

THIS PACKET CONTAINS  
DO IT YOURSELF

DISSOLUTION  
WITH CHILDREN

\$10.00

UPDATED 9/21/2020

**FILING FEE \$250.00 – EFFECTIVE 10/1/2020**

**DISSOLUTION WITH CHILDREN**

(ORIGINAL PLUS 4 COPIES)

PETITION FOR DISSOLUTION

SEPARATION AGREEMENT

WAIVER OF SERVICE OF SUMMONS

WAIVER OF REPRESENTATION

FINANCIAL AFFIDAVITS OF PARTIES – INCOME AND PROPERTY

PARENTING AFFIDAVIT

HEALTH INSURANCE AFFIDAVIT

IV-D APPLICATION FOR CHILD SUPPORT SERVICES & CHILD SUPPORT

FINANCIAL AFFIDAVIT

**DISSOLUTION WITHOUT CHILDREN**

(ORIGINAL PLUS 3 COPIES)

PETITION FOR DISSOLUTION

SEPARATION AGREEMENT

WAIVER OF SERVICE OF SUMMONS

WAIVER OF REPRESENTATION

FINANCIAL AFFIDAVITS OF PARTIES – INCOME AND PROPERTY

\*\*\*PAPER ENCLOSED IN EACH PACKET FOR PERSONAL  
INFORMATION (SS# AND DOB)\*\*\*

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

### Do It Yourself DIVORCE - WITH CHILDREN

Type or Print all Forms - *If you are downloading the forms from the website, the forms are in PDF and can be typed online and then saved on your computer or flash drive for revision and printing. You can also access these fillable forms on the website - [www.seols.org](http://www.seols.org) - at the Get Help page*

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

#### Forms to be completed by you

- ❶ Form 7 - Complaint - Tells the Court why you want a divorce and what you want.
- ❷ **Affidavit of Indigency** – If you are low income, this tells the Court you cannot afford to prepay the filing fee.
- ❸ Form 28 - Instructions for Service - Tells the Court where to send copies to your spouse.
- ❹ **Affidavit 3 - Parenting Proceeding Affidavit** - Tells the Court about your children.
- ❺ **Affidavit 1 - Income and Expenses Affidavit**- Provides financial information to be used in your case - **Affidavit 2 - Property Affidavit** – tells the Court about the property you and your spouse own - **Affidavit 4 – Health Insurance Affidavit** – tells the court about your health insurance.

#### Additional Forms if You Need Immediate Orders

- ❻ **Motion and Affidavit for Temporary Orders** - Tells the Court what you need now and a proposed temporary order for the Court.
- ❼ **Affidavit 6 - Affidavit for Service** - If you do not know where your spouse lives **and** you have completed Form ❷ then complete **Affidavit 6** to obtain service then also give the Clerk Order A  Order for Service.
- ❽ IVD Application for Child Support if there is no current child support order.
- CALL** the clerk of the court in the county where you will be filing this action to find out if there are additional local forms that you will need.

#### After completing the forms

- Make three (3) copies of each completed form.
- Take the originals and three (3) copies to Clerk of Common Pleas Court.
- If you completed Form ❷ and you are low income, you will pay nothing at the time of filing.
- If you did not complete Form ❷, the filing fee will be more than \$100.00. You should call the clerk and ask how much it will be.

#### After forms are filed

Clerk will send you notice of any court dates. Attend all of these court dates.

If you move, call the Clerk with your new address.

Bring **Order C** Judgment Decree of Divorce to the final hearing. The judge will complete the form.

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## Legal Advice

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It is always a good idea to consult with an attorney and be represented by an attorney in court.

- The law is complex. Attorneys are trained professionals who understand the law and how it relates to your case.
- Even matters that initially look simple may raise complicated issues.
- Your interests will be best protected by a legal professional.

Attorneys can be expensive, but consider this:

- What might you lose if your case goes badly? Paying for an attorney may be a good investment.
- Meet with several attorneys to discuss your case and their fees—don't let one consultation make up your mind.
- You may qualify for legal aid or help from legal clinics or other programs—be sure to investigate the resources in your community.

Ohio courts and judges will provide a fair hearing for your case whether or not you are represented by an attorney, and it is your right to represent yourself if you so choose.

When you bring a case to court without the help of an attorney, you are taking on a complex task that is normally done by highly trained professionals. You may do yourself a disservice.

For help with finding an attorney, you might turn to your local bar association. Your local bar association is:

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## Asking Court Staff

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Court staff may not give legal advice. You may have questions that court staff are not permitted to answer.

- Court staff may not**
  - × provide you with legal research;
  - × tell you what sorts of claims to file or what to put on forms;
  - × tell you what to say in court;
  - × give an opinion about how a judge is likely to decide your case;
  - × give you information that they would not give to the opposing party;
  - × tell you about a judge's decision before it is issued by the judge.
- Court staff may**
  - ✓ answer questions about how the court works;
  - ✓ explain terms used in the court process;
  - ✓ give you information from your case file;
  - ✓ provide you with court forms and sample filings and documents.

Court staff are there to help those who use the court. They can usually tell you *how* to do things, but **may not** advise you about *what* you ought to do. Please be courteous to staff and respect the limits on what they may do for you.



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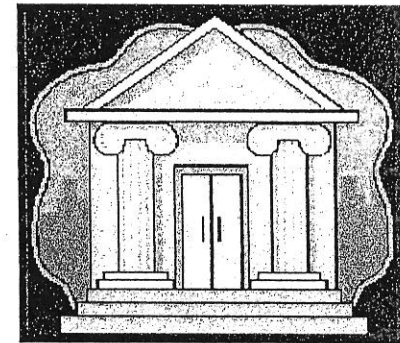
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# REPRESENTING YOURSELF IN COURT

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## A CITIZENS GUIDE



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## Preparing Your Case

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If you do decide to represent yourself, you need to manage all aspects of your case.

- ✓ **Familiarize yourself with the local court rules.** Rules and procedures vary slightly from court to court, and you need to know the rules that apply in the court that will hear your case. **Obtain a copy of the local rules from your court.**
- ✓ **Make sure your filings and documents conform to local standards.** Generic forms and sample filings are available in books and on the internet. However, these generic documents may not conform to the standards of the court that will hear your case. To make sure that your documents will be accepted, ask your court for forms and sample filings.
- ✓ **Respond to all inquiries on time.** During trial preparations, you may receive inquiries from the court or the opposing party. For example, the opposing party may be entitled to “discovery”—to learn about evidence or testimony you plan to introduce (you may be entitled to the same). If you fail to respond to such inquiries, you may limit your ability to present your case.
- ✓ **Rules about admissible evidence are complicated.** There are many possible reasons that evidence or testimony you think is relevant and important may not be admissible in court. Since questions about what evidence is admissible are legal questions that are often contested, neither court staff nor the judge may answer them ahead of time. This can be frustrating for non-attorneys: if your case will involve contested evidence, consider again whether you need an attorney.
- ✓ **Make sure evidence you plan to use will be acceptable and available in court.** If your case will involve evidence—documents, pictures, cost estimates, receipts, or other items—you must prepare it for court use. In particular, you must
  - bring at least three copies of all documents (for the court, for the opposing party, and for yourself); and

- be able to verify that documents are what you say they are or contain accurate information.

- ✓ **Make sure any witnesses are prepared and available in court.** If your case will involve testimony from witnesses, you need to work with them before you and they appear in court. Make sure your witnesses know what you will ask, and instruct them to answer truthfully. And remember that your witnesses must be
  - present at your trial (they may not, for example, prepare written statements or appear by telephone); and
  - prepared to answer questions from the opposing party or his or her attorney.

When you decide to represent yourself, you take on full responsibility for your case. You need to handle legal questions as well as deadlines, documents, evidence, witnesses, and any other issues that may come up. Even a seemingly simple case can demand a lot of your time and attention.

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## In the Courtroom

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At the trial or hearing itself, you need to present your case in its strongest way. Here are some simple tips:

- ✓ **Make a good impression.** Dress appropriately. Arrive on time with all your materials.
- ✓ **Respect the court.** Stand when the judge enters or leaves the courtroom and when you speak to the judge. Address the judge as “Your Honor.”
- ✓ **Respect the opposing party.** Never argue with the opposing party in front of the judge. Use respectful terms of address.
- ✓ **Speak clearly and succinctly.** Be prepared to state your case in a few sentences. Listen carefully and answer questions directly.
- ✓ **Be prepared.** Courts are very busy. You want to present your case in the strongest way, but you also want to help the proceedings move efficiently. The better prepared you are, the better the case will go.

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## The Role of the Judge

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Your case will be heard and decided by a judge (or a magistrate). Keep in mind that the role of the judge is to be an impartial referee in the dispute between you and the opposing party. Among other things, this means that

- ✓ **The judge may not help you present your case.** Helping you—by pointing out possible mistakes or by letting you know what you need to do next—would be unfair to the opposing party. When you represent yourself, you take on the full responsibility of presenting your case.
- ✓ **The judge may not speak with you about your case when the opposing party is not present.** This is true even if the issue you want to speak with the judge about seems like a simple procedural question. Again, such communications would be unfair to the opposing party.
- ✓ **The judge will decide the case on the basis of the facts presented in court and the applicable law.** The judge may only consider the facts as they are presented in court, through evidence and testimony. You need to make sure that all facts supporting your case are properly presented. The judge also needs to follow the laws that apply. Sometimes the law dictates which facts the judge may and may not consider. You need to make sure that you present the facts that the law requires or permits.

In addition to the forms in this packet, you may find additional forms and informational pamphlets to help you on the internet at the following website:

[www.ohiolegalhelp.org](http://www.ohiolegalhelp.org)

Click on “Statewide Forms and Information”

Locate and click on the legal area that you would like to review – use the “search this site” box if you are not sure which area to review

You can also search this website to learn how to access the local legal services program for your area

IN THE COURT OF COMMON PLEAS

DIVISION

COUNTY, OHIO

Name \_\_\_\_\_ Case No. \_\_\_\_\_  
Street Address \_\_\_\_\_ Judge \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_ Magistrate \_\_\_\_\_

Petitioner 1

and

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_

Petitioner 2

**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 ending the marriage when the parties have agreed on all aspects of the termination, including the division of real estate, personal property, debts, spousal support, and, if there is/are (a) child(ren), allocation of parental rights and responsibilities (custody), parenting time (companionship and visitation) and child support. A Separation Agreement (Uniform Domestic Relations Form 19) must be filed with this Petition. If there is/are child(ren), a Parenting Proceeding Affidavit (Uniform Domestic Relations Form 3) and either a Shared Parenting Plan (Uniform Domestic Relations Form 20) or a Parenting Plan (Uniform Domestic Relations Form 21) must be filed with this Petition. 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.**

**PETITION FOR DISSOLUTION OF MARRIAGE AND WAIVER OF SERVICE OF SUMMONS**

WITH CHILDREN  WITHOUT CHILDREN

Now come Petitioners and state as follows:

- Petitioner 1  Petitioner 2  Both parties has/have been (a) resident(s) of the State of Ohio for at least six (6) months immediately before the filing of this Petition.
- Petitioners consent to venue.

