both	$ _____
2. _____		☐ Husband ☐ Wife ☐ Both	$ _____
3. _____		☐ Husband ☐ Wife ☐ Both	$ _____
4. _____		☐ Husband ☐ Wife ☐ Both	$ _____

H. Safe Deposit Box	(Give location and describe contents)	Titled To	
1. _____		☐ Husband ☐ Wife ☐ Both	$ _____
2. _____		☐ Husband ☐ Wife ☐ 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.		☐ Husband ☐ Wife ☐ Both	$
2.		☐ Husband ☐ Wife ☐ Both	$
3.		☐ Husband ☐ Wife ☐ Both	$
4.		☐ Husband ☐ Wife ☐ Both	$

Category	Description (Also list who has possession)	Titled To	Value/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.		☐ Husband ☐ Wife ☐ Both	$
2.		☐ Husband ☐ Wife ☐ 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.**

	Category (Pre-marital Gift, Inheritance, etc., acquired after separation)	Description	Why do you claim this as a separate property?	Present Fair Market Value
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.**

Type	Name of Creditor/Purpose of Debt	Account Name	Name(s) on Account	Total Debt Due	Monthly Payment
A. Secured Debt (Mortgages, Car, etc.)					
1.			☐ Husband ☐ Wife ☐ Joint	$	$
2.			☐ Husband ☐ Wife ☐ Joint	$	$
3.			☐ Husband ☐ Wife ☐ Joint	$	$
4.			☐ Husband ☐ Wife ☐ Joint	$	$
5.			☐ Husband ☐ Wife ☐ Joint	$	$
B. Unsecured Debt, including credit cards					
1.			☐ Husband ☐ Wife ☐ Joint	$	$
2.			☐ Husband ☐ Wife ☐ Joint	$	$
3.			☐ Husband ☐ Wife ☐ Joint	$	$
4.			☐ Husband ☐ Wife ☐ Joint	$	$
5.			☐ Husband ☐ Wife ☐ Joint	$	$

TOTAL SECTION IV: DEBT $ _____

V. BANKRUPTCY

	Filed by: Wife, Husband, 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.	☐ Husband ☐ Wife ☐ Both	_____			
		_____	_____	_____	$ _____
2.	☐ Husband ☐ Wife ☐ 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

_____ Case No. _____

Plaintiff

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.

Check only those that apply.

_____ 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:

   ☐ Father's school district

   ☐ Mother'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

Order A

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

_____ Case No._____
(Your Name) (Court will complete)

Plaintiff,

Judge/Magistrate_____
(Court will complete)

vs.

_____
(Your Spouse's Name)

Defendant.

JOURNAL ENTRY
FILING FEES

Plaintiff's motion for waiver of filing fee is/is not granted.

IT IS SO ORDERED.

_____
JUDGE/MAGISTRATE (Court will complete)

Order B

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

_____ Case No._____
(Your Name) (Court will complete)

Plaintiff,

Judge/Magistrate_____
(Court will complete)

vs.

_____
(Your Spouse's Name)

Defendant.

JUDGMENT ENTRY - TEMPORARY ORDERS

Upon Motion for Temporary Orders and affidavits of Plaintiff and for good cause shown, this Court ORDERS the following:

☐ 1. ☐ Mother ☐ Father is named the temporary residential parent;

☐ 2. ☐ Mother ☐ Father will pay child support of $_____ per _____ commencing on _____ (Based on attached child support worksheet).

☐ 3. Defendant shall pay temporary spousal support in the amount of $_____ _____ a month:

☐ 4. Defendant shall pay Plaintiff $_____ for attorney's fees no later than _____. Plaintiff would be prevented from fully litigating his/her rights and adequately protecting his/her interests if this Court did not award Plaintiff reasonable attorney's fees.

☐ 5. Plaintiff is awarded temporary possession of the home and land located at _____.

☐ 6. Plaintiff is awarded temporary possession of the following motor vehicle:

_____

☐ 7. Defendant shall pay the following bills and/or debts:_____

_____

☐ 8. Defendant shall not injure, threaten, harass, or physically abuse Plaintiff;

☐ 9. Defendant shall not damage, destroy, sell or attempt to sell, dispose of, remove marital property, property of either party or the child(ren)'s personal property from Plaintiff's residence, or incur debts in Plaintiff's or Defendant's name for which Plaintiff may be held liable.

IT IS SO ORDERED.

_____
JUDGE/MAGISTRATE (Court will complete)

Order C

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

_____ Case No._____
(Your Name) (Court will complete)

Plaintiff,

Judge/Magistrate _____
(Court will complete)

vs.

_____
(Your Spouse's Name)

Defendant.

