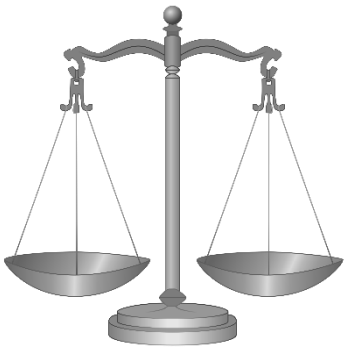
DIVORCE WITH CHILDREN

You will need to fill out completely and submit all of the following documents:

- Complaint for Divorce
- Divorce Notice of Hearing & Request for Service
- Affidavit of Income & Expenses
- Affidavit of Property & Debts
- Copies of your Parenting Seminar Certificate
- UCCJEA / Parenting Affidavit
- Health Insurance Affidavit
- Final Decree of Divorce with Children

- *Motion for Temporary Orders* *(optional)*
- *Motion, Affidavit & Order for Restraining Order* *(optional)*

***Please make sure ALL documents are completely filled out and are signed, dated & notarized (where required). Failure to submit filled out, signed forms could result in the dismissal of your case and loss of your deposit.



IN THE COURT OF COMMON PLEAS
_____ DIVISION
_____ COUNTY, OHIO

_____ Case No. _____
Name

_____ Judge _____
Street Address

_____ Magistrate _____
City, State and Zip Code

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 have (a) minor child(ren), adult child(ren) attending high school, or child(ren) with disabilities, and/or a party is pregnant. Check to determine if you meet the residency requirement to file in this county. A Request for Service (Uniform Domestic Relations Form 31/Juvenile Form 10) and a Parenting Proceeding Affidavit (Uniform Domestic Relations Form - Affidavit 3) 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 WITH 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
   ☐ The 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. *Check all that apply*: (If more space is needed, add additional pages)

☐ The following child(ren) was/were born of the parties' relationship prior to the marriage:

Name of Child	**Date of Birth**

☐ The following child(ren) was/were born from or adopted during this marriage:

Name of Child	**Date of Birth**

☐ The following child(ren) was/were born from or adopted during this marriage or relationship and is/are mentally or physically disabled and will be incapable of supporting or maintaining themselves:

Name of Child	**Date of Birth**

☐ The following child(ren) is/are subject to an existing order of parenting or support of another Court:

Name of Child	**Date of Birth**

☐ One party is not the parent of the following child(ren) who was/were born during the marriage:

Name of Child	**Date of Birth**

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*)

- ☐ Plaintiff be designated the residential parent and legal custodian of the following minor child(ren): _____;
- ☐ Defendant be designated the residential parent and legal custodian of the following minor child(ren): _____;
- ☐ the non-residential parent be granted specific parenting time;
- ☐ Plaintiff and Defendant be granted shared parenting of the following minor child(ren): _____ pursuant to a Shared Parenting Plan (Uniform Domestic Relations Form 20), which Plaintiff will prepare and file with the Court;
- ☐ Defendant pay child support, cash medical support, and health care expenses;
- ☐ 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)

Print Form

IN THE COURT OF COMMON PLEAS
FAMILY COURT DIVISION
STARK COUNTY, OHIO

_____ **CASE # _____**
Name

_____
Street Address

JUDGE _____

_____
City, State & Zip

Plaintiff,

v./and

_____
Name

_____
Street Address

_____
City, State & Zip

Defendant.

DIVORCE

NOTICE OF HEARING AND REQUEST FOR SERVICE

A hearing will be held on this case on the _____ day of _____, 20___ at _____ o'clock ____.m. at the Stark County Family Court located at 110 Central Plaza South, 6th Floor, Canton, Ohio 44702.

If an Answer has not been filed or if the parties have entered into a written Separation Agreement, the hearing will proceed as an uncontested trial.
If an Answer has been filed and the parties have not reached an agreement, this hearing will be a Pretrial.

Instructions: This form is used when you want to ask for documents to be sent (served) to the other party. You must MARK the line with an "X" for the type of service you are requesting.

