

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>Dissolution:</p> <p>Petition for Dissolution of Marriage without Children</p> <p>____ Disclosure of Personal Identifier Information</p> <p>____ Petition for Dissolution (Form 17)</p> <p>____ Waiver of Service of Summons (Form 30)</p> <p>____ Separation Agreement (Form 19)</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>*****INCLUDE MIDDLE INITIALS AND DATE OF BIRTH FOR BOTH PARTIES</p>	<p>Petition for Dissolution of Marriage with Children</p> <p>____ Disclosure of Personal Identifier Information</p> <p>____ Petition for Dissolution (Form 17)</p> <p>____ Waiver of Service of Summons (Form 30)</p> <p>____ Separation Agreement (Form 19)</p> <p>____ Shared Parenting Plan <i>if applicable</i> (Form 20 or 21)</p> <p>____ Husband's Affidavit of Income & Expenses (Aff 1)</p> <p>____ Wife's Affidavit of Income & 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>*****INCLUDE MIDDLE INITIALS AND DATE OF BIRTH FOR BOTH PARTIES</p>
<p>Divorce:</p> <p>Divorce without Children</p> <p>____ Disclosure of Personal Identifier Information</p> <p>____ Complaint for Divorce (Form 6)</p> <p>____ Request for Service/ Instructions for Service (Form 31)</p> <p>____ Affidavit of Property (Affidavit 2)</p> <p>____ Affidavit of Income and Expenses (Aff 1)</p> <p>*****INCLUDE MIDDLE INITIALS AND DATE OF BIRTH FOR BOTH PARTIES</p> <p><i>Optional: Motions, Affidavits for Temporary Orders (Affidavit 5)</i></p>	<p>Divorce with Children</p> <p>____ Disclosure of Personal Identifier Information</p> <p>____ Complaint for Divorce (Form 7)</p> <p>____ Request for Service/ Instructions for Service (Form 31)</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>*****INCLUDE MIDDLE INITIALS AND DATE OF BIRTH FOR BOTH PARTIES</p> <p><i>Optional: Motion, Affidavits for Temporary Order (Affidavit 5)</i></p>

<p>Answer to Complaint for Divorce without Children</p> <p>_____ Defendant's Answer with Certificate of Service (Form 10)</p> <p>_____ Affidavit of Property (Affidavit 2)</p> <p>_____ Affidavit of Income and Expenses (Affidavit 1)</p>	<p>Answer to Complaint for Divorce with Children</p> <p>_____ Defendant's Answer with Certificate of Service (Form 11)</p> <p>_____ Affidavit of Property (Affidavit 2)</p> <p>_____ Affidavit of Income and Expenses (Affidavit 1)</p> <p>_____ Health Insurance Affidavit (Affidavit 4)</p> <p>_____ Parenting Proceeding Affidavit (Affidavit 3)</p>
<p>Counterclaim for Divorce without Children</p> <p>_____ Counterclaim for Divorce without Children Service (Form 8)</p> <p>_____ Request for Service/ Instructions for Service (Form 31)</p> <p>_____ Affidavit of Property (Affidavit 2)</p> <p>_____ Affidavit of Income and Expenses (Affidavit 1)</p> <p>**Form 12 - Reply to Counterclaim for Divorce without Children</p>	<p>Counterclaim for Divorce with Children</p> <p>_____ Counterclaim for Divorce with Children (Form 9)</p> <p>_____ Request for Service/ Instructions for Service (Form 31)</p> <p>_____ Affidavit of Property (Affidavit 2)</p> <p>_____ Affidavit of Income and Expenses (Affidavit 1)</p> <p>_____ Health Insurance Affidavit (Affidavit 4)</p> <p>_____ Parenting Proceeding Affidavit (Affidavit 3)</p> <p>** Form 13 - Reply to Counterclaim for Divorce with Children</p>
<p>Motions:</p>	
<p>Motions Regarding Spousal Support</p> <p>_____ Motion and Supporting Memorandum</p> <p>_____ Affidavit in Support</p> <p>_____ Affidavit of Income and Expenses (Affidavit 1)</p> <p>_____ Request for Service (Form 31)</p>	<p>Motion to Show Cause for Contempt</p> <p>_____ Parenting Proceeding Affidavit (Affidavit 3) (needed only if children are involved)</p> <p>_____ Motion for Contempt & Affidavit (Form 24)</p> <p>_____ Show Cause Order, Notice & Instructions to the Clerk (Form 25)</p>
<p>Motions-General</p> <p>_____ Motion (Visitation-Form 26; Custody-Form 27; Change of Child Support, Medical Support, Tax Exemption or other child-related Expenses-Form 28)</p> <p>_____ Supporting Memorandum</p> <p>_____ Affidavit in Support * optional- needed if you are requesting a ruling without an oral hearing first</p> <p>_____ Affidavit of Income & Expenses (Affidavit 1)</p> <p>_____ Parenting Proceeding Affidavit (Affidavit 3)</p> <p>_____ Request for Service (Form 31)</p>	<p>These forms have been provided by the Supreme Court of Ohio;</p> <p>the hyperlink can be found on the Clerk of Court's Website</p> <p>or you can go to</p> <p>www.supremecourt.ohio.gov/JSC/CFC/DRforms/default.asp</p>

