

## **PROPOSED AMENDMENTS TO THE OHIO RULES OF CIVIL PROCEDURE**

Comments Requested: The Supreme Court of Ohio will accept public comments until February 16, 2010 on the following proposed amendments to the Ohio Rules of Civil Procedure 84 Domestic Relations Forms. These proposed domestic relations forms will be added to the Appendix of Forms found after Rule 86 of the Ohio Rules of Civil Procedure. Pursuant to Civ.R. 84, the forms will be approved by the Supreme Court as “sufficient” under the rules and accordingly must be accepted by all courts in which they are filed. Courts may continue to use local forms in addition to the approved forms.

The forms will be posted on the Supreme Court’s website in a format to be completed online and printed or may be printed out for completion by hand.

Comments on the proposed amendments should be submitted in writing to: John VanNorman, Policy and Research Counsel, Supreme Court of Ohio, 65 South Front Street, 7th Floor, Columbus, Ohio 43215-3431, or [john.vannorman@sc.ohio.gov](mailto:john.vannorman@sc.ohio.gov) not later than February 16, 2010. Please include your full name and mailing address in any comments submitted by e-mail.

COURT OF COMMON PLEAS

\_\_\_\_\_ COUNTY, OHIO

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

vs./and

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

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

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

**Instructions:**

This affidavit is used to make complete disclosure of each party's financial information, income and money owed. It is used to determine child and spousal support amounts. 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.**

UNIFORM DOMESTIC RELATIONS FORM – AFFIDAVIT 1-A  
**AFFIDAVIT OF INCOME, EXPENSES AND FINANCIAL DISCLOSURE-LONG FORM**  
Affidavit of \_\_\_\_\_  
(Print Your Name)

Minor and/or Dependent Children of this Marriage:

_____	age _____	is residing with _____
_____	age _____	is residing with _____
_____	age _____	is residing with _____
_____	age _____	is residing with _____
_____	age _____	is residing with _____

## SECTION I - INCOME

### GROSS YEARLY INCOME FOR CURRENT YEAR

	<u>Husband</u>	<u>Wife</u>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employed		
Base Yearly Wages (Actual or Estimate)	\$ _____	\$ _____
Yearly Averages Overtime, Commission & Bonus Income	\$ _____	\$ _____
Employer	_____	_____
Payroll Address	_____	_____
Payroll City, State, Zip	_____	_____
Scheduled Paychecks Per Year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52
Unemployment Benefits	\$ _____	\$ _____
Workers' Compensation	\$ _____	\$ _____
Social Security or Other Disability Benefits (List Sources in Space below)	\$ _____	\$ _____
Spousal Support Received	\$ _____	\$ _____
Interest/Dividend Income (List Sources in Space below)	\$ _____	\$ _____
Public Assistance or Income Supplemental Security	\$ _____	\$ _____
Other Income Received (List Sources in Space below)	\$ _____	\$ _____
<b>TOTAL YEARLY INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>

**ADDITIONAL INFORMATION ON SOURCES OF INCOME**  
(if needed)

Type of Income	Source of Income

**ANNUAL INCOME, OVERTIME AND BONUSES FOR PAST THREE YEARS**

	<u>Husband</u>				<u>Wife</u>			
Base Income	\$	_____	Year 3	20	\$	_____		
	\$	_____	Year 2	20	\$	_____		
	\$	_____	Year 1	20	\$	_____		
Overtime, and/or Bonuses/Other Income	\$	_____	Year 3	20	\$	_____		
	\$	_____	Year 2	20	\$	_____		
	\$	_____	Year 1	20	\$	_____		

**SECTION II - EXPENSES**

**YOUR MONTHLY EXPENSES**

List expenses below for your present household.