TO THE CLERK:

Please serve the pending documents on the following parties in the manner listed below:

____ **Defendant** at the address listed above

- ____ Certified Mail, Return Receipt Requested
- ____ Issuance to Sheriff of _____ County for
  ____Personal or ____ Residence Service
- ____ Ordinary US Mail, evidenced by a certificate of mailing (only if certified comes back unclaimed)
- ____ Other (specify) _____

____ **Other** (Name)_____

(Address)_____

- ____ Certified Mail, Return Receipt Requested
- ____ Issuance to Sheriff of _____ County for
  ____Personal or ____ Residence Service
- ____ Ordinary US Mail, evidenced by a certificate of mailing
- ____ Other (specify) _____

_____
Your Signature

_____
Your Name (printed)

_____
Phone number

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 _____
(Print Name)

Date of marriage_____Date of separation _____

SECTION I – BASIC INFORMATION

Plaintiff/Petitioner 1	Defendant/Petitioner 2
Date of Birth _____	Date of Birth _____
Last 4 Digits of Social Security # XXX-XX-_____	Last 4 Digits of Social Security # XXX-XX-_____
Phone Number_____	Phone Number_____
Email Address_____	Email Address_____
Is an interpreter needed? ☐ Yes or ☐ No If yes, explain: _____	Is an interpreter needed? ☐ Yes or ☐ No If yes, explain: _____
Health: ☐ Good ☐ Fair ☐ Poor If health is not good, please explain:	Health: ☐ Good ☐ Fair ☐ Poor If health is not good, please explain:

Education: (*Check highest level achieved*) ☐ Grade School ☐ High School ☐ Associate ☐ Bachelor's ☐ Post Graduate	Education: (*Check highest level achieved*) ☐ Grade School ☐ High School ☐ Associate ☐ Bachelor's ☐ Post Graduate
Other Technical Certifications: Active Member of the U.S. Military ☐ Yes ☐ No	Other Technical Certifications: Active Member of the U.S. Military ☐ Yes ☐ No

SECTION II – INCOME

	Plaintiff/Petitioner 1	**Defendant/Petitioner 2**
Employed	☐ Yes ☐ No	☐ Yes ☐ No
Date of Employment	_____	_____
Name of 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

	Plaintiff/Petitioner 1		Year	**Defendant/Petitioner 2**
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

	Plaintiff/Petitioner 1	**Defendant/Petitioner 2**
Base Yearly Income	$_____	$_____
Average yearly overtime, commissions, and/or bonuses over last 3 years (from part A)	$_____	$_____

	Plaintiff/Petitioner 1	Defendant/Petitioner 2
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) and/or public assistance	$_____	$_____
Social Security or Veteran's benefits received for child(ren) ☐ Based on parent's disability ☐ Based on child's disability	$_____	$_____
Child support you receive from a child support enforcement agency or court order 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: _____	$_____
_____	$_____
TOTAL MONTHLY:	**$**_____

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: $_____

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: $_____

D. MONTHLY INSURANCE PREMIUMS

Life $_____

Auto $_____

Health $_____

Disability $_____

Other: _____ $_____

TOTAL MONTHLY: $_____

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: _____	$_____
_____	$_____
TOTAL MONTHLY:	**$**_____

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

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

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: $_____

H. MONTHLY INSTALLMENT PAYMENTS INCLUDING BANKRUPTCY PAYMENTS

(*Do not repeat expenses already listed.*)
Examples: car, credit card, rent-to-own, or cash advance payments

To whom paid	Purpose	Balance due	Monthly payment
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
		TOTAL MONTHLY:	**$**

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

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 _____ **)**
) SS
COUNTY OF _____ **)**

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)

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 _____
(Print Name)

I. REAL ESTATE INTERESTS

Address	Present Fair Market Value	Titled To	Mortgage Balance	Equity
1._____ _____	$_____	_____	$_____	$_____
2._____ _____	$_____	_____	$_____	$_____

TOTAL SECTION I: REAL ESTATE INTERESTS: $_____

II. OTHER ASSETS

Category	Description	Titled To	Value
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. _____	_____	_____	$ _____

	Category	Description	Titled To	Value
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)			
1. _____	_____	_____	$ _____
2. _____	_____	_____	$ _____
3. _____	_____	_____	$ _____
4. _____	_____	_____	$ _____
I. All Other Assets Not Listed Above (including jewelry, art, tools, firearms, and other collectibles)	(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.	_____	_____	_____	$ _____

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.	_____	_____	_____	$_____	$_____
3.	_____	_____	_____	$_____	$_____

	Type	Name of Creditor	Name on Account	Total Debt Due	Monthly Payment
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 _____)
) SS
COUNTY OF _____)

Sworn to or affirmed before me by_____this_____day of_____,_____.

