## IN THE COURT OF COMMON PLEAS DIVISION COUNTY, OHIO Case No. Judge Vs. Magistrate 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.

<u>Instructions</u>: 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

Affidavit under Civ.R. 75(N)	(name), the Movant, files this Motion and 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
	JRTEEN (14) DAYS FROM THE DATE ON WHICH THIS MOTION IS TER AFFIDAVIT AND SERVE IT UPON THE PARTY WHO FILED
(B) Counter Affidavit	
Movant files this Counter Affidav	it 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. (Some parties have (a) minor child(ren) we (List child(ren) here)  Name	kip to number 6)	n or adopted during this relationship.  Living with
			other biologica	or adopted minor child(ren).  If or adopted minor child(ren).  If or adopted minor child(ren).
2.	Movar	Other: (Explain)  All children do not attend school in the		
		All children de not attend school in the	Same district. (Explain)	)
3.		Movant requests to be named the te child(ren): (Specify child(ren) if request		
		Movant does not object to the other pa and/or legal custodian of the child(ren)		
4.		Movant has reached an agreement regother parent or party as follows:	garding parenting time	(companionship or visitation) with the

		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: ( <i>Explain the reason for request</i> .)
		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.	Mova	nt 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 serv	vices. (See local rules of Court for available services.)
	State specific reasons why Court service	es 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 AF	FIRMATION
	and, to the best of my knowledge and belie	, swear or affirm that I have read of, the facts and information stated in this Affidavit are true, the truth, I may be subject to penalties for perjury.
		Signature
STATE OF _	)	
COUNTY OF	) SS	
Sworn to or	affirmed before me by	thisday of,

Supreme Court of Ohio
Uniform Domestic Relations Form – Affidavit 5
MOTION AND AFFIDAVIT OR COUNTER AFFIDAVIT
FOR TEMPORARY ORDERS WITHOUT ORAL HEARING
Approved under Ohio Civil Rule 84
Effective Date: September 21, 2020

## **NOTICE OF HEARING**

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

at		a.m./p.m. on	, 20
		···	IFICATE OF SERVICE k the boxes that apply)
I delive	ered a c	opy of the:	avit or  Counter Affidavit
On:	(Date	e)	, 20
То:	(Prin	t name of other party's attorney	or, if there is no attorney, print name of the party)
At:	(Prin	t address or fax number)	
At: By:	(Prin		or Service (Uniform Domestic Relations Form 31/Uniform
	(Prin	As instructed in the Request for	or Service (Uniform Domestic Relations Form 31/Uniform
	(Prin	As instructed in the Request for Juvenile Form 10) filed with the	or Service (Uniform Domestic Relations Form 31/Uniform
	(Prin	As instructed in the Request for Juvenile Form 10) filed with the Regular U.S. Mail	or Service (Uniform Domestic Relations Form 31/Uniform