JUDGMENT DECREE OF DIVORCE

On the _____ day of _____, 20__, this cause came on for hearing on the Plaintiff's Complaint. Present were _____

_____.

The Court FINDS as follows:

☐ A. The Plaintiff has been a resident of the State of Ohio for at least six months and of _____ County for at least ninety days immediately preceding the commencement of this action.

☐ B. The parties were married on _____ at

_____

and _____ child(ren) have been born as issue of the marriage and the wife

☐ is ☐ is not now pregnant.

The Child(ren)'s names with dates of birth are:

NAMES	DATE OF BIRTH
1.	
2.	
3.	
4.	

☐ C. The Court has *in personam* and subject matter jurisdiction.

☐ D. Defendant has been guilty of: **(Check all that apply)**

☐ Gross Neglect of Duty

☐ Adultery

☐ Incompatability

☐ Extreme Cruelty

☐ Spouse is currently in prison

☐ Habitual Drunkenness

☐ Living separately for at least one year

☐ E. The Plaintiff receives $_____ income from _____,
(Employment, Social Security, etc.)

per _____.
(Week, Month)

☐ F.. The Defendant receives $ _____ income from _____
(Employment, Social Security, etc.)

per _____.
(Week, Month)

☐ G. The parties have acquired personal property during the marriage and the parties ☐ do own real estate located at:_____

_____

☐ do not own any real estate.

☐ H. The debts of the marriage are:

CREDITOR	AMOUNT

☐ I. Neither party is a member of the U.S. Armed Forces nor involved in a bankruptcy.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the Plaintiff is hereby granted a divorce from the Defendant.

IT IS FURTHER ORDERED as follows:

☐ 1. Each party shall live separate and apart from the other. Each shall go his or her own way without direction, control or molestation from the other as though unmarried. Each agrees and shall not annoy nor interfere with the other in any manner.

☐ 2. The Plaintiff is awarded, free and clear of any claim by the Defendant, the following property:_____

The Defendant is awarded, free and clear of any claim by the Plaintiff, the following property:_____

_____

_____

_____

☐ 3. The debts will be divided as follows:

CREDITOR	HUSBAND/WIFE	DEBT AMOUNT

☐ 4. Both parties shall refrain from using the other party's credit.

☐ 5. All payments between the parties are not intended to be spousal support and they are not be included in the income of the payee, pursuant to § 71 of the Tax Reform Act of 1984, and such payments are not to be deducted from the income of the payor, pursuant to § 215 of the Tax Reform Act of 1984.

☐ 6. The _____'s maiden name of _____ is hereby restored.

☐ 7. Finds that it is in the best interest of the child(ren) that the residential custodial parent is to be :

☐ Mother

☐ Father

☐ 8. Finds that it is in the best interest of the child(ren) that parenting time be granted to the non-custodial parent, _____, as follows (check one that applies):

☐ According to Local Rule _____ attached to this decree.

☐ Reasonable visitation as agreed between the parties.

☐ None at this time but such will be considered upon later request of the non-custodial parent.

☐ Other, as follows:

_____

_____

☐ 9. Based on the attached Child Support Guideline Worksheet, plaintiff/defendant shall pay to the plaintiff/defendant child support in the sum of $_____ per month, per child for each of the _____ child(ren) of the parties. The support shall be effective _____ and shall be paid through the _____ County CSEA plus processing fee.

ALL CHILD SUPPORT AND SPOUSAL SUPPORT UNDER THIS ORDER SHALL BE WITH WITHHELD OR DEDUCTED FROM THE INCOME OR ASSETS OF THE OBLIGOR PURSUANT TO A WITHHOLDING OR DEDUCTION NOTICE OR APPROPRIATE COURT ORDER ISSUED IN

ACCORDANCE WITH SECTION 3113.21 OF THE REVISED CODE OR A WITHDRAWAL DIRECTLY ISSUED PURSUANT TO SECTION 3113.214 OF THE REVISED CODE AND SHALL BE FORWARDED TO THE OBLIGEE IN ACCORDANCE WITH SECTIONS 3113.212 AND 3113.213.

EACH PARTY TO THIS SUPPORT ORDER MUST NOTIFY THE CHILD SUPPORT ENFORCEMENT AGENCY IN WRITING OF HIS OR HER CURRENT MAILING ADDRESS, 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 FOR A FIRST OFFENSE, $100 FOR A SECOND OFFENSE, AND $500 FOR EACH SUBSEQUENT OFFENSE. IF YOU ARE AN OBLIGOR OR OBLIGEE UNDER ANY SUPPORT ORDER AND YOU WILLFULLY FAIL TO MAKE THE REQUIRED NOTIFICATION, YOU MAY BE FOUND IN CONTEMPT OF COURT AND BE SUBJECTED TO FINES UP TO $1,000 AND IMPRISONMENT FOR NOT MORE THAN 90 DAYS.**

IF YOU ARE A OBLIGOR AND YOU FAIL TO MAKE THE REQUIRED NOTIFICATION, 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 RESTRICTION IN DEDUCTION FROM YOUR ACCOUNTS IN FINANCIAL INSTITUTIONS; AND ANY OTHER ACTION PERMITTED BY LAW TO OBTAIN MONEY FROM YOU TO SATISFY YOUR SUPPORT OBLIGATION.