_____
Signature of Notary Public

_____
Printed Name of Notary Public

(Affix seal here)

Commission Expiration Date: _____

PRINT

IN THE COURT OF COMMON PLEAS
_____ DIVISION
_____ COUNTY, OHIO

_____ Case No. _____
Plaintiff/Petitioner 1

Judge _____

vs./and

Magistrate _____

_____
Defendant/Petitioner 2/Respondent

Instructions: Check local court rules to determine when this form must be filed. By law, this affidavit must be filed and served with any Complaint, Petition or Motion regarding the allocation of parental rights and responsibilities, parenting time, custody, or visitation. 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 Name)

ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OR YOUR CHILD(REN) WOULD BE JEOPARDIZED BY THE DISCLOSURE OF YOUR ADDRESS OR IDENTIFYING INFORMATION. YOU ACKNOWLEDGE THAT THE COURT MAY CONDUCT A HEARING REGARDING THE BASIS FOR YOUR REQUEST.

☐ Pursuant to R.C. 3127.23(D), I allege that my health, safety, or liberty or that of my child(ren) would be jeopardized by the disclosure of identifying information to my spouse or the public. Therefore, I request that my address be placed under seal. I have marked the corresponding box next to each address I am requesting to be sealed.

1. (Number): _____ Minor child(ren) is/are subject to this case as follows:

Insert the information requested below for all minor or dependent children of the parties. 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 ☐ M ☐ F**
Date of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	☐	_____ _____		_____
_____ to _____	☐	_____ _____		_____

_____ to _____	☐	_____ _____	_____
_____ to _____	☐	_____ _____	_____

b. Child's name _____	**Place of birth** _____	**Date of birth** _____	**Sex ☐ M ☐ F**

☐ Check this box if the information below is the same as in Section 1(a). Skip to the next question.

Date of residence	Address Confidential	Person child lived with (name and address)	Relationship
_____ to present	☐	_____ _____	_____
_____ to _____	☐	_____ _____	_____
_____ to _____	☐	_____ _____	_____
_____ to _____	☐	_____ _____	_____

c. Child's name _____	**Place of birth** _____	**Date of birth** _____	**Sex ☐ M ☐ F**

☐ Check this box if the information below is the same as in Section 1(a). Skip to the next question.

Date of residence	Address Confidential	Person child lived with (name and address)	Relationship
_____ to present	☐	_____ _____	_____
_____ to _____	☐	_____ _____	_____
_____ to _____	☐	_____ _____	_____
_____ to _____	☐	_____ _____	_____

d. Additional children are listed on Attachment 1(d). (Provide requested information for additional children on an attachment labeled 1(d).)

2. **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.

Explain: _____

_____

a. Name of each child: _____

b. Type of case: _____

c. Court and State: _____

d. Date and court order or judgment (if any): _____

3. **Information** about custody case(s): **(*Check only one box*)**

☐ I **HAVE NO INFORMATION** of any 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 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, other than listed in Paragraph 2.

Explain: _____

_____

a. Name of each child: _____

b. Type of case: _____

c. Court and State: _____

d. Date and court order or judgment (if any): _____

4. **Information about criminal convictions:**

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/COUNTY/STATE	CHARGE

5. Persons not a party to this case: (*Check only one box*)

☐ I **DO NOT KNOW OF ANY PERSON** 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: _____

6. I understand that I have a continuing duty to advise this Court of any custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection order from domestic violence case concerning the children about whom information is obtained during this case.

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 _____)
) SS
COUNTY OF _____)

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)

PRINT

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 disclose health insurance coverage that is available for children of the relationship. It is also used to determine child support. **If more space is needed, add additional pages.**

HEALTH INSURANCE AFFIDAVIT

Affidavit of _____
(Print Name)