3. Petitioners 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)

There is/are no minor child(ren) born from or adopted during this marriage or relationship.

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

<b>Name of Child</b>	<b>Date of Birth</b>
_____	_____
_____	_____
_____	_____
_____	_____

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

<b>Name of Child</b>	<b>Date of Birth</b>
_____	_____
_____	_____
_____	_____
_____	_____

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:

<b>Name of Child</b>	<b>Date of Birth</b>
_____	_____
_____	_____

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

<b>Name of Child</b>	<b>Date of Birth</b>	<b>Name of Court or Agency</b>
_____	_____	_____
_____	_____	_____

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

<b>Name of Child</b>	<b>Date of Birth</b>
_____	_____
_____	_____

6. Military Service:

- Neither Petitioner 1 nor Petitioner 2 is an active-duty servicemember of the United States military.  
 Petitioner 1 and/or  Petitioner 2 is an active-duty servicemember of the United States military.



7. Petitioners entered into a Separation Agreement which is attached and incorporated herein as if fully written.
  
8. If Petitioners have (a) minor child(ren): (*select one*)
  - Petitioners agreed to a Shared Parenting Plan which is attached and incorporated herein as if fully written.
  - Petitioners agreed to a Parenting Plan which is attached and incorporated herein as if fully written.
  
9. Petitioners are both over eighteen (18) years of age, are not under any disability, and waive all rights to receive Summons for the dissolution action through the Clerk of Courts.
  
10.  \_\_\_\_\_, requests to be restored to the former name of \_\_\_\_\_.

Petitioners request that the Court dissolve their marriage and issue a Judgment Entry-Decree of Dissolution of Marriage adopting the terms of the Separation Agreement and the Shared Parenting Plan or Parenting Plan, if there is/are (a) child(ren).

Petitioner 1 Signature	Petitioner 2 Signature
Printed Name	Printed Name
Address	Address
City, State, Zip	City, State, Zip
Phone Number	Phone Number
Fax Number	Fax Number
E-mail	E-mail
Petitioner 1 Attorney Signature	Petitioner 2 Attorney Signature
Printed Name	Printed Name
Address	Address
City, State, Zip	City, State, Zip
Phone Number	Phone Number
Fax Number	Fax Number
E-mail	E-mail
Supreme Court Reg No.	Supreme Court Reg No.

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

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 waive the right to receive service of documents filed or to be filed by the other party. 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.**

**WAIVER OF SERVICE OF SUMMONS**

Now comes \_\_\_\_\_ (name) and acknowledges that I am  Plaintiff  Defendant  Petitioner  Respondent (*select one*). I further acknowledge that I am over the age of eighteen (18), am not under disability, and that I received a copy of the following documents filed or to be filed by the other party: (*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)*

I waive service of said document(s) by the Clerk of Court.

\_\_\_\_\_  
Self Represented Party Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail

WAIVER OF COUNSEL

I, HUSBAND, the undersigned, hereby acknowledge that I am representing myself in this case. I further acknowledge that I have been advised and given the opportunity to seek independent counsel, to review and examine the Separation Agreement, but that I freely chose, after careful thought, not to seek or obtain my own lawyer for that purpose or any other matter involving this Dissolution of Marriage proceeding. I understand that I am entitled to individual representation by an attorney of my choice, and I hereby consent to proceed in this matter with the attorney filing the within Petition representing only my spouse. Thus, I hereby waive the right to be represented by an attorney of my choice.

\_\_\_\_\_

Date

\_\_\_\_\_

HUSBAND

I, WIFE, the undersigned, hereby acknowledge that I am representing myself in this case. I further acknowledge that I have been advised and given the opportunity to seek independent counsel, to review and examine the Separation Agreement, but that I freely chose, after careful thought, not to seek or obtain my own lawyer for that purpose or any other matter involving this Dissolution of Marriage proceeding. I understand that I am entitled to individual representation by an attorney of my choice, and I hereby consent to proceed in this matter with the attorney filing the within Petition representing only my spouse. Thus, I hereby waive the right to be represented by an attorney of my choice.

\_\_\_\_\_

Date

\_\_\_\_\_

WIFE

# ANDREW D. PLESICH

CLERK OF COURTS

Jefferson County Courthouse  
P.O. Box 1326  
Steubenville, Ohio 43952

Legal Office  
740-283-8583

Title Office  
740-283-8509

CASE NO: \_\_\_\_\_

PLAINTIFF: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SSI #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DEFENDANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SSI #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CHILD #1: \_\_\_\_\_

CHILD #2: \_\_\_\_\_

CHILD #3: \_\_\_\_\_

CHILD #4: \_\_\_\_\_

CHILD #5: \_\_\_\_\_

IN THE COURT OF COMMON PLEAS

DIVISION

COUNTY, OHIO

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

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 present an agreement to the Court regarding spousal support, the division of personal property, real estate, and debts resulting from the termination of marriage. If the parties have any minor child(ren) or child(ren) with disabilities, a Shared Parenting Plan (Uniform Domestic Relations Form 20) or Parenting Plan (Uniform Domestic Relations Form 21) must be attached. 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.

SEPARATION AGREEMENT

The parties, \_\_\_\_\_ and \_\_\_\_\_, state as follows:

- 1. The parties were married on \_\_\_\_\_ (date of marriage) in \_\_\_\_\_ (city or county, and state).
2. The parties request that the termination of marriage be [ ] the date of the final hearing or [ ] the date specified: \_\_\_\_\_.

3. The parties intend to live separate and apart.
4. Each party completed (a) financial disclosure affidavit(s) which fully and accurately lists and values all marital property, separate property, and any other assets, debts, income, and expenses.
5. Each party acknowledges that he/she reviewed the other party's completed financial disclosure affidavit(s).
6. Each party's financial disclosure affidavit(s) shall be filed in the Court's Family File pursuant to Sup.R. 44(C)(2)(h) no later than the date upon which this Agreement is filed.
7. Neither party has knowledge of any other property or debts of any kind in which either party has an interest.
8. Each party had the opportunity to value and verify all marital property, separate property, and debts.
9. A party's willful failure to disclose may result in the Court awarding the other party three (3) times the value of the property, assets, income, or expenses that were not disclosed.
10. This Agreement addresses spousal support, property, and debt division.
11. This Agreement is the complete agreement of the parties.
12. There are no other representations, agreements, statements, or prior writings that shall have any effect on this Agreement.
13. Each party fully understands this Agreement and has knowingly and voluntarily signed this Agreement.
14. No change to the terms of this Agreement shall be valid unless in writing and knowingly and voluntarily signed by both parties and incorporated into a Court order.

The parties agree as follows:

**FIRST: SEPARATION**

The parties shall live separate and apart. Neither party shall interfere with the activities, personal life, or privacy of the other, harass the other, or engage in any conduct calculated to restrain, embarrass, injure, or hinder the other in any way.

**SECOND: PROPERTY**

Marital property is defined in R.C. 3105.171. Generally, marital property is property acquired during the marriage which is owned by either or both spouses and property in which either spouse has an interest.

Separate property is defined in R.C. 3105.171. Generally, separate property is property that was inherited, acquired by one spouse prior to the date of marriage, acquired after a decree of legal separation under R.C. 3107.17, excluded by a valid antenuptial agreement, received as compensation for personal injury, (except for loss of marital earnings and compensation for expenses paid from marital assets), or any gift of property that was given to only one (1) spouse.

**A. Real Estate: (select one)**

Real estate includes, but is not limited to, land, mortgaged properties, buildings, fixtures attached to buildings, attached structures (for example, garage, in-ground pool), condominiums, time shares, mobile homes officially converted to real estate, natural condition stakes (for example, gas, oil, mineral rights, existing soil, including trees and landscape), and remainder rights in real estate.

- 1.  Neither party has any ownership interest in any real estate.
- 2.  One or both of the parties has/have an interest in real estate and agree to distribute the interest(s) as follows:

Address or Parcel Number of Property	Party
_____	_____
_____	_____
_____	_____

- 3. A legal description of the property (found in the property's deed) should be attached.
- 4. Each party shall pay and hold the other harmless from any debt, including mortgages, real estate taxes and assessments, and other liens owing on real estate received unless otherwise stated in this Agreement.
- 5. Other arrangements regarding real estate, including, but not limited to, refinancing or sale:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If the real estate is not in the name of the party to whom it is distributed, the parties shall transfer the property to the proper party no later than thirty (30) days after filing the Final Judgment Entry unless otherwise provided in this Agreement.**

**B. Titled Vehicles: (select one)**

Titled vehicles include, but are not limited to, boats, trailers, automobiles, motorcycles, trucks, mobile homes not officially converted to real estate, golf carts, motor scooters, sport utility vehicles (SUV), recreational vehicles (RV), and all purpose vehicles (APV). Provide vehicle year, make, model, and vehicle identification or serial number (VIN/SN) for all titled vehicle(s).

- 1.  Neither party has any ownership interest in any titled vehicle(s).
- 2.  Plaintiff/Petitioner 1 shall receive the following titled vehicle(s) free and clear of any claim of Defendant/Petitioner 2:

Year	Make	Model	VIN/SN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



3.  Defendant/Petitioner 2 shall receive the following titled vehicle(s) free and clear of any claim of Plaintiff/Petitioner 1

Year	Make	Model	VIN/SN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Each party shall pay and hold the other harmless from any debt owing on the titled vehicle(s) received unless otherwise stated in this Agreement.

5. Other arrangements regarding titled vehicles, including, but not limited to, refinancing or sale:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If any vehicle's title is not in the name of the party to whom it is distributed, the current title holder shall transfer that title to the proper party no later than thirty (30) days after filing the Final Judgment Entry unless otherwise provided in this Agreement. If title cannot be transferred immediately to the party to whom the vehicle is distributed, the party holding the title shall make the following arrangements to obtain and pay for license plates, registration, and insurance:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. Household Goods and Personal Property: (select one)**

Household goods and personal property include, but are not limited to, pets, appliances, electronics, tools, air conditioner window units, doghouses, lawn mowers, above-ground pools, safety deposit boxes, jewelry, furniture, firearms, silverware, collections, china, and books.

1.  The parties divided all of their household goods and personal property. Each party shall retain all household goods and personal property in his/her possession. The parties are satisfied with the division.
2.  The parties divided all of their household goods and personal property. Each party shall retain all household goods and personal property in his/her possession, except as follows:

Plaintiff/Petitioner 1 shall receive:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Defendant/Petitioner 2 shall receive:

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

3. Delivery or pick-up of household goods and personal property shall be as follows:

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

4. Each party shall pay and hold the other harmless from any debt owing on the household goods and personal property he/she receives unless otherwise stated in this Agreement.