There is/are \_\_\_\_\_ adult(s) and \_\_\_\_\_ child(ren) in my household. (See also Page 4)

**A. HOUSING**

1. Rent or Mortgage (including taxes and insurance)	\$	_____
2. Utilities	\$	_____
a. Gas & Electric	\$	_____
b. Water & Sewer	\$	_____
c. Telephone (excluding long distance)	\$	_____
d. Trash Collection	\$	_____
e. Cable Television	\$	_____
3. Other: _____	\$	_____
_____	\$	_____
<b>TOTAL HOUSING:</b>	\$	=====

B. OTHER

1. Car Repairs and License	\$	_____
2. Insurance	\$	_____
3. Medical Expenses (not covered by insurance)	\$	_____
4. Clothing	\$	_____
5. Grocery Items (to include food, laundry and cleaning products/toiletries, etc.)	\$	_____
6. Child Related Expenses	\$	_____
a. (employment related only)	\$	_____
b. Other:	\$	_____
7. Gasoline & Oil	\$	_____
8. Other: _____	\$	_____
_____	\$	_____
_____	\$	_____
<b>MONTHLY TOTAL:</b>	\$	_____

C. MONTHLY INSTALLMENT PAYMENTS

(Do not repeat expenses already listed.)

To Whom Paid	Purpose	Balance Due	MONTHLY PAYMENT
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
<b>MONTHLY TOTAL:</b>			\$ _____

D. OTHER MONTHLY EXPENSES

(Do not repeat expenses already listed.)

1. Special and Unusual Needs of the Children, Specify:	\$
2. Unusual Parenting Time-Related Travel Expenses	\$
3. Special Obligations to other children, minor and handicapped, not step-children	\$
4. Other required deductions from Wages (not taxes, Social Security)	\$
5. Hair Care	\$
6. Dry Cleaning	\$

7. Newspapers, Periodicals, and Books	\$
8. Child Care (not employment related)	\$
9. Children's School Lunch Program	\$
10. Children's Allowances	\$
11. Children's Activities	\$
12. Tuition (for Minor Children or Self)	\$
13. Entertainment	\$
14. Contributions	\$
15. Additional Taxes Paid (not from wages)	\$
16. Memberships (Associations, Clubs)	\$
17. Travel, Vacations	\$
18. Water Softener	\$
19. House Repairs	\$
20. Housekeeping	\$
21. Lawn Service	\$
22. Pets	\$
23. Gifts	\$
24. Chapter 13 Bankruptcy Payments	\$
25. Attorney Fees	\$
26. Other (Specify):	\$
	\$
	\$

**TOTAL OTHER EXPENSES (D):** \$ \_\_\_\_\_

**GRAND TOTAL MONTHLY EXPENSES (Sum A, B, C plus D):** \$ \_\_\_\_\_

### SECTION III - LIQUID ASSET DISCLOSURE

A. List all assets that can be available to meet a court-ordered support obligation.

Asset	Location	Person(s) to Whom Titled	Balance	Date of Balance
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

### OATH

[Do Not Sign Until Notary is Present]

I, (print name) \_\_\_\_\_ hereby swear or affirm that I have read this document and know of my own knowledge that the facts and information stated in this document are true and correct. I understand that if I lie, I may be held criminally and civilly responsible, including a jail sentence, fine, or 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

vs./and

\_\_\_\_\_  
Defendent/Petitioner

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

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

**Instructions:**

Use this affidavit for a dissolution or as the court specifies to make complete disclosure of each party's financial information, income and money owed. It is used to determine child and spousal support amounts. 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.**

**UNIFORM DOMESTIC RELATIONS FORM – AFFIDAVIT 1-B  
AFFIDAVIT OF INCOME, EXPENSES AND FINANCIAL DISCLOSURE-SHORT FORM**

**Affidavit of** \_\_\_\_\_

(Print Your Name)

**YOUR ASSETS**

Cash	\$	_____
Government Bonds	\$	_____
Checking Accounts	\$	_____
Savings Accounts	\$	_____
Stocks, Bonds, Securities	\$	_____
Life Insurance Cash Values	\$	_____
Real Estate	\$	_____



Automobile		\$	_____
Other Assets (itemize):	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____

**YOUR INCOME**

Gross Income from Employment		\$	_____
<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually			
Other Income (itemize):	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____

**RETIREMENT ACCOUNTS, PENSIONS, 401(k) ACCOUNTS, etc.**

<u>Husband</u>	<u>Wife</u>
\$ _____	\$ _____
Vested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vested: <input type="checkbox"/> Yes <input type="checkbox"/> No

**MONIES OWED YOU**

<u>Borrower</u>	<u>Amount Owed</u>	<u>Type of Account</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**LIABILITIES**