	Plaintiff/Petitioner 1		**Defendant/Petitioner 2**	
Is/are your child(ren) currently enrolled in a government-provided program (i.e. Healthy Start/ Medicaid)?	☐ Yes	☐ No	☐ Yes	☐ No
Is/are your child(ren) enrolled in an individual (non-group or COBRA) health insurance plan?	☐ Yes	☐ No	☐ Yes	☐ No
Is/are your child(ren) enrolled in a plan found through the exchange/Affordable HealthCare Marketplace?	☐ Yes	☐ No	☐ Yes	☐ No
Is/are your child(ren) enrolled in a health insurance plan through a group (employer or other organization)?	☐ Yes	☐ No	☐ Yes	☐ No
If your child(ren) is/are not enrolled, does/do he/she/they 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 children's home?	☐ Yes	☐ No	☐ Yes	☐ No
Under the available insurance, what is the annual premium you pay for family coverage?	$ _____		$ _____	
Name of group (employer or organization) that provides health insurance	_____		_____	
Address	_____		_____	
	_____		_____	
Phone Number	_____		_____	

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 _____)
) SS
COUNTY OF _____)

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)

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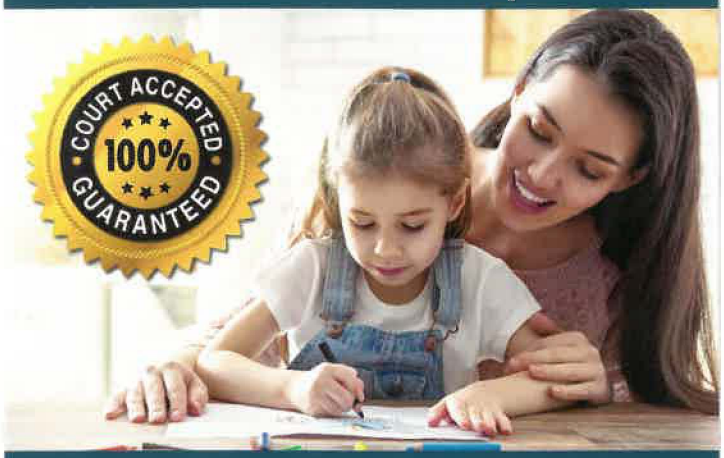

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  2. Click: **"Sign Up Now"**
  3. Carefully follow the on screen instructions
  4. If you have a court approved fee waiver, see the instructions on the purchase page.

- Accounts are good for 30 days and are available 24 hours a day, 7 days a week.

- It is your responsibility to file the certificate of completion with the Clerk of Courts.

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Place Attorney or Court information label here.

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IN THE COURT OF COMMON PLEAS
_____ DIVISION
_____ COUNTY, OHIO

_____
Plaintiff

vs.

_____
Defendant

Case No. _____

Judge _____

Magistrate _____

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: 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. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **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 (A) Motion and Affidavit or (B) Counter Affidavit.

☐ **(A) Motion and Affidavit**

_____ (name), the Movant, files this Motion and Affidavit under Civ.R. 75(N) and/or under R.C. 3109.043 to request the temporary orders checked here.

Check only those that apply.

_____ Residential parenting rights (custody)
_____ Parenting time (companionship or visitation)
_____ Child support
_____ Spousal support (if married)
_____ Payment of debts and/or expenses

THE OTHER PARTY HAS FOURTEEN (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*)

☐ **(B) Counter Affidavit**

Movant 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. ☐ The parties are living separately.
Date of separation is _____.

☐ The parties are living together.

☐ The parties have no minor children. (*Skip to number 6*)

☐ The parties have (a) minor child(ren) who was/were born from or adopted during this relationship. (*List child(ren) here*)

Name	**Date of birth**	**Living with**

☐ In addition to the above child(ren),

Movant has _____ other biological or adopted minor child(ren).

Other party has _____ other biological or adopted minor child(ren).

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

2. Movant's child(ren) attend(s) school in:

☐ _____ public school district

☐ Other: (*Explain*) _____

☐ All children do not attend school in the same district. (*Explain*)

_____

_____

3. ☐ Movant requests to be named the temporary residential parent and/or legal custodian of the child(ren): (*Specify child(ren) if request is not for all child(ren)*)

_____

_____

☐ Movant does not object to the other parent or party being named the temporary residential parent and/or legal custodian of the child(ren): (*Specify child(ren) if request is not for all child(ren)*)

_____

_____

4. ☐ Movant has reached an agreement regarding parenting time (companionship or visitation) with the other parent or party as follows:

_____

_____

_____

☐ Movant wishes to exercise the following parenting time (companionship or visitation):

_____

_____

_____

☐ Movant wishes for the other parent or party to exercise the following parenting time (companionship or visitation):

_____

_____

_____

☐ Movant requests that the other parent or party's parenting time (companionship or visitation) be supervised: (*Explain the reason for request*.)