5. Other arrangements regarding household goods and personal property:

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

**D. Financial Accounts: (select one)**

Financial accounts include, but are not limited to, checking, savings, certificates of deposit, money market accounts, medical or health savings accounts, education or college saving plans (for example, 529 Plan), and trusts.

- 1.  Neither party has any ownership interest in any financial accounts.
- 2.  Plaintiff/Petitioner 1 shall receive the following:

Institution	Current Name(s) on Account	Type of Account
_____	_____	<input type="checkbox"/> checking <input type="checkbox"/> saving
_____	_____	<input type="checkbox"/> other: _____
_____	_____	<input type="checkbox"/> checking <input type="checkbox"/> saving
_____	_____	<input type="checkbox"/> other: _____
_____	_____	<input type="checkbox"/> checking <input type="checkbox"/> saving
_____	_____	<input type="checkbox"/> other: _____

3.  Defendant/Petitioner 2 shall receive the following:

Institution	Current Name(s) on Account	Type of Account
_____	_____	<input type="checkbox"/> checking <input type="checkbox"/> saving <input type="checkbox"/> other: _____
_____	_____	<input type="checkbox"/> checking <input type="checkbox"/> saving <input type="checkbox"/> other: _____
_____	_____	<input type="checkbox"/> checking <input type="checkbox"/> saving <input type="checkbox"/> other: _____

4. Each party shall pay and hold the other harmless from any debt owing on the financial accounts he/she receives unless otherwise stated in this Agreement.

5. Other arrangements regarding financial accounts:

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

**If any financial account is not held in the name of the party to whom it is distributed, the parties shall transfer the financial account to the proper party no later than thirty (30) days after filing the Final Judgment Entry unless otherwise provided in this Agreement.**

**E. Stocks, Bonds, Securities, and Mutual Funds: (select one)**

1.  Neither party has an interest in any stocks, bonds, securities, or mutual funds.

2.  Plaintiff/Petitioner 1 shall receive the following:

Institution	Current Name(s) on Account	Quantity and Description
_____	_____	_____
_____	_____	_____
_____	_____	_____

3.  Defendant/Petitioner 2 shall receive the following:

Institution	Current Name(s) on Account	Quantity and Description
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Each party shall pay and hold the other harmless from any debt owing on the stocks, bonds, securities, or mutual funds he/she receives unless otherwise stated in this Agreement.

5. Other arrangements regarding the stocks, bonds, securities, or mutual funds:

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**If any stock, bond, security, or mutual fund is not in the name of the party to whom it is distributed, the parties shall transfer the stock, bond, security, or mutual fund to the proper party no later than thirty (30) days after filing the Final Judgment Entry unless otherwise provided in this Agreement.**

**F. Business Interests: (select one)**

1.  Neither party has any interest in any business.

2.  Plaintiff/Petitioner 1 shall receive the following:

Name of Business	Ownership Interest
<hr/>	<hr/>
<hr/>	<hr/>

3.  Defendant/Petitioner 2 shall receive the following:

Name of Business	Ownership Interest
<hr/>	<hr/>
<hr/>	<hr/>

4. Each party shall pay and hold the other harmless from any debt owing on the business interests he/she receives unless otherwise stated in this Agreement.

5. Other arrangements regarding business interests:

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**If any business is not in the name of the party to whom it is distributed, the parties shall transfer the business to the proper party no later than thirty (30) days after filing the Final Judgment Entry unless otherwise provided in this Agreement.**

**G. Pension, Profit Sharing, IRA, 401(k), Deferred Compensation, and Other Retirement Plans:  
(select one)**

1.  Neither party has any interest in any pension, profit sharing, IRA, 401(k), deferred compensation, or other retirement plans.

2.  Plaintiff/Petitioner 1 shall receive the following:

Institution	Name(s) on Plan	Amount/Share
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3.  Defendant/Petitioner 2 shall receive the following:

Institution	Name(s) on Plan	Amount/Share
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Each party shall pay and hold the other harmless from any debt owing on any pension, profit sharing, IRA, 401(k), deferred compensation, or other retirement plans he/she receives unless otherwise stated in this Agreement.

5. Other arrangements regarding pension, profit sharing, IRA, 401(k), deferred compensation, or other retirement plans:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The parties shall arrange the transfer of any distributed interest in any pension, profit sharing, IRA, 401(k), deferred compensation, or other retirement plans to the proper party no later than thirty (30) days after filing the Final Judgment Entry unless otherwise provided in this Agreement.

A Qualified Domestic Relations Order (QDRO), Division of Property Order (DOPO), or other required Order may be necessary to divide some of these assets. The QDRO, DOPO, or other required Order shall be prepared by: \_\_\_\_\_ and submitted to the Court within ninety (90) days after the final hearing. Expenses of preparation, approval, and filing shall be paid as follows:

\_\_\_\_\_

\_\_\_\_\_

The parties acknowledge that failure to file a QDRO, DOPO, or other required Order to effectuate the distribution of an interest in a pension, profit sharing, IRA, 401(k), deferred compensation, or other retirement plan may detrimentally affect the distribution of the retirement interest(s) and may result in further legal proceedings. The Court shall retain jurisdiction to effectuate the intended distribution of retirement interests and to issue, interpret, and enforce the terms of documents of transfer.

**H. Life Insurance Policies: (select one)**

1.  Neither party has any interest in any life insurance policy(ies) with a cash value.

2.  Plaintiff/Petitioner 1 shall receive the following policy(ies):

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3.  Defendant/Petitioner 2 shall receive the following policy(ies):

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4. Each party shall pay and hold the other harmless from any debt owing on the life insurance policy(ies) he/she receives unless otherwise stated in this Agreement.

5. Other arrangements regarding life insurance policy(ies):

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**If any life insurance policy is not in the name of the party to whom it is distributed, the parties shall transfer the life insurance policy to the proper party no later than thirty (30) days after filing the Final Judgment Entry unless otherwise provided in this Agreement.**

**I. Other Property: (select one)**

1.  Neither party has any other property.

2.  Other property owned by one or both of the parties shall be distributed as follows:

Description of Property	Party
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

3. Each party shall pay and hold the other harmless from any debt owing on the property he/she receives unless otherwise stated in this Agreement.

4. Other arrangements regarding the property above:

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If the property listed above is not in the possession or titled in the name of the party to whom it is distributed, the parties shall transfer the property to the proper party no later than thirty (30) days after filing the Final Judgment Entry unless otherwise provided in this Agreement.

**THIRD: DEBTS (select one)**

1.  Neither party owes any debt(s) which are not paid in full each month, including, but not limited to, credit cards, medical bills, student loans, tax obligations, and 401(k) or insurance loans.
2.  Plaintiff/Petitioner 1 shall pay the following debt(s):

Creditor	Balance	Current Name on Account
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

3.  Defendant/Petitioner 2 shall pay the following debt(s):

Creditor	Balance	Current Name on Account
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

4. Each party shall pay and hold the other harmless from the above listed debt unless otherwise stated in this Agreement

5. Other arrangements regarding debt(s), including refinancing:

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6. The Court has continuing jurisdiction to determine whether a debt assigned to a party qualifies as an exception to discharge in bankruptcy.

7. Neither party shall incur liabilities in the name of the other party in the future.

#### FOURTH: SPOUSAL SUPPORT

**A. No Spousal Support Obligation**

Neither Plaintiff/Petitioner 1 nor Defendant/Petitioner 2 shall pay spousal support to the other, subject to any jurisdiction reserved in Section E below.

**B. Spousal Support Obligation**

Plaintiff/Petitioner 1  Defendant/Petitioner 2 shall pay spousal support to  Plaintiff/Petitioner 1  Defendant/Petitioner 2 in the amount of \$\_\_\_\_\_ per month commencing on \_\_\_\_\_ Spousal support shall continue  for a period of \_\_\_\_\_ months OR  until further order of this Court.

**C. Method of Payment of Spousal Support:**

- Spousal support payments shall be made directly to  Plaintiff/Petitioner 1  Defendant/Petitioner 2. ***(Direct payment can only be made if there are no minor child(ren) and in accordance with R.C. 3121.441.)***
- Spousal support payments, plus two percent (2%) processing charge, shall be made to the Ohio Child Support Payment Central, P. O. Box 182372, Columbus, Ohio 43218-2372, as administered through the \_\_\_\_\_ County Child Support Enforcement Agency by:  income withholding or  other \_\_\_\_\_.

**D. Termination of Spousal Support**

Spousal support shall terminate earlier than the above stated date upon Plaintiff/Petitioner 1's or Defendant/Petitioner 2's death or in the event of the following: ***(check all that apply)***

- The cohabitation of the person receiving support in a relationship comparable to marriage.
- The remarriage of the person receiving support.
- Other: *(specify)* \_\_\_\_\_

**E. Reservation of Jurisdiction**

Under all circumstances, the Court shall retain jurisdiction over the issue of spousal support to hear and determine a Motion for Relief from Judgment pursuant to Civ.R. 60(B).

On other matters involving spousal support: ***(check all that apply)***

- The Court shall retain jurisdiction to establish or modify the amount and/or duration of spousal support in the event either party files bankruptcy.
- The Court shall NOT retain jurisdiction to establish or modify the amount and/or duration of spousal support in the event either party files bankruptcy.
- The Court shall retain jurisdiction to modify the amount of the spousal support order.



- The Court shall NOT retain jurisdiction to modify the amount of the spousal support order.
- The Court shall retain jurisdiction to modify the duration of the spousal support order.
- The Court shall NOT retain jurisdiction to modify the duration of the spousal support order.

F. **Other orders** regarding spousal support: (*specify*) \_\_\_\_\_

G. **Arrearage or Overpayment**

- Any temporary spousal support arrearage or overpayment shall survive the Judgment Entry.
- Any temporary spousal support arrearage or overpayment shall not survive the Judgment Entry.
- Other: \_\_\_\_\_

**FIFTH: NAME**

\_\_\_\_\_ shall be restored  
to the former name of \_\_\_\_\_

**SIXTH: ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES, PARENTING TIME, CHILD SUPPORT, AND HEALTH CARE**

- The parties do not have (a) child(ren) subject to the jurisdiction of the Court.
- The parties have (a) child(ren) subject to the jurisdiction of the Court, and a
  - Parenting Plan is attached
  - Shared Parenting Plan is attached.

**SEVENTH: OTHER**

The parties agree to the following additional matters: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EIGHTH: NON-USE OF OTHER'S CREDIT**

Neither party shall incur any debt or obligation upon the credit of the other or in their joint names. If a party incurs such debt or obligation that party shall repay, indemnify, and hold the other harmless as to any such debt or obligation. All joint credit card accounts shall be immediately cancelled. All joint credit cards shall be immediately destroyed.

**NINTH: INCORPORATION INTO JUDGMENT ENTRY**

If one or both of the parties institute or have instituted proceedings for dissolution, divorce, or separation, this Agreement shall be presented to the Court with the request that it be adjudicated to be fair, just, and proper, and incorporated into a Judgment Entry.