	<u>Amount Owed</u>	<u>Type of Account</u>
Loans Owed	\$	
	\$	
Loans on Life Insurance/Retirement Account	\$	
Taxes	\$	
Mortgages	\$	

**CONSUMER DEBTS**

<u>In Your Name</u>	<u>Amount Owed</u>	<u>Type of Account</u>
	\$	
	\$	
	\$	
<u>In Joint Names</u>		
	\$	
	\$	
	\$	

**OATH**

**[Do Not Sign Until Notary is Present]**

I, (print name) \_\_\_\_\_ hereby swear or affirm that I have read this document and know of my own knowledge that the facts and information stated in this document are true and correct. I understand that if I lie, I may be held criminally and civilly responsible, including a jail sentence, fine, or 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

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

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

vs./and

\_\_\_\_\_  
Respondent/Petitioner

**Instructions:**

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.**

**UNIFORM DOMESTIC RELATIONS FORM – AFFIDAVIT 2  
AFFIDAVIT OF PROPERTY**

**Affidavit of** \_\_\_\_\_

(Print Your Name)

**I. REAL ESTATE INTERESTS**

<u>Address</u>	<u>Present Fair Market Value</u>	<u>Titled To</u>	<u>Monthly Mortgage Payments</u>	<u>Value/Date of Value</u>
1. _____	\$ _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____	\$ _____
2. _____	\$ _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____	\$ _____
3. _____	\$ _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____	\$ _____
4. _____	\$ _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____	\$ _____
5. _____	\$ _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____	\$ _____

## II. OTHER ASSETS

<u>Category</u>	<u>Description</u> (Also list who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
<b>A. Vehicles and Other Certificate of Title Property</b>	(Include model and year of automobiles, trucks, motorcycles, boats, motors, motor homes, etc.)		
1. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
2. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
3. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
4. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
<b>B. Financial Accounts</b>	(Include checking, savings, CDs, POD accounts, money market accounts, etc.)		
1. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
2. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
3. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
4. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____

<u>Category</u>	<u>Description</u> (Also list who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
<b>C. Pensions &amp; Retirement plans</b>	(Include profit-sharing, IRAs, 401k plans, etc.; Describe each type of plan)		
1. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
2. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
3. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
4. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
<b>D. Publicly Held Stocks, Bonds, Securities &amp; Mutual Funds</b>			
1. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
2. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
3. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
4. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____

<u>Category</u>	<u>Description</u> (Also list who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
<b>E. Closely Held Stocks &amp; Other Business Interests and Name of Company</b> (Type of ownership and number)			
1. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
2. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
3. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
4. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
<b>F. Life Insurance and Name of Company</b> (Year provided by employer, term, whole life, any cash value or loans)			
1. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
2. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
3. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
4. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____

<u>Category</u>	<u>Description</u> (Also list who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
<b>G. Furniture &amp; Appliances</b>			
(Estimate value of those in your possession, and value of those in your spouse's possession)			
1.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
2.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
3.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
4.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
<b>H. Safe Deposit Box</b>			
(Give location and describe contents)			
1.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
2.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____



**I. Transfer of Assets**

**Explanation:** List the name and address of any person (other than creditors listed on your Affidavit) who has received money or property from you exceeding \$100 in value in the past 12 months and the reason for each transfer.

1.	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
2.	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
3.	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
4.	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
	<u>Category</u>	<u>Description</u> (Also list who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>

**J. All Other Assets Not Set Forth Above**

**Explanation:** List any item you have not listed above that is considered an asset.

1.	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
2.	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____

**III. SEPARATE PROPERTY CLAIMS: Pre-marital assets, gifts to one spouse only, inheritances**

If you are making any claims in any of the categories below, explain the nature and amount of your claim. **This includes, but is not limited to, inheritances, property owned before marriage, and any pre-marital agreements.**

	<u>Category</u> (Pre-marital Gift, Inheritance, etc.)	<u>Description</u>	<u>Why do you claim this as a separate property?</u>	<u>Present Fair Market Value</u>
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____
5.	_____	_____	_____	\$ _____