_____

_____

_____

Name of an appropriate supervisor _____

5. ☐ A Court or agency has made a child support order concerning the child(ren).

Name of Court/Agency _____

Date of Order _____

SETS No. _____

6. Movant requests the Court to order the other parent or party to pay:

☐ $_____ child support per month

☐ $_____ spousal support per month (only if married)

☐ $_____ attorney fees, expert fees, Court costs

☐ The following debts and/or expenses:

_____

_____

☐ Other: _____

_____

_____

7. ☐ Movant is willing to attend mediation.

☐ Movant is not willing to attend mediation.

8. ☐ Movant requests the following Court services. (*See local rules of Court for available services.)*

_____

_____

State specific reasons why Court services are required.

_____

_____

_____
Attorney or Self Represented Party Signature

_____
Printed Name

_____
Address

_____
City, State, Zip

_____
Phone Number

_____
Fax Number

_____
E-mail

_____
Supreme Court Reg No. (if any)

OATH OR AFFIRMATION

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.

_____
Signature

STATE OF _____)
) SS
COUNTY OF _____)

Sworn to or affirmed before me by _____this _____day of _____, _____.

NOTICE OF HEARING

(*Check with local Court to obtain a hearing date and time and for scheduling procedure*)

You are hereby given notice that this Motion for Temporary Orders will come before the Court for consideration on Affidavits only, without oral testimony, before Judge/Magistrate _____, at _____ a.m./p.m. on _____, 20_____.

CERTIFICATE OF SERVICE

(*Check the boxes that apply*)

I delivered a copy of the: ☐ 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:

- ☐ As instructed in the Request for Service (Uniform Domestic Relations Form 31/Uniform Juvenile Form 10) filed with the Clerk of Courts
- ☐ Regular U.S. Mail
- ☐ Fax
- ☐ Hand Delivery
- ☐ Other: _____

_____

Signature

Print Form

IN THE COURT OF COMMON PLEAS
FAMILY COURT DIVISION
STARK COUNTY, OHIO

_____ **CASE # _____**
Name of Plaintiff

JUDGE _____

v.

_____
Name of Defendant

MOTION
FOR TEMPORARY RESTRAINING ORDER

Now comes the Plaintiff in the above captioned case, and moves this Court for an Order temporarily restraining and enjoining the Defendant from bothering, molesting, harassing, abusing or otherwise interfering with the Plaintiff at any time or place, specifically but not limited to his/her home and place of employment. Plaintiff further requests that the Defendant be restrained and enjoined from transferring, removing, mortgaging, selling or otherwise encumbering or disposing of the assets of the parties during the pendency of this action. Plaintiff further moves that the Defendant be restrained and enjoined from incurring any additional debt. Plaintiff reasonably believes that this Order is necessary to prevent physical harm and abuse to him/herself as well as problems with his/her family and neighbors and to prevent destruction or encumbrance of the marital assets, as more fully stated in Plaintiff's Affidavit attached to the Motion.

WHEREFORE, Plaintiff prays that this Court issue a Temporary Restraining Order restraining and enjoining the Defendant from bothering, molesting, harassing, abusing or otherwise interfering with the Plaintiff at any time or place & from transferring, removing, mortgaging, selling or otherwise encumbering any assets of the Parties.

Respectfully submitted,

_____
Signature of Plaintiff

AFFIDAVIT IN SUPPORT OF
MOTION FOR TEMPORARY RESTRAINING ORDER

STATE OF OHIO :
: SS
COUNTY OF STARK :

Now comes the Plaintiff in the above captioned case, and states as follows:

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

2. I have a valid interest in marital assets which Defendant has the ability to encumber, destroy or dispose of, if not restrained and enjoined from doing so.

3. I reasonably believe that unless restrained and enjoined from doing so, Defendant may attempt to encumber, sell, mortgage or otherwise dispose of valuable marital assets.

4. I believe that unless the Defendant is restrained, Defendant will harass or intimidate me regarding aspects of this case.

Further, Affiant sayeth naught.

Executed at _____ (city), Ohio, this _____ day of _____, 20____.

_____
Signature of Affiant

Sworn and subscribed in my presence this _____ day of _____, 20_____.