**TENTH: PERFORMANCE OF NECESSARY ACTS**

Upon execution and approval of this Agreement by the Court, each party shall deliver to the other party, or permit the other party to take possession of all items of property to which each is entitled under the terms of this Agreement, and shall make all periodic payments required under the terms of this Agreement.

**ELEVENTH: SEVERABILITY**

If any provision of this Agreement is held to be invalid or unenforceable, all other provisions shall continue in full force and effect.

**TWELFTH: APPLICABLE LAW**

All of the provisions of this Agreement shall be construed and enforced in accordance with the laws of the State of Ohio.

**THIRTEENTH: MUTUAL RELEASE**

Except as otherwise provided, the parties release and forever discharge each other from any and all actions, suits, debts, claims, demands, and obligations whatsoever, both in law and in equity, which either of them ever had, now has, or may have or assert against the other upon or by reason of any matter or cause to the date of the execution of this Agreement.

Each party waives all rights of inheritance and the right to share in the estate of the other, and waives all rights which would otherwise be available as a surviving spouse, except payments or rights included in this Agreement.

\_\_\_\_\_  
Plaintiff/Petitioner 1 Signature

\_\_\_\_\_  
Defendant/Petitioner 2 Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**ACKNOWLEDGMENT**

STATE OF OHIO )  
 )  
COUNTY OF \_\_\_\_\_ ) SS  
 )

Before me, a Notary Public, personally appeared \_\_\_\_\_, Plaintiff/Petitioner 1, who acknowledged that Plaintiff/Petitioner 1 has signed the Separation Agreement, that Plaintiff/Petitioner 1 understands the Separation Agreement, and that Plaintiff/Petitioner 1 is aware of the consequences of signing the Separation Agreement.

The foregoing Separation Agreement was acknowledged before me this \_\_\_\_\_ (date) by \_\_\_\_\_ (Plaintiff/Petitioner 1). No oath or affirmation was administered to the signer with regard to this notarial act.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

Commission Expiration Date: \_\_\_\_\_

(Affix seal here)

STATE OF OHIO )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

Before me, a Notary Public, personally appeared \_\_\_\_\_, Defendant/Petitioner 2, who acknowledged that Defendant/Petitioner 2 has signed the Separation Agreement, that Defendant/Petitioner 2 understands the Separation Agreement, and that Defendant/Petitioner 2 is aware of the consequences of signing the Separation Agreement.

The foregoing Separation Agreement was acknowledged before me this \_\_\_\_\_ (date) by \_\_\_\_\_ (Defendant/Petitioner 2). No oath or affirmation was administered to the signer with regard to this notarial act.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

Commission Expiration Date: \_\_\_\_\_

(Affix seal here)

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

**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:** The Parenting Time Schedule must be attached to this Plan. Parents are urged to consult the Planning for Parenting Time Guide: Ohio's Guide for Parents Living Apart and Domestic Violence & Allocation of Parental Rights and Responsibilities available at [www.supremecourt.ohio.gov](http://www.supremecourt.ohio.gov).

**PARENTING PLAN**

The parents, \_\_\_\_\_ "Plaintiff/Petitioner 1", and \_\_\_\_\_ "Defendant/Petitioner 2", have \_\_\_\_\_ (number) child(ren) from the marriage or relationship. Of the child(ren), \_\_\_\_\_ (number) is/are emancipated adult(s) and not under any disability. The following \_\_\_\_\_ (number) child(ren) are minor child(ren) and/or mentally or physically disabled child(ren) incapable of supporting or maintaining themselves:

**Name of Child**

**Date of Birth**

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

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

The parents agree to the care, parenting, and control of their child(ren) as provided in this Parenting Plan.

**FIRST: PARENTS' RIGHTS**

Unless otherwise stated herein, the parents shall have:

- A. The right to reasonable telephone contact with the child(ren) when they are with the other parent.
- B. The right to be notified in case of an injury to or illness of the minor child(ren).
- C. The right to inspect and receive the minor child(ren)'s medical and dental records and the right to consult with any treating physician, dentist, and/or other health care provider, including, but not limited to, psychologists and psychiatrists.
- D. The right to consult with school officials concerning the minor child(ren)'s welfare and educational status, and the right to inspect and receive the child(ren)'s student records to the extent permitted by law.
- E. The right to receive copies of all school reports, calendars of school events, notices of parent-teacher conferences, and school programs.
- F. The right to attend and participate in parent-teacher conferences, school trips, school programs, and other school activities to which parents are invited.
- G. The right to attend and participate with the child(ren) in athletic programs and other extracurricular activities.

**SECOND: ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES**

A. General Responsibilities

Each parent shall take all measures necessary to foster respect and affection between the child(ren) and the other parent. Neither parent shall do anything that may estrange the child(ren) from the other parent, or impair the child(ren)'s high regard for the other parent.

B. Residential Parent and Legal Custodian

Plaintiff/Petitioner 1 shall be the residential parent and legal custodian of the following child(ren):

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Defendant/Petitioner 2 shall be the residential parent and legal custodian of the following child(ren):

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

C. Parenting Time Schedule

**A parenting time schedule must be attached to this Plan.**

The parents shall have parenting time with the child(ren) according to the attached parenting time schedule, which shows the times that the child(ren) shall be with each parent on weekdays, weekends, holidays and days of special meaning, and vacations.

The parties may voluntarily modify the parenting time schedule, if agreed; however, the Court cannot enforce any change in the parenting time schedule unless it is made an Order of the Court.

D. Transportation: (*select one*)

Absent other agreement of the parties included in the attached parenting time schedule, each parent shall be responsible for providing transportation for the child(ren) at the beginning of the parent's parenting time period. Each parent shall be responsible for providing transportation for the child(ren) to and from school during that parent's parenting time period.

Other agreement regarding transportation to school and parenting time:

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E. Responsibility for Child Activities

1. Participation in Activities

The scheduling of events, appointments, and activities shall not be done in a manner to cause undue inconvenience or harassment to the other parent. Both parents must understand that the child(ren) need(s) to be able to participate in regular activities without interference and with the support of both parents.

Absent other agreement by the parents, the child(ren) shall continue to participate in those extracurricular activities, school-related and other activities in which they are currently enrolled, uninterrupted.

Other agreement regarding participation in current or new extracurricular, school-related or other activities:

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Each parent shall provide the other with notice of all extracurricular activities, school-related or otherwise, in which the child(ren) participates, schedules of all activities (handwritten if no formal schedule is provided by the activity) and the name of the activity leader (including address and telephone number if reasonably available).

2. Transportation to Activities

Absent other agreement by the parents, it is the responsibility of the parent in possession of the child(ren) to provide transportation to an activity.

Other agreement regarding transportation:

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3. Payment of Expenses Related to Activities

Each parent shall notify the other about any and all expenses arising from the child's extracurricular, school-related, or other activities.

Absent other agreement of the parents, the parents shall pay the costs and expenses associated with their child(ren)'s participation in any extracurricular, school-related, or other activities as follows:

- Plaintiff/Petitioner 1 \_\_\_\_\_
- Defendant/Petitioner 2 \_\_\_\_\_
- Other agreement regarding the payment of extracurricular, school-related, or other activity expenses:

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

The parent incurring an expense related to an extracurricular, school-related, or other activity shall forward a copy of the bill or invoice to the other parent as soon as practicable. Absent other agreement of the parents as stated herein, reimbursement or payment shall be made within thirty (30) days of receipt of the bill or invoice.

- Other agreement regarding reimbursement or payment of expenses:

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

F. Health Care Responsibilities

Each parent shall promptly notify the other parent if a child experiences a serious injury, has a serious or chronic illness, or receives treatment in an emergency room or hospital. Each parent shall notify the other parent of the emergency, the child's status, locale, and any other pertinent information as soon as practical, but in any event within twenty-four (24) hours. Each parent shall provide the other with the names and telephone numbers of all health care providers for the child(ren).

- Other agreement regarding health care responsibilities:

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

G. Current Address and Telephone Number

Plaintiff's/Petitioner 1's current home address and telephone number, including cellular telephone number:

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

Defendant's/Petitioner 2's current home address and telephone number, including cellular telephone number:

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

H. Relocation Notice  
Pursuant to R.C. 3109.051(G):

If the residential parent intends to move to a residence other than the residence specified in the Court order, the parent shall file a notice of intent to relocate with this Court. Except as provided in R.C. 3109.051(G)(2), (3), and (4), the Court shall send a copy of the notice to the parent who is not the residential parent. Upon receipt of the notice, the Court, on its own motion or the motion of the parent who is not the residential parent, may schedule a hearing with notice to both parents to determine whether it is in the best interest of the child(ren) to revise the parenting time schedule for the child(ren).

The non-residential parent shall inform the Court and the other parent, in writing, of changes in address and telephone, including cellular telephone number, unless otherwise provided by court order.

The relocation notice must be filed with the Court granting the allocation of parental rights and responsibilities:  
*(print name and address of the Court)*

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I. Records Access Notice  
Pursuant to R.C. 3109.051(H) and 3319.321(B)(5)(a):

Subject to R.C. 3125.16 and 3319.321(F), the parent who is not the residential parent is entitled access to any record that is related to the child(ren), and to which the residential parent is legally provided access under the same terms and conditions as the residential parent. Any keeper of a record who knowingly fails to comply with any record access order is in contempt of Court.

Restrictions or limitations:

None

Restrictions or limitations to non-residential parent regarding records access are as follows:

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J. Day Care Access Notice  
Pursuant to R.C. 3109.051(I):

In accordance with R.C. 5104.039, the parent who is not the residential parent is entitled access to any day care center that is or will be attended by the child(ren) with whom parenting time is granted, to the same extent that the residential parent is granted access to the center unless otherwise restricted.

Restrictions or limitations:

None

Restrictions or limitations to non-residential parent regarding day care access are as follows:

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K. School Activities Access Notice  
Pursuant to R.C. 3109.051(J):

Subject to R.C. 3319.321(F), the parent who is not the residential parent is entitled access to any student activity that is related to the child(ren) and to which the residential parent is legally provided access, under



the same terms and conditions as the residential parent unless otherwise restricted. Any school employee or official who knowingly fails to comply with this school activities access order is in contempt of Court.

Restrictions or limitations:

None

Restrictions or limitations to non-residential parent regarding school activities access are as follows:

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

**THIRD: CHILD SUPPORT**

As required by law, a completed Child Support Worksheet is attached to this document.

The Order for child support and cash medical support is effective \_\_\_\_\_, 20\_\_\_\_\_.

For purposes of this order:

- Plaintiff/Petitioner 1  Defendant/Petitioner 2 is the child support obligor (*pays support*).
- Plaintiff/Petitioner 1  Defendant/Petitioner 2 is the child support obligee (*receives support*).