#### 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	Husband, Wife, or Joint	Total Debt Due	Monthly Payment
<b>A. Secured Debt (Mortgages, Car, etc.)</b>					
1. _____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
2. _____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
3. _____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
4. _____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
5. _____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
<b>B. Unsecured Debt, including credit cards</b>					
1. _____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
2. _____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
3. _____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
4. _____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
5. _____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____

## V. BANKRUPTCY

	<u>Filed by: Wife, Husband, Both</u>	<u>Date of Filing: Case Number</u>	<u>Date of Discharge or Relief from Stay</u>	<u>Type of Case (Ch. 7, 11, 12, 13)</u>	<u>Current Monthly Payments</u>
1.	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	_____	_____	_____	\$ _____
2.	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	_____	_____	_____	\$ _____

### OATH

[Do Not Sign Until Notary is Present]

I, (print name) \_\_\_\_\_ hereby swear or affirm that I have read this document and know of my own knowledge that the facts and information stated in this document are true and correct. I understand that if I lie, I may be held criminally and civilly responsible, including a jail sentence, fine, or 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

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

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

vs./and

\_\_\_\_\_  
Respondent/Petitioner

INSTRUCTIONS: 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.**

**UNIFORM DOMESTIC RELATIONS FORM – AFFIDAVIT 3  
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: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Period of Residence	Check if Confidential	Person With Whom Child Lived (name & address)	Relationship
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

**b. Child's Name:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Sex:** ☐ Male ☐ Female

Period of Residence		Check if Confidential	Person With Whom Child Lived (name & address)	Relationship
_____	to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____

**c. Child's Name:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Sex:** ☐ Male ☐ Female

Period of Residence		Check if Confidential	Person With Whom Child Lived (name & address)	Relationship
_____	to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> 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.  
 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 CUSTODY CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX ☐.

4. **Information about other case(s) that could affect this case (criminal cases will be listed in No. 5 below): (Check only one box.)**

- ☐ I **HAVE NO INFORMATION** about any cases that could affect the current case, 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. 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 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.

<u>Name</u>	<u>Case Number</u>	<u>Court/State/County</u>	<u>Charge</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 has physical custody or claims to have custody or visitation rights to children subject 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: \_\_\_\_\_

**OATH**

**[Do Not Sign Until Notary is Present]**

**I, (print name) \_\_\_\_\_ hereby swear or affirm that I have read this document and know of my own knowledge that the facts and information stated in this document are true and correct. I understand that if I lie, I may be held criminally and civilly responsible, including a jail sentence, fine, or 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

vs./and

\_\_\_\_\_  
Respondent/Petitioner

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

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

**Instructions:**

This affidavit is used to determine what health insurance coverage is available for children. It must be filed if there are minor or dependent children of the relationship.

**If more space is needed, add additional pages.**

**UNIFORM DOMESTIC RELATIONS FORM – AFFIDAVIT 4**

**HEALTH INSURANCE AFFIDAVIT**

**Affidavit of** \_\_\_\_\_

(Print Your Name)

Mother

Father

Is medical insurance offered through employment?

☐ Yes ☐ No

☐ Yes ☐ No

Is medical insurance offered through another group plan?

☐ Yes ☐ No

☐ Yes ☐ No

Employee share of monthly premium for individual plan

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Employee share of monthly premium for family plan

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Name of employer or other health care provider

Address of employer or other health care provider

Phone number of employer or other health care provider

Is health insurance coverage in effect?

☐ Yes ☐ No

☐ Yes ☐ No

If so, who is covered?

Self?

☐ Yes ☐ No

☐ Yes ☐ No

Above named spouse?

☐ Yes ☐ No

☐ Yes ☐ No

Number of dependent children of this marriage?

\_\_\_\_\_ Number

\_\_\_\_\_ Number

Number of dependents not otherwise listed?

\_\_\_\_\_ Number

\_\_\_\_\_ Number

### OATH

**[Do Not Sign Until Notary is Present]**

I, (print name) \_\_\_\_\_ hereby swear or affirm that I have read this document and know of my own knowledge that the facts and information stated in this document are true and correct. I understand that if I lie, I may be held criminally and civilly responsible, including a jail sentence, fine, or 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

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

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

vs./and

**Instructions:**

You must complete this form if you are requesting temporary orders to be made by the court in your divorce action.