☐ 11. Health insurance for the minor child(ren) will be provided as follows (Check one that applies):

☐ The child support obligor shall obtain health insurance coverage for the child(ren) if coverage is available at a reasonable cost. Information about coverage shall be made available to the obligee.

☐ The child support obligee shall obtain health insurance coverage for the child(ren) if coverage is available at a reasonable costs. Information about coverage shall be made available immediately to the obligor.

☐ The cost of health insurance for the minor child(ren) is not currently available at a reasonable cost to either party. Both parties shall share the cost of all medical, dental, optical, prescription drugs, and appliance expenses of the minor child(ren) on a pro rata basis as follows:

☐ 50/50

☐ Other_____

Regardless, if health insurance becomes available at a later date to either or both parties that information must be made available to the Court and to the parties.

☐ Both parties shall obtain health insurance coverage for the child(ren) if the coverage is available at a reasonable cost to both parties and dual coverage will provide coordination of medical benefits without duplication of coverage.

☐ One or both parties presently have private and/or public medical insurance plans which provide for the minor child(ren) and each agrees to continue carrying such insurance. In the event such current coverage becomes unavailable to either party by reason of circumstances not related to a voluntary act of such party, such party shall promptly notify the other party and the Court. Uncovered medical expenses, including deductibles and percentage disallowances shall be paid by each party on a pro rata basis as follows:

☐ 50/50

☐ Other_____

Pursuant to R.C. § 3119.31 and the health care insurance requirements stated above, it is hereby

ORDERED, ADJUDGED and DECREED the parties are to:

a) Provide the other with information regarding the benefits, limitations, and exclusions of the coverage, copies of any insurance forms necessary to receive reimbursement, payment, or other benefits under the coverage, and a copy of any necessary insurance cards;

b) Submit a copy of the child support issued pursuant to Section 3119.30 of the Revised Code to the insurer at the time of making application to enroll the child(ren) under the health insurance policy, contract, or plan;

c) Furnish written proof to the Child Support Enforcement Agency of compliance with this division;

d) Obligor and the obligee designate the child as covered dependents under any health insurance policy, contract, or plan for which they contract;

e) The obligor and obligee shall divide equally any co-payment or deductible costs required under the health insurance policy, contract, or plan that covers the child(ren);

f) The employer of the obligor and obligee is required to release to the other parent or the Child Support Enforcement Agency on written request any necessary information on the health insurance coverage, including the name and address of the insurer and any policy, contract, or plan number, and to otherwise comply with this section any order or notice issued under this section;

g) The full name and date of birth of each child who are the subject of this health insurance order:

_____(Name), Date of Birth_____; and

_____(Name), Date of Birth_____.

h) The obligor and obligee comply with any requirement described in Section 3119.30 of the Revised Code and divisions (a) and (d) of this section that is contained in an order issued in compliance with this section no later than thirty (30) days after the issuance of the order;

i) If the obligor and obligee fail to obtain health insurance coverage required by a child support order, the Child Support Enforcement Agency shall comply with sections 3119.40 ane 3119.31 of the Revised Code to obtain a court order requiring the obligor or obligee to obtain the health insurance coverage.

j) If the person required to obtain health care insurance coverage for the child(ren) subject to this child support order obtains new employment and the health insurance coverage for the child(ren) is provided through the previous employer, the agency shall comply with the requirements of Sections 3119.40 and 3119.44 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 health care insurance coverage provided by the new employer.

☐ 12. IF THE RESIDENTIAL PARENT INTENTS TO MOVE TO A RESIDENCE OTHER THAN THE RESIDENCE SPECIFIED IN THE JUDGMENT DECREE OF DIVORCE, THE RESIDENTIAL PARENT SHALL FILE A NOTICE OF INTENT TO RELOCATE TO THE COURT, EXCEPT AS PROVIDED IN O.R.C. SECTIONS 3109.051(g)(2), (3), AND (4), A COPY OF SUCH NOTICE SHALL BE MAILED BY THE COURT TO THE NON-RESIDENTIAL PARENT UPON RECEIPT OF THE NOTICE. THE COURT, ON ITS MOTION OR THE MOTION OF EITHER PARENT MAY SCHEDULE A HEARING WITH NOTICE TO BOTH PARENTS TO DETERMINE WHETHER IT IS IN THE BEST INTEREST OF THE CHILD(REN) TO REVISE THE VISITATION SCHEDULE FOR THE CHILD(REN).