The following information is provided in accordance with R.C. 3105.72 and R.C. 3121.30:

**SUPPORT OBLIGOR** (pays support):

Name (First, MI, Last): \_\_\_\_\_

Social Security Number: xxx-xx-\_\_\_\_\_ (fill in last four digits)

Date of Birth: \_\_\_\_\_

**SUPPORT OBLIGEE** (receives support):

Name (First, MI, Last): \_\_\_\_\_

Social Security Number: xxx-xx-\_\_\_\_\_ (fill in last four digits)

Date of Birth: \_\_\_\_\_

A. Guideline Child Support Amount  
The **guideline** child support obligation, as determined by the Child Support Worksheet, is \$\_\_\_\_\_ per child, per month for \_\_\_\_\_ (number) child(ren), for a total of \$\_\_\_\_\_ per month. (Line 24 Sole/Shared Parenting Child Support Computation Worksheet or Line 25 Split Parenting Child Support Computation Worksheet)

- B. Overnight Parenting Time Adjustment
  - The child support obligor does not have Court ordered parenting time which is equal to or exceeds ninety (90) overnights.
  - The child support obligor has Court ordered parenting time which is equal to or exceeds ninety (90) overnights. The above computation reflects an automatic ten percent (10%) adjustment in the guideline child support obligation.

C. Overnight Parenting Time Deviation

Pursuant to R.C. 3119.231, there is extended Court ordered parenting time which:

exceeds ninety (90) overnights but is *not* more than 146 overnights (\_\_\_\_\_ overnights).

A deviation is *not* granted.

The annual obligation would be unjust and inappropriate and, therefore, not in the best interest of the minor child(ren). A deviation *is* granted for the following reasons:

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– OR –

is equal to or exceeds 147 overnights (\_\_\_\_\_ overnights).

A deviation is  granted  *not* granted for the following reasons:

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D. Other Deviation Factors (*if applicable*)

Pursuant to R.C. 3119.22, 3119.23 and/or 3119.24, the annual obligation would be unjust and inappropriate and, therefore, not in the best interest of the minor child(ren) for the following reason(s):

(*Check all that apply*)

Special and unusual needs of the child(ren), including needs arising from the physical or psychological condition of the child(ren)

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Other Court ordered payments

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Extended parenting time or extraordinary costs associated with parenting time, including extraordinary travel expenses when exchanging the child(ren) for parenting time

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Financial resources and the earning ability of the child(ren)

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Relative financial resources, including the disparity in income between parties or households, other assets, and the needs of each parent

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- Obligee's income, if the obligee's annual income is equal to or less than one hundred percent (100%) of the federal poverty level

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- Benefits that either parent receives from remarriage or sharing living expenses with another person

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- Amount of federal, state, and local taxes actually paid or estimated to be paid by a parent or both parents

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- Significant in-kind contributions from a parent, including, but not limited to, direct payment for lessons, sports equipment, schooling, or clothing

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- Extraordinary work-related expenses incurred by either parent

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- Standard of living and circumstances of each parent and the standard of living the child(ren) would have enjoyed had the marriage continued or had the parents been married

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- Educational opportunities that would have been available to the child(ren) had the circumstances requiring a child support order not arisen

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- The responsibility of each parent for the support of others, including support of (a) child(ren) with disabilities who is/are not subject to the support order

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- Post-secondary educational expenses paid for by a parent for the parent's own child(ren), regardless of whether the child(ren) is/are emancipated

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- Costs incurred or reasonably anticipated to be incurred by the parents in compliance with Court ordered reunification efforts in child abuse, neglect, or dependency cases

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- Extraordinary child care costs required for the child(ren) that exceed the maximum state-wide average cost estimate as described in R.C. 3119.05(P)(1)(d), including extraordinary costs associated with caring for (a) child(ren) with specialized physical, psychological, or educational needs
- 
- 

- Any other relevant factor: *(specify)*
- 
- 

- Extraordinary circumstances associated with shared parenting: *(Only if Shared Parenting is ordered - check all that apply)*
- Ability of each parent to maintain adequate housing for the child(ren)
  - Each parent's expenses, including child care expenses, school tuition, medical expenses, dental expenses, and other relevant expenses
  - Any other relevant circumstances: *(specify)*
- 

E. Monthly Child Support Obligation

The child support obligor (pays support) shall pay child support in the amount of \$ \_\_\_\_\_ per child, per month for \_\_\_\_\_ (number) child(ren), for a total of \$ \_\_\_\_\_ per month, plus two percent (2%) processing charge. *(If there is no child support deviation, Line 24 Sole/Shared Child Support Computation Worksheet, or Line 25 Split Parenting Child Support Computation Worksheet. If there is a deviation in child support, Line 26 Sole/Shared Child Support Computation Worksheet, or Line 27 Split Parenting Child Support Computation Worksheet.)*

F. Arrearage or Overpayment

- Child support arrearage or overpayment for the minor child(ren) payable either by administrative order, temporary or final order **shall** survive and continue as an enforceable obligation until paid in full.
- Child support arrearage or overpayment for the minor child(ren) payable either by administrative order, temporary or final order **shall not** survive and continue as an enforceable obligation until paid in full, except those arrearages assigned to and due to the Department of Job and Family Services.

G. Method to Secure Support Payment(s)

All support under this Order shall be withheld or deducted from the income or assets of the support obligor pursuant to a withholding or deduction notice or appropriate Order issued in accordance with R.C. Chapters 3119, 3121, 3123, and 3125 or a withdrawal directive issued pursuant to R.C. 3123.24 to 3123.38 and shall be forwarded to the obligee in accordance with R.C. Chapters 3119, 3121, 3123, and 3125.

The support obligor shall immediately notify the \_\_\_\_\_ County Child Support Enforcement Agency, in writing, of any change in employment (including self-employment), receipt of additional income/monies or termination of benefits. The support obligor shall include a description of the nature of the employment and the name, business address and telephone number of any employer.

The specific withholding or deduction requirements to be used to collect the support shall be set forth and determined by reference to the notices that are sent out by the Child Support Enforcement Agency in accordance with R.C. 3121.03 and shall be determined without the need for any amendment to the support order. Those notices, plus the notices provided by the Child Support Enforcement Agency that require the child support obligor to notify the Child Support Enforcement Agency of any change in his/her employment status or of any other change in the status of his/her assets, are final and enforceable by the court. Each

withholding notice shall be for the current child support, current cash medical support, any arrearage payment, and processing charges.

**All support shall be paid through Ohio Child Support Payment Central (OCSPC), P.O. Box 182372, Columbus, Ohio 43218-2372.** Checks or money orders shall be made payable to "OCSPC". All payments shall include the following: Obligor's name, Social Security Number, SETS case number and Domestic Relations Court case number. **If there is to be a withholding/deduction order, the support obligor shall make payments directly to OCSPC until the income source/financial institution begins withholding/deducting in the appropriate amount.**

Pursuant to R.C. 3121.45, any payment of money by the child support obligor to the child support obligee that is not made through Ohio Child Support Payment Central or the Child Support Enforcement Agency administering the support order shall not be considered a payment under the support order and, unless the payment is made to discharge an obligation other than support, shall be deemed a gift.

Payments shall be made in the manner ordered by the Court. If payments are to be made other than on a monthly basis, the required monthly administration by the \_\_\_\_\_ County Child Support Enforcement Agency does not affect the frequency or the amount of the support payments to be made under the order.

*(Check one of the following three boxes)*

The support obligor receives income from an income source.

A withholding or deduction notice shall issue to:

INCOME SOURCE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**- OR -**

The support obligor has nonexempt funds on deposit in an account at a financial institution.

A withholding or deduction notice shall issue to:

FINANCIAL INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

If withholding from a financial account, the support obligor shall immediately notify the \_\_\_\_\_ County Child Support Enforcement Agency of the number and description of the account from which support shall be deducted, and the name, branch, business address and routing number of the financial institution if not set forth above.

The support obligor shall immediately notify the \_\_\_\_\_ County Child Support Enforcement Agency of any change in the status of an account from which support is being deducted or the opening of a new account with any financial institution.

**- OR -**

The support obligor has no attachable income source at this time.

The support obligor shall immediately notify the \_\_\_\_\_ County Child Support Enforcement Agency, in writing, if the support obligor begins to receive income from a payor. The notice shall include a description of the nature of any new employment, and the name, business address and telephone number of any new employer.

The support obligor shall seek employment, if able to engage in employment. Obligor's employment search must include registration with Ohio Means Jobs at <https://jobseeker.ohiomeansjobs.monster.com>. Obligor shall immediately notify the \_\_\_\_\_ County Child Support Enforcement Agency, in writing, upon commencement or change of employment (including self-employment), receipt of additional income/monies, obtaining ownership of asset of value of \$500.00 or more, receipt or termination of benefits or the opening of an account at a financial institution. The support obligor shall include a description of the nature of the employment and the name, business address and telephone number of any employer. The support obligor shall immediately notify the \_\_\_\_\_ County Child Support Enforcement Agency of any change in the status of an account from which support is being deducted or the opening of a new account with any financial institution.

H. Duration and Termination of Support & Required Notices

The duty of child support and cash medical support for each child shall continue until further order of Court or until the above-named child reaches age eighteen (18) unless one of the following circumstances applies:

- The child is mentally or physically disabled and is incapable of supporting or maintaining himself, herself or themselves.
- The parents have agreed to continue child support beyond the date it would otherwise terminate.
- The child continuously attends a recognized and accredited high school on a full-time basis so long as the child has not, as yet, reached the age of nineteen (19) years old. Under this circumstance, child support will end at the time the child graduates or ceases to attend a recognized and accredited high school on a full-time basis or when the child reaches the age of nineteen (19), whichever occurs first.

The child support and cash medical support order will remain in effect during seasonal vacation periods until the order terminates.

The parties have agreed that the child support and cash medical support obligation will extend beyond the time when it would otherwise end. The terms and conditions of that agreement are as follows:

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The parties have (a) child(ren) who is/are mentally or physically disabled and incapable of supporting or maintaining himself, herself or themselves, and child support and cash medical support will extend beyond the time when it would otherwise end. The name of the child(ren) and the nature of the mental or physical disability(ies) is/are as follows:

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The residential parent and legal custodian of the child(ren) shall immediately notify, and the child support obligor may notify, the \_\_\_\_\_ County Child Support Enforcement Agency of any reason

for which the child support order should terminate, including, but not limited to, the child's death, marriage, emancipation (age 18 or high school completion/termination), enlistment in the Armed Services, deportation, or change of legal custody. A willful failure to notify the \_\_\_\_\_ County Child Support Enforcement Agency may be contempt of Court.