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 _____@_____

**COURT OF COMMON PLEAS
CARROLL COUNTY, OHIO
DOMESTIC RELATIONS DIVISION
CIVIL AND CRIMINAL DIVISIONS**

	:	Case No: _____
Plaintiff(s)	:	PERSONAL IDENTIFIERS
VS	:	
	:	
Defendants(s)	:	

Pursuant to Ohio Rule of Superintendence 45(D)(1): "When submitting a case document to a court or filing a case document with a clerk of court, a party to a judicial action or proceeding shall omit personal identifiers from the document. Pursuant to Ohio Rule of Superintendence 44(H), "personal identifiers" means social security numbers, except for the last four digits; financial account numbers, including but not limited to debit card, charge card, and credit card numbers; employer and employee identification numbers; and a juvenile's name in an abuse neglect or dependency case, except for the juvenile's initials or a generic abbreviation such as "CV" for "child victim."

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.

NAME OF PARTY

PERSONAL IDENTIFIER INFORMATION

SSN: _____

Financial Account Information:

Employer/Employee ID Numbers:

IN THE COURT OF COMMON PLEAS

DIVISION

COUNTY, OHIO

Name

Street Address

City, State and Zip Code

Case No. _____
Judge _____
Magistrate _____

Plaintiff

vs.

Name

Street Address

City, State and Zip Code

Defendant

WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.

Instructions: This form is used to request a divorce if you and your spouse do not have (a) minor 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 31/Uniform Juvenile Form 10) must be filed with this form. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

COMPLAINT FOR DIVORCE WITHOUT CHILDREN

Now comes Plaintiff and states as follows:

1. Plaintiff has been a resident of the State of Ohio for at least six (6) months immediately before filing this Complaint.
2. ☐ Plaintiff has been a resident of _____ County for at least ninety (90) days immediately before filing this Complaint; OR
☐ Defendant resides in _____ County where this Complaint is filed.
3. Plaintiff and Defendant were married on _____ (date of marriage)
in _____ (city or county, and state).

4. ☐ Neither party is pregnant OR ☐ a party is pregnant.
5. Any child(ren) born from or adopted during this marriage or relationship, is/are now adults and none are mentally or physically disabled and incapable of supporting or maintaining themselves.
6. Military Service:
☐ Neither Plaintiff nor Defendant is an active-duty servicemember of the United States military.
☐ Plaintiff and/or ☐ Defendant is an active-duty servicemember of the United States military.
7. Plaintiff is entitled to a divorce from Defendant based upon the following grounds: *(check all that apply)*
☐ Plaintiff and Defendant are incompatible.
☐ Plaintiff and Defendant have lived separate and apart without cohabitation and without interruption for one (1) year.
☐ Plaintiff or Defendant had a Husband or Wife living at the time of the marriage.
☐ Defendant has been willfully absent for one (1) year.
☐ Defendant is guilty of adultery.
☐ Defendant is guilty of extreme cruelty.
☐ Defendant is guilty of fraudulent contract.
☐ Defendant is guilty of gross neglect of duty.
☐ Defendant is guilty of habitual drunkenness.
☐ Defendant is imprisoned in a state or federal correctional institution at the time of filing this Complaint.
☐ Defendant procured a divorce outside this state by virtue of which Defendant has been released from the obligations of the marriage, while those obligations remain binding on Plaintiff.
8. Plaintiff and Defendant are owners of real estate and/or personal property.