☐ Pursuant to Ohio Revised Code § 3109.051(H), the parties hereto are hereby notified as follows:

EXCEPTING AS SPECIFICALLY MODIFIED OR OTHERWISE LIMITED BY THE JUDGMENT DECREE OF DIVORCE, AND SUBJECT TO O.R.C. SECTIONS

2301.35(G)(2) AND 3319.321(F), THE NON-RESIDENTIAL PARENT IS ENTITLED TO ACCESS, UNDER THE SAME TERMS AND CONDITIONS AS THE RESIDENTIAL PARENT TO ANY RECORD THAT IS RELATED TO THE CHILD(REN) AND TO WHICH THE RESIDENTIAL PARENT OF THE CHILD(REN) LEGALLY IS PROVIDED ACCESS, INCLUDING SCHOOL RECORDS. ANY KEEPER OF A RECORD, PUBLIC OR PRIVATE, WHO KNOWINGLY FAILS TO COMPLY WITH THIS ORDER, IS IN CONTEMPT OF COURT.

☐ 14. Pursuant to Ohio Revised Code Section 3109.051(I), the parties hereto are hereby notified as follows:

EXCEPTING SPECIFIC FINDINGS OF FACTS AS JOURNALIZED BY THIS COURT IN THE PARTIES' JUDGMENT DECREE OF DIVORCE OTHERWISE MODIFYING OR LIMITING ACCESS, THE NON-RESIDENTIAL PARENT IS ENTITLED TO ACCESS, UNDER THE SAME TERMS AND CONDITIONS AS THE OTHER PARENT TO ANY DAY CARE CENTER THAT IS OR THAT IN THE FUTURE MAY BE, ATTENDED BY THE CHILD(REN).

☐ 15. Pursuant to Ohio Revised Code Section 3109.051(J), the parties hereto are hereby notified as follows:

EXCEPTING AS SPECIFICALLY MODIFIED OR OTHERWISE LIMITED BY THE JUDGMENT DECREE OF DIVORCE AND SUBJECT TO O.R.C. SECTION 3319.321, THE NON-RESIDENTIAL PARENT IS ENTITLED TO ACCESS TO ANY STUDENT ACTIVITY THAT IS RELATED TO THE CHILD(REN) AND

TO WHICH THE RESIDENTIAL PARENT OF THE CHILD(REN) LEGALLY IS PROVIDED ACCESS.

☐ 16. Federal and State income tax credits and deductions for the child(ren) of the marriage are to be claimed as follows (Check one that applies):

☐ The parties shall alternate the claims from year to year with Plaintiff entitled in odd-numbered years and Defendant entitled in even-numbered years.

☐ The Plaintiff shall be entitled to the credits and deduction each tax year unless he/she has had no employment or taxable income for the relevant tax year and will reap no financial tax benefit from said credits and/or deductions.

☐ The Defendant shall be entitled to the credits and deductions each tax year unless he/she has had no employment or taxable income for the relevant tax year and will reap no financial tax benefit from said credits and/or deductions.

☐ Other_____

_____

_____

☐ 17. Costs to be paid by the following (Check one that applies):

☐ Plaintiff

☐ Defendant

☐ Split equally between the parties.

☐ Other_____

_____
JUDGE

THIS IS A JUDGMENT OR FINAL ORDER, WHICH MAY BE APPEALED. THE CLERK, PURSUANT TO CIVIL RULE 58(B), SHALL SERVE NOTICE OF SAME ON ALL PARTIES WHO ARE NOT IN DEFAULT OF ENTRY OF APPEARANCE, WITHIN THREE (3) DAYS AFTER JOURNALIZATION OF THIS ENTRY, THE CLERK IS REQUIRED TO SERVE NOTICE OF THE JUDGMENT PURSUANT TO CIVIL RULE 5(B).

Order D

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

_____ Case No._____
(Your Name) (Court will complete)

Plaintiff,

Judge/Magistrate_____
(Court will complete)

vs.

_____
(Your Spouse's Name)

Defendant.

JUDGMENT ENTRY

The Plaintiff having filed an Affidavit pursuant to Civil Rule 4.4(A)(2) which satisfies the Court that the residence of the Defendant is unknown, and the Court being satisfied that due diligence has been exercised by Plaintiff, now ORDERS the Clerk of Courts to post service of notice pursuant to O.R.C. Rule 4.4(A)(2) and any applicable local rules.

_____
JUDGE

cc: Plaintiff