**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 OR AGENCY, WHICHEVER ISSUED THE SUPPORT ORDER.**

**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 ISSUED BY A COURT AND YOU WILLFULLY FAIL TO GIVE THE REQUIRED NOTICES, 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 OR OBLIGEE AND YOU FAIL TO GIVE THE REQUIRED NOTICES TO THE CHILD SUPPORT ENFORCEMENT AGENCY, YOU MAY NOT RECEIVE NOTICE OF THE CHANGES AND REQUESTS TO CHANGE THE CHILD SUPPORT AMOUNT, HEALTH CARE PROVISIONS, OR TERMINATION OF THE CHILD SUPPORT ORDER. IF YOU ARE AN OBLIGOR AND YOU FAIL TO GIVE THE REQUIRED NOTICES, 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.**

**FOURTH: HEALTH INSURANCE COVERAGE**

A.  Private Health Insurance Coverage IS NOT available for the minor child(ren).

Neither parent has accessible private health insurance coverage available at a reasonable cost to cover the minor child(ren) at the time of the issuance of this order.

The child support obligee shall obtain health care coverage (private health insurance coverage or public health care plan) for the child(ren) not later than thirty (30) days after it becomes available at a reasonable cost, and shall inform the \_\_\_\_\_ County Child Support Enforcement Agency (CSEA) when health care coverage for the child(ren) has been obtained.

If private health insurance coverage becomes available to the child support obligor at a reasonable cost, the child support obligor shall inform the \_\_\_\_\_ County Child Support Enforcement Agency (CSEA) and may seek a modification of health care coverage from the Court with respect to a Court child support order, or from the agency with respect to an administrative support order.

B.  Private Health Insurance Coverage IS available for the minor child(ren).

- Plaintiff/Petitioner 1 has private health insurance coverage for the minor child(ren);
- Defendant/Petitioner 2 has private health insurance coverage for the minor child(ren); or
- Both parents have private health insurance coverage available for the minor child(ren).

1. Accessibility of Private Health Insurance Coverage.

The available private health insurance coverage for the minor child(ren) is accessible because:

*(Check one of the following three boxes)*

- Primary care services are within thirty (30) miles of the child(ren)'s residence.
- The Court permits primary care services farther than thirty (30) miles of the child(ren)'s residence because residents in the geographic area customarily travel farther distances.
- Primary care services are accessible by public transportation because public transportation is the child support obligee's only source of transportation.

2. Reasonableness of Cost of Private Health Insurance Coverage.

Pursuant to R.C. 3119.29(F), for purposes of determining reasonable cost, the total cost of private health insurance coverage to the person required to provide private health insurance coverage for the child(ren) subject to the child support order does not exceed an amount equal to five percent of the annual income of that person.

*(Check one of the following two sections)*

- The total cost of private health insurance coverage available to  Plaintiff/Petitioner 1 and/or  Defendant/Petitioner 2 **does not exceed** that parent's Health Insurance Maximum. *(Line 8 Child Support Computation Worksheet)*

- OR -

- The total cost of private health insurance coverage available to  Plaintiff/Petitioner 1 and/or  Defendant/Petitioner 2 **exceeds** that parent's Health Insurance Maximum *(Line 8 Child Support Computation Worksheet)*;

*(Check one of the three sections below)*

- Both parents agree that  Plaintiff/Petitioner 1  Defendant/Petitioner 2 or  Both parents shall obtain or maintain private health insurance coverage, the cost of which exceeds the Health Insurance Maximum for that parent.

- OR -

- Plaintiff/Petitioner 1  Defendant/Petitioner 2 has requested to obtain or maintain private health insurance coverage, the cost of which exceeds the Health Insurance Maximum for that parent.

- OR -

- It is in the best interest of the child(ren) for  Plaintiff/Petitioner 1  Defendant/Petitioner 2 to obtain or maintain private health insurance coverage for the child(ren) even though the total cost of private health insurance coverage exceeds that parent's Health Insurance Maximum. The cost of private health insurance coverage will not impose an undue financial burden because:

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3. Person Required to Provide Private Health Insurance Coverage.

Plaintiff/Petitioner 1  Defendant/Petitioner 2  Both parents shall provide private health insurance coverage for the child(ren) until further order of Court for the following reasons:

*(Check one of the following six boxes)*

- The child support obligee is rebuttably presumed to be the appropriate parent to provide private health insurance coverage for the child(ren).
- The child support obligor already has private health insurance coverage for the child(ren) that is reasonable in cost.
- The child support obligor already has private health insurance coverage in place for the child(ren) that is not reasonable in cost, but the child support obligor wishes to be named the private health insurance obligor and provide coverage.
- The child support obligor can obtain private health insurance coverage for the child(ren) that is reasonable in cost through an employer or other source.
- The child support obligee is a non-parent individual or agency that has no duty to provide medical support.
- Both parents wish to provide and already have private health insurance coverage in place or have private health insurance coverage available for the child(ren).

If both parents are providing private health insurance coverage for the minor child(ren),  Plaintiff's/Petitioner 1's  Defendant's/Petitioner 2's private health insurance coverage plan shall be considered the primary private health insurance coverage plan for the child(ren).

Should private health insurance coverage be cancelled for any reason, the parent ordered to maintain private health insurance coverage shall immediately notify the other parent of the cancellation.

C. Health Care Coverage Requirements

Within thirty (30) days after the issuance of this support order, the person required to provide health care coverage for the child(ren) must provide to the other parent or to the child support obligee information regarding the benefits, limitations, and exclusions of the coverage, copies of any forms necessary to receive reimbursement, payment or other benefits under the coverage, and a copy of any necessary proof of coverage.

Within thirty (30) days after the issuance of this order, the person required to provide health care coverage for the child(ren) shall provide to the Child Support Enforcement Agency documentation that verifies health care coverage is being provided as ordered.

The individual who is designated to be reimbursed for health care expenses for the child(ren) is:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

The person required to provide health care coverage for the child(ren) shall designate the child(ren) as covered dependent(s) under any health care coverage policy, contract, or plan.

Pursuant to R.C. 3119.32(E), the employer of the person required to provide health care coverage for the child(ren) is required to release to the other parent, any person subject to an order issued under R.C. 3109.19, or the Child Support Enforcement Agency, on written request, any necessary information on the health care coverage, including the name and address of the health plan administrator and any policy, contract, or plan number, and to otherwise comply with R.C. 3119.32 and any order or notice issued under R.C. 3119.32.

Pursuant to R.C. 3119.32(G), if the person required to obtain health care coverage for the child(ren) subject to this child support order obtains new employment, the agency shall comply with the requirements of R.C. 3119.34, which may result in the issuance of a notice requiring the new employer to take whatever action is necessary to enroll the children in private health care insurance coverage provided by the new employer, when insurance is not being provided by any other source.

**FIFTH: CASH MEDICAL SUPPORT & CHILDREN'S HEALTH CARE EXPENSES**

A. Liability for child(ren)'s Health Care Expenses

Pursuant to R.C. 3119.30(A), both parents are liable for the health care expenses of the child(ren) who is/are not covered by private health insurance coverage.

Cash medical support is an amount paid in a child support order toward the ordinary health care expenses incurred during a calendar year. Ordinary health care expenses include copayments and deductibles, and uninsured health-related costs.

Extraordinary health care expenses are any uninsured health care expenses incurred for a child during a calendar year that exceed the total cash medical support amount owed by the parents during that year.

Each party shall have access to all health care records of the child(ren) as provided by law, or as otherwise limited in this document.

The term "health care expense" or "health care records" shall include, but not be limited to, medical, dental, orthodontic, optical, pharmaceutical, surgical, hospital, major medical, psychological, psychiatric, outpatient, doctor, therapy, counseling, prosthetic, and/or all other expenses/records including preventative health expenses/records related to the treatment of the human body and mind.

The parent who receives a health care bill, and/or an Explanation of Benefits (EOB), or who incurs a health care expense, shall provide the other parent the original or a copy of the bill, and/or EOB, if available, within (thirty) 30 days of the date on the bill or EOB, or a receipt, absent extraordinary circumstances. The other parent shall reimburse the parent incurring the expenses or pay directly to the health care provider, that parent's percentage share of the bill as shown in Section D below.

B. Guideline Cash Medical Support Obligation

The parents' combined **annual** cash medical support obligation, as determined by the applicable worksheet, is \$\_\_\_\_\_. (Line 23a Child Support Computation Worksheet)

The Obligor's (pays support) guideline **annual** cash medical support obligation is \$\_\_\_\_\_. (Line 23b Child Support Computation Worksheet)

The Obligees' (receives support) guideline **annual** cash medical support obligation is \$\_\_\_\_\_. (Line 23b Child Support Computation Worksheet) The Obligees' cash medical support obligation is not subject to collection by the Child Support Enforcement Agency.

C. Deviation in Cash Medical Support (if applicable)

Pursuant to R.C. 3119.22, 3119.23 and/or 3119.24, the annual guideline cash medical support obligation would be unjust and inappropriate and, therefore, not in the best interest of the minor child(ren) for the following reason(s):

The same reasons referenced in this document regarding the child support deviation.

- OR -

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

D. Cash Medical Support Obligation and Division of Child(ren)'s Health Care Expenses

(Check one of the following two boxes)

The cash medical support obligation is not deviated.

Obligor shall pay cash medical support in the amount of \$\_\_\_\_\_ per child, per month, for \_\_\_\_\_ (number) child(ren) for a total of \$\_\_\_\_\_, per month, plus two percent (2%) processing charge through the Child Support Enforcement Agency. (Line 27 Sole/Shared Parenting Child Support Computation Worksheet, or Line 29 Split Parenting Child Support Computation Worksheet)

Plaintiff/Petitioner 1 shall pay \_\_\_\_\_% and Defendant/Petitioner 2 shall pay \_\_\_\_\_% of the health care expenses incurred for a child during a calendar year that exceeds \$\_\_\_\_\_, the parents' total combined annual cash medical support obligation, as determined by the applicable worksheet. (Line 23a Child Support Computation Worksheet)

- OR -

The cash medical support obligation is deviated.

Obligor shall pay cash medical support in the amount of \$\_\_\_\_\_ per child, per month, for \_\_\_\_\_ (number) child(ren) for a total of \$\_\_\_\_\_, per month, plus two percent (2%) processing charge through the Child Support Enforcement Agency. (Line 29 Sole/Shared Parenting Child Support Computation Worksheet, or Line 31 Split Parenting Child Support Computation Worksheet)

Obligee's cash medical support obligation is deviated to \$\_\_\_\_\_ per month. (Line 29, Sole/Shared Parenting Child Support Computation Worksheet or Line 31 Split Parenting Child Support Computation Worksheet) Obligee's cash medical support obligation is not subject to collection by the Child Support Enforcement Agency.