\_\_\_\_\_  
Respondent/Petitioner

**If more space is needed, add additional pages.**

**UNIFORM DOMESTIC RELATIONS FORM – AFFIDAVIT 5  
MOTION AND AFFIDAVIT FOR TEMPORARY PARENTING  
ORDERS, SUPPORT, PARENTING TIME SPOUSAL  
SUPPORT WITHOUT ORAL HEARING**

\_\_\_\_\_  
(Print Your Name) moves the Court for a temporary order(s) granting

(Check all that apply)

☐ Residential parenting rights;

☐ Child support;

☐ Parenting time;

☐ Spousal support, household expenses;

based on this affidavit and without an oral hearing, pursuant to Rule 75(N) of the Ohio Rules of Civil Procedure.

The opposing party has **14 days** from the date of service to file a counter motion and/or affidavits.

\_\_\_\_\_  
(Print Your Name) states as follows:

1. ☐ If Defendant has an out of state address and the parties were not married in the State of Ohio or did not live in the marital relationship in Ohio, please explain the basis of personal jurisdiction.

2. ☐ Plaintiff and Defendant are residing separate and apart.

3. ☐ Parties are residing together and request an order for allocation of household expenses only.

4. ☐ There are no minor children (Skip to No. 10)

5. ☐ (a) I request to be the temporary residential parent and legal custodian of the following child(ren):

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

- (b) I have no objection to my spouse being the temporary residential parent and legal custodian of the following child(ren):

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

6. ☐ School currently attended by child(ren) \_\_\_\_\_

Date first attending this school \_\_\_\_\_

Attendance in this school based on:

- ☐ School district of Plaintiff  
☐ School district of Defendant  
☐ Open enrollment  
☐ Other basis (explain)

7. ☐ \_\_\_\_\_ (Plaintiff/Defendant) has been the primary caretaker of the child(ren).

8. ☐ The special (i.e. physical, mental, educational disability) needs of the child(ren) are

\_\_\_\_\_  
☐ Plaintiff ☐ Defendant (select one) is best able to meet those needs.

9. ☐ I request the following parenting time order (No supervised parenting time order will be granted unless the reasons therefore are stated with specificity).

☐ (a) Court Standard Parenting Order (see local county rules of court)

☐ (b) Specific parenting time as follows: \_\_\_\_\_

10. ☐ Recognizing that the 75(N) Order is temporary only, my position on further parenting allocation is as follows:

☐ I have requested shared parenting

☐ I have not requested shared parenting

☐ I object to shared parenting

☐ I do not object to shared parenting

☐ I have filed a shared parenting plan

☐ I have not filed s shared parenting plan

☐ I will file a shared parenting plan by this date: \_\_\_\_\_

☐ I request a mediation order at the present time, if offered

(If requested, complete mediation assessment form)

☐ I do not request a mediation order at the present time.

☐ I request a mediation assessment at the present time

☐ I do not request a mediation assessment at the present time

☐ I am willing to attend mediation

☐ I am not willing to attend mediation

☐ Other requested services (see local rules)  
Attach affidavit (required). State reasons with specificity. \_\_\_\_\_

11. ☐ (a) This affidavit is being filed to request temporary orders.

☐ (b) This counter affidavit is being filed in response to an affidavit filed by:

☐ Plaintiff ☐ Defendant (select one)

12. ☐ I request the Court to make the following order:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Attorney Fees Child Support per month, Spousal Support per month  
per child

13. ☐ Allocate payment of the following bills/expenses on a temporary basis as follows:

13. ☐ ATTACH ADDITIONAL PAGES TO EXPLAIN YOUR REQUEST OR YOUR RESPONSE TO OTHER PARTY'S REQUEST.

**OATH**

**[Do Not Sign Until Notary is Present]**

I, (print name) \_\_\_\_\_ hereby swear or affirm that I have read this document and know of my own knowledge that the facts and information stated in this document are true and correct. I understand that if I lie, I may be held criminally and civilly responsible, including a jail sentence, fine, or perjury.

\_\_\_\_\_  
Your signature

Sworn before me and signed in my presence this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

**CERTIFICATE OF SERVICE**