Plaintiff requests that a divorce be granted from Defendant. Plaintiff further requests that the Court determine an equitable division of property and debts and order the following: *(check all that apply)*

- ☐ Defendant pay spousal support;
☐ Plaintiff be restored to the former name of: _____;
☐ Defendant pay Plaintiff's attorney fees;
☐ Defendant pay the Court costs of the proceeding;
and any further relief deemed proper.

Attorney or Self Represented Party Signature

Printed Name

Address

City, State, Zip

Phone Number

Fax Number

E-mail

Supreme Court Reg No. (if any)

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

Magistrate

Plaintiff/Petitioner 1

vs./and

Name

Street Address

City, State and Zip Code

Defendant/Petitioner 2/Respondent

**WARNING: This form is not a substitute for the benefit of the advice of legal counsel.
It is highly recommended that you consult an attorney.**

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. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Please serve the following documents: (*check all that apply*)

☐ Complaint for Divorce with Children

- ☐ Complaint for Divorce without Children
- ☐ Complaint for Parentage, Allocation of Parental Rights and Responsibilities
- ☐ Petition for Dissolution
- ☐ Motion and Affidavit or Counter Affidavit for Temporary Orders
- ☐ Motion for Change of Parental Rights and Responsibilities (Custody)
- ☐ Motion for Change of Parenting Time (Companionship and Visitation)
- ☐ Motion for Change of Child Support, Medical Support, Tax Exemption, or Other Child-Related Expenses
- ☐ Motion for Contempt and Affidavit
- ☐ Separation Agreement
- ☐ Parenting Plan
- ☐ Shared Parenting Plan
- ☐ Affidavit of Income and Expenses
- ☐ Affidavit of Property
- ☐ Parenting Proceeding Affidavit
- ☐ Health Insurance Affidavit
- ☐ Explanation of Health Care Bills
- ☐ Agreed Judgment Entry
- ☐ Other: (specify) _____

Please serve the following parties with the above marked documents:

- ☐ Defendant/Petitioner 2/Respondent at _____ (address) by:
 - ☐ Certified Mail, Return Receipt Requested
 - ☐ Issuance to Sheriff of _____ County, Ohio for ☐ Personal or ☐ Residence service
 - ☐ Other: (specify) _____
- ☐ Plaintiff/Petitioner 1 at _____ (address) by:
 - ☐ Certified Mail, Return Receipt Requested
 - ☐ Issuance to Sheriff of _____ County, Ohio for ☐ Personal or ☐ Residence service
 - ☐ Other: (specify) _____
- ☐ _____ County Child Support Enforcement Agency at _____ (address) by:
 - ☐ Certified Mail, Return Receipt Requested
 - ☐ Issuance to Sheriff of _____ County, Ohio for ☐ Personal or ☐ Residence service
 - ☐ Other: (specify) _____

☐ Other _____ at _____
_____ (address) by:

☐ Certified Mail, Return Receipt Requested

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

☐ Other: (specify) _____

SPECIAL INSTRUCTIONS TO SHERIFF:

Attorney or Self Represented Party Signature

Printed Name

Address

City, State, Zip

Phone Number

Fax Number

E-mail

Supreme Court Reg No. (if any)

IN THE COURT OF COMMON PLEAS

DIVISION

COUNTY, OHIO

Plaintiff/Petitioner 1

vs./and

Defendant/Petitioner 2

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. 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 you need more space, add additional pages.**

AFFIDAVIT OF BASIC INFORMATION, INCOME, AND EXPENSES

Affidavit of _____

Date of marriage _____ Date of separation _____

SECTION I – BASIC INFORMATION

Plaintiff/Petitioner 1

Defendant/Petitioner 2

Date of Birth _____	Date of Birth _____
Social Security Number _____	Social Security Number _____
Phone Number _____	Phone Number _____
Health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If health is not good, please explain: 	Health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If health is not good, please explain:

Education: (Check highest level achieved) <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate	Education: (Check highest level achieved) <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate
Other Technical Certifications:	Other Technical Certifications:
Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION II – INCOME

	<u>Plaintiff/Petitioner 1</u>	<u>Defendant/Petitioner 2</u>
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Employment		
Name of Employer		
Payroll Address		
Payroll City, State, Zip		
Scheduled Paychecks Per Year	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>Plaintiff/Petitioner 1</u>	Year	<u>Defendant/Petitioner 2</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>Plaintiff/Petitioner 1</u>	<u>Defendant/Petitioner 2</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) _____	\$ _____	\$ _____
TOTAL YEARLY INCOME	\$ 0 _____	\$ 0 _____
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 III – CHILDREN AND HOUSEHOLD RESIDENTS

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

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

In addition to the above child(ren):

Plaintiff/Petitioner 1 has _____ other minor biological or adopted child(ren).