Plaintiff/Petitioner 1 shall pay \_\_\_\_\_% and the Defendant/Petitioner 2 shall pay \_\_\_\_\_% of the health care expenses incurred for a child during a calendar year that exceeds \$\_\_\_\_\_, the parents' total combined annual deviated cash medical support obligation, as determined by the applicable worksheet. (Line 29 amounts added together and multiplied by twelve Sole/Shared Child Support Computation Worksheet, Line 31 amounts added together and multiplied by twelve Split Parenting Child Support Computation Worksheet)

**SIXTH: TAX EXEMPTIONS**

A.  Plaintiff/Petitioner 1 shall be entitled to claim the following minor child(ren) for all tax purposes for  even-numbered tax years  odd-numbered tax years  all eligible tax years, so long as Plaintiff/Petitioner 1 is substantially current in any child support Plaintiff/Petitioner 1 is required to pay as of December 31 of the tax year in question: \_\_\_\_\_

Defendant/Petitioner 2 shall be entitled to claim the following minor child(ren) for all tax purposes for  even-numbered tax years  odd-numbered tax years  all eligible tax years, so long as Defendant/Petitioner 2 is substantially current in any child support Defendant/Petitioner 2 is required to pay as of December 31 of the tax year in question: \_\_\_\_\_

B.  Other orders regarding tax exemptions: (*specify*)  
\_\_\_\_\_  
\_\_\_\_\_

If a non-residential parent is entitled to claim the child(ren), the residential parent is required to execute and deliver Internal Revenue Service Form 8332, or its successor, together with any other required forms as set out in section 152 of the Internal Revenue Code, as amended, on or before February 15<sup>th</sup> of the year following the tax year in question, to allow the non-residential parent to claim the minor child(ren).

**SEVENTH: MODIFICATION**

This Parenting Plan may be modified by agreement of the parties or by the Court.

**EIGHTH: OTHER**

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

Upon approval by the Court, this Parenting Plan shall be incorporated in the Judgment Entry.

\_\_\_\_\_  
Plaintiff/Petitioner 1 Signature  
\_\_\_\_\_  
Printed Name  
\_\_\_\_\_  
Plaintiff/Petitioner 1 Attorney Signature  
\_\_\_\_\_  
Printed Name  
\_\_\_\_\_  
Supreme Court Reg No.

\_\_\_\_\_  
Defendant/Petitioner 2 Signature  
\_\_\_\_\_  
Printed Name  
\_\_\_\_\_  
Defendant/Petitioner 2 Attorney Signature  
\_\_\_\_\_  
Printed Name  
\_\_\_\_\_  
Supreme Court Reg No.

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

**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:** The Parenting Time Schedule must be attached to this Plan. Parents are urged to consult the Planning for Parenting Time Guide: Ohio's Guide for Parents Living Apart and Domestic Violence & Allocation of Parental Rights and Responsibilities available at [www.supremecourt.ohio.gov](http://www.supremecourt.ohio.gov).

**SHARED PARENTING PLAN**

The parents, \_\_\_\_\_, "Plaintiff/Petitioner 1", and \_\_\_\_\_, Defendant/Petitioner 2", have \_\_\_\_\_ (number) child(ren) from the marriage or relationship. Of the child(ren), \_\_\_\_\_ (number) is/are emancipated adult(s) and not under any disability. The following \_\_\_\_\_ (number) child(ren) are minor child(ren) and/or mentally or physically disabled child(ren) incapable of supporting or maintaining themselves:

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

The parents agree to the care, parenting, and control of their child(ren) as provided in this Shared Parenting Plan.

### **FIRST: PARENTS' RIGHTS**

Unless otherwise stated herein, the parents shall have:

- A. The right to participate in major decisions concerning the child(ren)'s health, social situation, morals, welfare, education, and economic environment.
- B. The right to reasonable telephone contact with the child(ren) when they are with the other parent.
- C. The right to participate in the selection of doctors, psychologists, psychiatrists, hospitals, and other health care providers for the child(ren).
- D. The right to authorize medical, surgical, hospital, dental, institutional, psychological, and psychiatric care for the child(ren) and obtain a second opinion regarding medical conditions or treatment.
- E. The right to be notified in case of an injury to or illness of the child(ren).
- F. The right to be present with the child(ren) at medical, dental, and other health-related examinations and treatments, including, but not limited to, psychological and psychiatric care.
- G. The right to inspect and receive the child(ren)'s medical and dental records and the right to consult with any treating physician, dentist, and/or other health care provider, including, but not limited to, psychologists and psychiatrists.
- H. The right to consult with school officials concerning the child(ren)'s welfare and educational status, and the right to inspect and receive the child(ren)'s student records to the extent permitted by law.
- I. The right to receive copies of all school reports, calendars of school events, notices of parent-teacher conferences, and school programs.
- J. The right to attend and participate in parent-teacher conferences, school trips, school programs, and other school activities to which parents are invited.
- K. The right to attend and participate with the child(ren) in athletic programs and other extracurricular activities.
- L. The right to receive notice of the other parent's intention to relocate.

### **SECOND: ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES**

- A. General Responsibilities  
Each parent shall take all measures necessary to foster respect and affection between the child(ren) and the other parent. Neither parent shall do anything that may estrange the child(ren) from the other parent, or impair the child(ren)'s high regard for the other parent.
- B. The parents have shared parenting of the child(ren) as specified in this Plan. Each parent, regardless of where an individual child is residing at a particular point in time, as specified in this Plan, is the "residential parent," "the residential parent and legal custodian," or the "custodial parent" of that child.

#### **C. Parenting Time Schedule**

**A parenting time schedule must be attached to this Plan.**

The parents shall have parenting time with the child(ren) according to the attached parenting time schedule, which shows the times that the child(ren) shall be with each parent on weekdays, weekends, holidays and days of special meaning, and vacations.

The parties may voluntarily modify the parenting time schedule, if agreed; however, the Court cannot enforce any change in the parenting time schedule unless it is made an Order of the Court.

D. Transportation to School and Parenting Time

Absent other agreement of the parties included in the attached parenting time schedule, each parent shall be responsible for providing transportation for the child(ren) at the beginning of the parent's parenting time period. Each parent shall be responsible for providing transportation for the child(ren) to and from school during that parent's parenting time period.

Other agreement regarding transportation to school and parenting time:

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E. School Placement

The designation of a particular parent as the residential parent for the purposes of determining the school placement of the child(ren) does not affect the designation of each parent as the "residential parent," "residential parent and legal custodian," or the "custodial parent of the child(ren)".

Plaintiff/Petitioner 1 shall be designated as the residential parent for school placement purposes of the following child(ren):

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Defendant/Petitioner 2 shall be designated as the residential parent for school placement purposes of the following child(ren):

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Other agreement regarding school placement:

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F. Education Decisions Other than School Placement

Each parent shall consult with the other regarding any important education decisions affecting the child(ren). Important education decisions affecting the child(ren) shall be made by agreement of the parties. Each parent shall be reasonable in attempting to reach an agreement on such matters. In the event the parties cannot agree on education decisions other than school placement, the decision of:

Plaintiff/Petitioner 1 shall be binding on the parents and the following child(ren):

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Defendant/Petitioner 2 shall be binding on the parents and the following child(ren):

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G. Responsibility for Child Activities

1. Participation in Activities

The parents shall give careful consideration of the child(ren)'s best interest and the child(ren)'s wishes in scheduling activities. Neither parent will unreasonably withhold agreement to any particular activity. The parents shall be reasonable with respect to this provision and take into consideration the needs and interests of the child(ren) at all times. The scheduling of events, appointments, and activities shall not be done in a manner to cause undue inconvenience or harassment to the other parent. Both parents must understand that the child(ren) need(s) to be able to participate in regular activities without interference and with the support of both parents.

Absent other agreement by the parents, the child(ren) shall continue to participate in those extracurricular activities, school-related and other activities in which they are currently enrolled, uninterrupted.

Other agreement regarding participation in current or new extracurricular, school-related or other activities:

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Each parent shall provide the other with notice of all extracurricular activities, school-related or otherwise, in which the child(ren) participates, schedules of all activities (handwritten if no formal schedule is provided by the activity) and the name of the activity leader (including address and telephone number if reasonably available).

2. Transportation to Activities

Absent other agreement by the parents, it is the responsibility of the parent in possession of the child(ren) to provide transportation to an activity.

Other agreement regarding transportation:

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3. Payment of Expenses Related to Activities

Each parent shall notify the other about any and all expenses arising from the child's extracurricular, school-related, or other activities.

Absent other agreement of the parents, the parents shall divide the costs and expenses associated with their child(ren)'s participation in any extracurricular, school-related, or other activities as follows:

- Plaintiff/Petitioner 1 \_\_\_\_\_
- Defendant/Petitioner 2 \_\_\_\_\_
- Other agreement regarding the division of extracurricular, school-related, or other activity expenses:

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The parent incurring an expense related to an extracurricular, school-related, or other activity shall forward a copy of the bill or invoice to the other parent as soon as practicable. Absent other agreement of the parents as stated herein, reimbursement or payment shall be made within thirty (30) days of receipt of the bill or invoice.



Other agreement regarding reimbursement or payment of expenses:

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H. Health Care Responsibilities

Each parent shall promptly notify the other parent if a child experiences a serious injury, has a serious or chronic illness, or receives treatment in an emergency room or hospital. Each parent shall notify the other parent of the emergency, the child's status, locale, and any other pertinent information as soon as practical, but in any event within twenty-four (24) hours. Each parent shall provide the other with the names and telephone numbers of all health care providers for the child(ren).

Each parent shall consult the other about the child(ren)'s health care needs and each shall immediately notify the other parent about all major non-emergency health care decisions before authorizing a course of treatment. Each parent has a right to know the necessity for treatment, proposed cost, and proposed payment schedule. Each parent may also secure an independent evaluation at that parent's expense to determine the necessity for treatment.

If the parties cannot agree regarding a course of treatment,  Plaintiff's/Petitioner 1's  Defendant's/Petitioner 2's (***select one***) decision shall control.

I. Current Address and Telephone Number

Plaintiff's/Petitioner 1's current home address and telephone number, including cellular telephone number:

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Defendant's/Petitioner 2's current home address and telephone number, including cellular telephone number:

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J. Relocation Notice

Pursuant to R.C. 3109.051(G):

If either parent intends to move to a residence other than the residence specified in the Court order, the parent shall file a notice of intent to relocate with this Court. Except as provided in R.C. 3109.051(G)(2), (3), and (4), the Court shall send a copy of the notice to the other parent. Upon receipt of the notice, the Court, on its own motion or the motion of either parent, may schedule a hearing with notice to both parents to determine whether it is in the best interest of the child(ren) to revise the parenting time schedule for the child(ren).

Each parent shall inform the Court and the other parent, in writing, of changes in address and telephone, including cellular telephone number, unless otherwise provided by Court order.

The relocation notice must be filed with the Court granting the allocation of parental rights and responsibilities: (*print name and address of Court*)

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K. Records Access Notice  
Pursuant to R.C. 3109.051(H) and 3319.321(B)(5)(a):

Subject to R.C. 3125.16 and 3319.321(F), both parents are entitled access to any record related to the child(ren), unless otherwise restricted. Any keeper of a record who knowingly fails to comply with permitting record access is in contempt of Court.

Restrictions or limitations:

None

Restrictions or limitations to records access are as follows:

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L. Day Care Access Notice  
Pursuant to R.C. 3109.051(I):

In accordance with R.C. 5104.039, both parents are entitled access to any day care center that is or will be attended by the child(ren) unless otherwise restricted.