_____
(SEAL) NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES _____

IN THE COURT OF COMMON PLEAS
FAMILY COURT DIVISION
STARK COUNTY, OHIO

_____ **CASE # _____**
Name of Plaintiff

JUDGE _____

v.

_____
Name of Defendant

TEMPORARY RESTRAINING ORDER

Upon Motion, supported by Affidavit, and for good cause shown, it is hereby ORDERED that during the pendency of this action:

1. Each party is restrained from directly or indirectly harassing, annoying, interfering with, harassing by telephone or social media, assaulting or doing bodily harm to the other party at their residence, place of employment or elsewhere.
2. Each party is restrained from selling, damaging, destroying, removing, encumbering, disposing of, lessening the value of, or in some manner secreting the assets of the parties, or the assets of either party, including, but not limited to, real estate, household furniture and/or furnishings, personal items or automobiles.
3. Each party is restrained from directly or indirectly changing beneficiaries, making loans on, terminating or otherwise closing out or reducing any pension plan, retirement account or life insurance policy, including benefits and values, on the life of either party or the child(ren) thereof.
4. Each party is restrained from withdrawing, spending, encumbering or disposing of funds deposited in any financial institution, including, but not limited to, investment accounts, bank accounts, money markets, credit unions, pension plans, certificates of deposits or savings bonds or the like.
5. Each party is restrained from directly or indirectly causing the hospitalization and/or medical, dental or any other insurance, including, but not limited to, automobile insurance previously in effect for the benefit of either party or the child(ren) thereof to be terminated or lessened as to benefits or value.
6. Each party is restrained from contracting upon the parties' joint credit or the other party's separate credit in some manner, including, but not limited to any lease.
7. If this action involves minor children of the parties, each party is restrained from removing said minor child(ren) from the jurisdiction of the Court, school of enrollment or concealing the exact whereabouts of said minor child(ren).
8. _____
   _____
   _____
9. No bond or hearing will be required for the issuance of this Restraining Order.

_____ _____
Date Judge/Magistrate

IN THE COURT OF COMMON PLEAS
FAMILY COURT DIVISION
STARK COUNTY, OHIO

_____	:	**CASE #**_____
Plaintiff	:	
	:	**JUDGE** _____
vs.	:	
	:	
_____	:	FINAL DECREE OF DIVORCE
Defendant	:	**(with children)**
	:	

FINDINGS OF FACT

This cause came to be heard on the _____ day of _____, 20____ upon the Complaint of the Plaintiff. The Court finds that service has been completed upon the Defendant. Defendant has failed to file an Answer and did not appear for the hearing. The Plaintiff appeared with witnesses, and the matter proceeded as an uncontested hearing.

The Court makes the following findings:

1. The Court has jurisdiction. Plaintiff has been a resident of the State of Ohio for more than 6 months and the County of Stark for more than 90 days immediately preceding the filing of the Complaint.
2. The date of marriage is _____.
3. There have been children born as issue of the marriage, namely,

   _____ born on _____
   _____ born on _____
   _____ born on _____

   Neither party is pregnant.
4. The Plaintiff has proven the following grounds:

   _____ Incompatibility
   _____ Gross Neglect of Duty
   _____ Extreme Cruelty
   _____ Adultery
   _____ Habitual Drunkenness
   _____ Willful absence of the adverse party for one (1) year,
   _____ Other grounds (bigamy /imprisonment/ fraudulent contract)

   A corroborating witness presented testimony as to grounds.
5. The Court finds that after considering the statutory factors in O.R.C.§3105.18, that Plaintiff is/is not entitled to spousal support.
6. The parties do/do not jointly own real estate.
7. Neither party is currently in bankruptcy.
8. A character witness testified as to Plaintiff's reputation in the community for truthfulness.
9. Other: _____

ORDERS

GROUNDS: Plaintiff is granted a divorce on the following grounds: _____

_____.

It is hereby ordered, adjudged and decreed that the marriage contract heretofore existing between the parties be, and the same hereby is, terminated and held for naught.

CHILD-RELATED MATTERS: (check all that apply)

PARENTING TIME:

_____ Plaintiff/Defendant is hereby granted legal custody of the parties' minor children.

_____ Plaintiff/Defendant shall have visitation pursuant to the Court's Schedule ____ or pursuant to the attached schedule incorporated herein by reference.