Defendant/Petitioner 2 has _____ other minor biological or adopted child(ren).

There is/are _____ adult(s) in your household.

SECTION IV – EXPENSES

List monthly expenses below for your present household.

A. MONTHLY HOUSING EXPENSES

Rent or first mortgage (including taxes and insurance)	\$ _____
Second mortgage/equity line of credit	\$ _____
Real estate taxes (if not included above)	\$ _____
Renter or homeowner's insurance (if not included above)	\$ _____
Homeowner or condominium association fee	\$ _____
Utilities	
◦ Electric	\$ _____
◦ Gas, fuel oil, propane	\$ _____
◦ Water and sewer	\$ _____
◦ Telephone and/or cell phone	\$ _____
◦ Trash collection	\$ _____
◦ Cable/satellite television	\$ _____
◦ Internet service	\$ _____
Cleaning	\$ _____
Lawn service and/or snow removal	\$ _____
Other: _____	\$ _____
_____	\$ _____
TOTAL MONTHLY: \$ 0 _____	

B. OTHER MONTHLY LIVING EXPENSES

Food	
◦ Groceries (including food, paper, cleaning products, toiletries, and other)	\$ _____
◦ Restaurant	\$ _____
Transportation	
◦ Vehicle loan, lease	\$ _____
◦ Vehicle maintenance	\$ _____
◦ Gasoline	\$ _____
◦ Parking, public transportation	\$ _____
Clothing	
◦ Clothes (other than child(ren)'s)	\$ _____

° Dry cleaning and laundry	\$ _____
Personal grooming	
° Hair and nail care	\$ _____
° Other: _____	\$ _____
Other: _____	\$ _____
TOTAL MONTHLY: \$ 0	

C. MONTHLY MINOR CHILD-RELATED EXPENSES
(for child(ren) of the marriage or relationship)

Work and/or education-related child care	\$ _____
Other child care	\$ _____
Extraordinary parenting time travel cost	\$ _____
School tuition	\$ _____
School lunches	\$ _____
School supplies	\$ _____
Extracurricular activities and lessons	\$ _____
Clothing	\$ _____
Child(ren)'s allowances	\$ _____
Special and extraordinary needs of child(ren) (not included elsewhere)	\$ _____
Other: _____	\$ _____
TOTAL MONTHLY: \$ 0	

D. MONTHLY INSURANCE PREMIUMS

Life	\$ _____
Auto	\$ _____
Health	\$ _____
Disability	\$ _____
Other: _____	\$ _____
TOTAL MONTHLY: \$ 0	

E. MONTHLY WORK AND EDUCATION EXPENSES FOR SELF

Mandatory work expenses (union dues, uniforms, or other)	\$ _____
Additional income taxes paid (not deducted from wages)	\$ _____

Tuition	\$ _____
Books, fees, and other	\$ _____
College loan	\$ _____
Other: _____	\$ _____
_____	\$ _____
TOTAL MONTHLY: \$ 0	

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

Physicians	\$ _____
Dentists and orthodontists	\$ _____
Optometrists and opticians	\$ _____
Prescriptions	\$ _____
Other: _____	\$ _____
TOTAL MONTHLY: \$ 0	

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) [for child(ren) who were not born of this marriage or relationship and were not adopted by these parties]	\$ _____
Child support for child(ren) who were not born of this marriage or relationship and were not adopted by these parties	\$ _____
Expenses paid for adult child(ren) or other dependent(s)	\$ _____
Spousal support paid to former spouse(s)	\$ _____
Subscriptions and books	\$ _____
Charitable contributions	\$ _____
Memberships (associations and clubs)	\$ _____
Travel and vacations	\$ _____
Pets	\$ _____
Gifts	\$ _____
Attorney fees	\$ _____
Other: _____	\$ _____
_____	\$ _____
TOTAL MONTHLY: \$ 0	

(Do not repeat expenses already listed.)