_____ Parties shall operate under the Shared Parenting Plan that has been filed. This Decree shall constitute an Order for Shared Parenting.

_____ The Court shall not modify and/or enforce parenting orders on behalf of any parent who has not completed the mandatory court-approved seminar.

CHILD SUPPORT:

_____ Plaintiff/Defendant shall pay child support in the amount of $_____ per month per child ($_____ total for ____ children) and $_____ per month medical support per child ($_____ total for ____ children) plus processing fees through the Stark County CSEA commencing _____.

All child support and spousal support under this order shall be withheld or deducted from the income or assets of the Obligor pursuant to a withholding or deduction notice or appropriate court order issued in accordance with O.R.C. §3113.21 or a withdrawal directive issued pursuant to O.R.C. §3113.214 and shall be forwarded to the Obligee in accordance with O.R.C. §3113.21 to 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 residence address, current residence telephone number, current driver's license number, and of any changes in that information. Each party must notify the agency of all changes until further notice from the court. If you are the Obligor under a child support order and you fail to make the required notifications, you may be fined up to $50 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 an Obligor and you fail to make the required notifications, you may not receive notice of the following enforcement actions against you: imposition of liens against your property; loss of your professional or occupational license, driver's license, or recreational license; withholding from your income; access restriction and deduction from your accounts in financial institutions; and any other action permitted by law to obtain money from you to satisfy your support obligation.

All child support orders are subject to the continuing jurisdiction of this Court until the child(ren) have reached age 18 & are no longer attending high school on a full-time basis. Obligor shall name the children as beneficiaries on any life insurance as long as there is any obligation to pay child support.

INSURANCE & TAX DEPENDENCY DEDUCTION:

_____ Exhibit C is ordered.

_____ Plaintiff/Defendant shall maintain health insurance for the minor child(ren).

_____ Uncovered medical expenses shall be paid: ___% by Plaintiff, ___% by Defendant.

_____ Plaintiff/Defendant shall receive all of the tax benefits for said children, or

_____ Plaintiff shall take _____ Defendant shall take _____ for tax purposes.

PROPERTY & DEBTS: (check all that apply)

_____ Each party shall keep the personal property in their own possession.

_____ Plaintiff shall receive the following item(s) from the Defendant: _____

_____.

_____ The parties shall each keep the vehicles currently titled in their individual names.

_____ Plaintiff is awarded the following vehicle(s): _____.

_____ Each party shall retain the bank/financial institution accounts in their own names.

_____ Each party shall retain their own pensions/IRA's/401(k)s/retirement accounts.

_____ Each party shall pay their own living expenses and the debts in their own names.

_____ Other: _____

SPOUSAL SUPPORT: (check one of the following)

_____ No spousal support shall be paid by either party. The Court shall not retain continuing jurisdiction over the issue of spousal support.

_____ Defendant shall pay spousal support to Plaintiff in the amount of $_____ per month commencing _____ for a period of _____. Said spousal support shall terminate on the earlier of the above-stated term, remarriage of Plaintiff or death of either party.

MISCELLANEOUS:

☐ Plaintiff or ☐ Defendant shall be restored to the former name of _____.

Except as otherwise stated, within 30 days of this Final Decree, each party shall execute, transfer and deliver all titles, deeds, conveyances, certificates or any other documents necessary to effectuate this Order. If either party fails to execute, transfer or deliver any such document(s) to the other party, then this Order may be presented to the County Auditor, Clerk of Courts, County Recorder and any other public or private officials, in lieu of the document that is regularly required to convey or transfer the property.

All restraining orders are released. All prior orders are merged into this Decree.

Any other motions before this Court not specifically addressed are denied.

Each party shall pay their own attorneys' fees.

Apply deposit to costs; any remaining costs to be divided equally.

_____ _____

Date Magistrate

NOTICE: A party may, pursuant to Ohio Civil Rule 53, file a written motion to set aside a Magistrate's Order within ten (10) days of the filing of an Order. A party may file a written objection to a Magistrate's Decision within fourteen (14) days of the filing of a decision. The Court, having made an independent analysis of the issues and the applicable law, hereby approves and adopts the Magistrate's Decision and orders it to be entered as a matter of record.

_____ _____

Date Judge

CLERK: Please serve a time-stamped, certified copy of this Order to both parties.