[illegible]

OATH OR AFFIRMATION
(Do not sign until Notary Public is present)

STATE OF _____)
COUNTY OF _____) SS

Sworn to or affirmed before me by _____ this _____ day of _____.

Page 7 of 7

IN THE COURT OF COMMON PLEAS
DIVISION
COUNTY, OHIO

Plaintiff/Petitioner 1

vs./and

Defendant/Petitioner 2

Case No. _____

Judge _____

Magistrate _____

Instructions: Check local court rules to determine when this form must be filed. List ALL OF YOUR PROPERTY AND DEBTS, THE PROPERTY AND DEBTS OF YOUR SPOUSE, AND ANY JOINT PROPERTY OR DEBTS. You must provide the most recent value for each asset and balance owed for each debt. 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 AND DEBT

Affidavit of _____

I. REAL ESTATE INTERESTS

<u>Address</u>	<u>Present Fair Market Value</u>	<u>Titled To</u>	<u>Mortgage Balance</u>	<u>Equity</u>
1. _____	\$ _____	_____	\$ _____	\$ 0 _____
2. _____	\$ _____	_____	\$ _____	\$ _____
TOTAL SECTION I: REAL ESTATE INTERESTS				\$ 0 _____

II. OTHER ASSETS

<u>Category</u>	<u>Description</u>	<u>Titled To</u>	<u>Value</u>
A. Vehicles and Other Certificate of Title Property	(Include model and year of automobiles, trucks, motorcycles, boats, motors, motor homes, trailers, ATVs, snowmobiles, jet skis, etc.)		
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____

<u>Category</u>	<u>Description</u>	<u>Titled To</u>	<u>Value</u>
3.			\$
4.			\$
5.			\$
6.			\$

B. Financial Accounts

(Include checking, savings, CDs, POD accounts, money market accounts, etc.)

1.			\$
2.			\$
3.			\$
4.			\$

C. Pensions & Retirement Plans

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

1.			\$
2.			\$
3.			\$
4.			\$

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

(Name of company and number of shares)

1.			\$
2.			\$
3.			\$
4.			\$

Category	Description	Titled To	Value
E. Closely Held Stocks & Other Business Interests and Name of Company (Type of ownership and number of shares)			
1.			\$
2.			\$
F. Life Insurance (Company Name and Term or Whole Life) (Insured Life) Cash Value and Loan Balance, if any			
1.			\$
2.			\$
3.			\$
4.			\$
G. Furniture & Household Goods, Furnishings, and Appliances			
1.			\$
2.			\$
3.			\$
4.			\$
H. Safe Deposit Box (Give location and contents)			
			\$
2.			\$
I. All Other Assets Not Listed Above (including jewelry, art, tools, firearms, and other collectables) (If necessary, attach additional pages)			
1.			\$
2.			\$
TOTAL SECTION II: OTHER ASSETS			\$

III. SEPARATE PROPERTY CLAIMS

Separate property includes, but is not limited to, property owned before marriage and gifts or inheritances to only one spouse.

Description	Why do you claim this as separate property?	Present Fair Market Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

TOTAL SECTION III: SEPARATE PROPERTY CLAIMS: \$ _____

IV. DEBT

List ALL OF YOUR DEBTS, your spouse's debts, 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	Name on Account	Total Debt Due	Monthly Payment
A. Secured Debt (Mortgages, Car, etc.)				
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____
B. Unsecured Debt (Credit cards, medical bills, other debts)				
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____

Type	Name of Creditor	Name on Account	Total Debt Due	Monthly Payment
3.			\$	\$
4.			\$	\$
5.			\$	\$

TOTAL SECTION IV: DEBT \$

V. BANKRUPTCY

Filed by	Date of Filing	Date of Discharge or Relief from Stay	Type of Case (Ch. 7, 11, 12, 13)	Current Monthly Payments
1.				\$
2.				\$

TOTAL SECTION V: BANKRUPTCY \$

OATH OR AFFIRMATION

(Do not sign until Notary Public is present)

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

STATE OF _____)

COUNTY OF _____)

SS

Sworn to or affirmed before me by _____ this _____ day of _____.

Signature of Notary Public

Printed Name of Notary Public

Commission Expiration Date:

(Affix seal here)

Supreme Court of Ohio

Uniform Domestic Relations Form – Affidavit 2

AFFIDAVIT OF PROPERTY AND DEBT

Approved under Ohio Civil Rule 84

Amended: September 21, 2020