Restrictions or limitations:

None

Restrictions or limitations to day care access are as follows:

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M. School Activities Access Notice  
Pursuant to R.C. 3109.051(J):

Subject to R.C. 3319.321(F), both parents are entitled access to any student activity related to the child(ren), unless otherwise restricted. Any school employee or official who knowingly fails to comply with permitting school activities access is in contempt of Court.

Restrictions or limitations:

None

Restrictions or limitations to school activities access are as follows:

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**THIRD: CHILD SUPPORT**

As required by law, a completed Child Support Worksheet is attached to this document.

The Order for child support and cash medical support is effective \_\_\_\_\_, 20\_\_\_\_\_.

For purposes of this order:

Plaintiff/Petitioner 1  Defendant/Petitioner 2 is the child support obligor (*pays support*).

Plaintiff/Petitioner 1  Defendant/Petitioner 2 is the child support obligee (*receives support*).

The following information is provided in accordance with R.C. 3105.72 and 3121.30:

**SUPPORT OBLIGOR** (pays support):

Name (First, MI, Last): \_\_\_\_\_  
Social Security Number: xxx-xx-\_\_\_\_\_ (fill in last four digits)  
Date of Birth: \_\_\_\_\_

**SUPPORT OBLIGEE** (receives support):

Name (First, MI, Last): \_\_\_\_\_  
Social Security Number: xxx-xx-\_\_\_\_\_ (fill in last four digits)  
Date of Birth: \_\_\_\_\_

A. Guideline Child Support Amount

The **guideline** child support obligation, as determined by the Child Support Worksheet, is \$\_\_\_\_\_ per child, per month for \_\_\_\_\_ (number) child(ren), for a total of \$\_\_\_\_\_ per month. (Line 24 Sole/Shared Parenting Child Support Computation Worksheet or Line 25 Split Parenting Child Support Computation Worksheet)

B. Overnight Parenting Time Adjustment

- The child support obligor does not have Court ordered parenting time which is equal to or exceeds ninety (90) overnights.
- The child support obligor has Court ordered parenting time which is equal to or exceeds ninety (90) overnights. The above computation reflects an automatic ten percent (10%) adjustment in the guideline child support obligation.

C. Overnight Parenting Time Deviation

- Pursuant to R.C. 3119.231, there is extended Court ordered parenting time which:
  - exceeds ninety (90) overnights but is *not* more than 146 overnights (\_\_\_\_\_ overnights).
  - A deviation is *not* granted.
  - The annual obligation would be unjust and inappropriate and, therefore, not in the best interest of the minor child(ren). A deviation *is* granted for the following reasons:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

– OR –

- is equal to or exceeds 147 overnights (\_\_\_\_\_ overnights).

A deviation is  granted  *not* granted for the following reasons:  
\_\_\_\_\_  
\_\_\_\_\_

D. Other Deviation Factors *(if applicable)*

Pursuant to R.C. 3119.22, 3119.23 and/or 3119.24, the annual obligation would be unjust and inappropriate and, therefore, not in the best interest of the minor child(ren) for the following reason(s):

*(Check all that apply)*

Special and unusual needs of the child(ren), including needs arising from the physical or psychological condition of the child(ren)

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Other Court ordered payments

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Extended parenting time or extraordinary costs associated with parenting time, including extraordinary travel expenses when exchanging the child(ren) for parenting time

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Financial resources and the earning ability of the child(ren)

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Relative financial resources, including the disparity in income between parties or households, other assets, and the needs of each parent

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Obligees' income, if the obligee's annual income is equal to or less than one hundred percent (100%) of the federal poverty level

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Benefits that either parent receives from remarriage or sharing living expenses with another person

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Amount of federal, state, and local taxes actually paid or estimated to be paid by a parent or both parents

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Significant in-kind contributions from a parent, including, but not limited to, direct payment for lessons, sports equipment, schooling, or clothing

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- Extraordinary work-related expenses incurred by either parent  
\_\_\_\_\_
- Standard of living and circumstances of each parent and the standard of living the child(ren) would have enjoyed had the marriage continued or had the parents been married  
\_\_\_\_\_
- Educational opportunities that would have been available to the child(ren) had the circumstances requiring a child support order not arisen  
\_\_\_\_\_
- The responsibility of each parent for the support of others, including support of (a) child(ren) with disabilities who is/are not subject to the support order  
\_\_\_\_\_
- Post-secondary educational expenses paid for by a parent for the parent's own child(ren), regardless of whether the child(ren) is/are emancipated  
\_\_\_\_\_
- Costs incurred or reasonably anticipated to be incurred by the parents in compliance with Court ordered reunification efforts in child abuse, neglect, or dependency cases  
\_\_\_\_\_
- Extraordinary child care costs required for the child(ren) that exceed the maximum state-wide average cost estimate as described in R.C. 3119.05(P)(1)(d), including extraordinary costs associated with caring for (a) child(ren) with specialized physical, psychological, or educational needs  
\_\_\_\_\_
- Any other relevant factor: *(specify)*  
\_\_\_\_\_
- Extraordinary circumstances associated with shared parenting: *(Only if Shared Parenting is ordered - check all that apply)*
  - Ability of each parent to maintain adequate housing for the child(ren)
  - Each parent's expenses, including child care expenses, school tuition, medical expenses, dental expenses, and other relevant expenses
  - Any other relevant circumstances: *(specify)*  
\_\_\_\_\_

E. Monthly Child Support Obligation

The child support obligor (pays support) shall pay child support in the amount of \$ \_\_\_\_\_ per child, per month for \_\_\_\_\_ (number) child(ren), for a total of \$ \_\_\_\_\_ per month, plus two percent (2%) processing charge. *(If there is no child support deviation, Line 24 Sole/Shared Child Support Computation Worksheet, or Line 25 Split Parenting Child Support Computation Worksheet. If there is a deviation in child support, Line 26 Sole/Shared Child Support Computation Worksheet, or Line 27 Split Parenting Child Support Computation Worksheet.)*

F. Arrearage or Overpayment

- Child support arrearage or overpayment for the minor child(ren) payable either by administrative order, temporary or final order **shall** survive and continue as an enforceable obligation until paid in full.
- Child support arrearage or overpayment for the minor child(ren) payable either by administrative order, temporary or final order **shall not** survive and continue as an enforceable obligation until paid in full, except the arrearage assigned to and due to the Department of Job and Family Services.

G. Method to Secure Support Payment(s)

All support under this Order shall be withheld or deducted from the income or assets of the support obligor pursuant to a withholding or deduction notice or appropriate Order issued in accordance with R.C. Chapters 3119, 3121, 3123, and 3125 or a withdrawal directive issued pursuant to R.C. 3123.24 to 3123.38 and shall be forwarded to the obligee in accordance with R.C. Chapters 3119, 3121, 3123, and 3125.

The support obligor shall immediately notify the \_\_\_\_\_ County Child Support Enforcement Agency, in writing, of any change in employment (including self-employment), receipt of additional income/monies or termination of benefits. The support obligor shall include a description of the nature of the employment and the name, business address and telephone number of any employer.

The specific withholding or deduction requirements to be used to collect the support shall be set forth and determined by reference to the notices that are sent out by the Child Support Enforcement Agency in accordance with R.C. 3121.03 and shall be determined without the need for any amendment to the support order. Those notices, plus the notices provided by the Child Support Enforcement Agency that require the child support obligor to notify the Child Support Enforcement Agency of any change in his/her employment status or of any other change in the status of his/her assets, are final and enforceable by the court. Each withholding notice shall be for the current child support, current cash medical support, any arrearage payment, and processing charges.

**All support shall be paid through Ohio Child Support Payment Central (OCSPC), P.O. Box 182372, Columbus, Ohio 43218-2372.** Checks or money orders shall be made payable to "OCSPC". All payments shall include the following: Obligor's name, Social Security Number, SETS case number and Domestic Relations Court case number. **If there is to be a withholding/deduction order, the support obligor shall make payments directly to OCSPC until the income source/financial institution begins withholding/deducting in the appropriate amount.**

Pursuant to R.C. 3121.45, any payment of money by the child support obligor to the child support obligee that is not made through Ohio Child Support Payment Central or the Child Support Enforcement Agency administering the support order shall not be considered a payment under the support order and, unless the payment is made to discharge an obligation other than support, shall be deemed a gift.

Payments shall be made in the manner ordered by the Court. If payments are to be made other than on a monthly basis, the required monthly administration by the \_\_\_\_\_ County Child Support Enforcement Agency does not affect the frequency or the amount of the support payments to be made under the order.

(Check one of the following three boxes)

- The support obligor receives income from an income source.

A withholding or deduction notice shall issue to:

INCOME SOURCE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

- OR -

- The support obligor has nonexempt funds on deposit in an account at a financial institution.

A withholding or deduction notice shall issue to:

FINANCIAL INSTITUTION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

If withholding from a financial account, the support obligor shall immediately notify the \_\_\_\_\_ County Child Support Enforcement Agency of the number and description of the account from which support shall be deducted, and the name, branch, business address and routing number of the financial institution if not set forth above.

The support obligor shall immediately notify the \_\_\_\_\_ County Child Support Enforcement Agency of any change in the status of an account from which support is being deducted or the opening of a new account with any financial institution.

- OR -

- The support obligor has no attachable income source at this time.

The support obligor shall immediately notify the \_\_\_\_\_ County Child Support Enforcement Agency, in writing, if the support obligor begins to receive income from a payor. The notice shall include a description of the nature of any new employment, and the name, business address and telephone number of any new employer.

- The support obligor shall seek employment, if able to engage in employment. Obligor's employment search must include registration with Ohio Means Jobs at <https://jobseeker.ohiomeansjobs.monster.com>. Obligor shall immediately notify the \_\_\_\_\_ County Child Support Enforcement Agency, in writing, upon commencement or change of employment (including self-employment), receipt of additional income/monies, obtaining ownership of asset of value of \$500.00 or more, receipt or termination of benefits or the opening of an account at a financial institution. The support obligor shall include a description of the nature of the employment and the name, business address and telephone number of any employer. The support obligor shall immediately notify the \_\_\_\_\_ County Child Support Enforcement Agency of any change in the status of an account from which support is being deducted or the opening of a new account with any financial institution.

H. Duration and Termination of Support & Required Notices

The duty of child support and cash medical support for each child shall continue until further order of Court or until the above-named child reaches age eighteen (18) unless one of the following circumstances applies:

- The child is mentally or physically disabled and is incapable of supporting or maintaining himself, herself or themselves.
- The parents have agreed to continue child support beyond the date it would otherwise terminate.
- The child continuously attends a recognized and accredited high school on a full-time basis so long as the child has not, as yet, reached the age of nineteen (19) years old. Under this circumstance, child support will end at the time the child graduates or ceases to attend a recognized and accredited high school on a full-time basis or when the child reaches the age of nineteen (19), whichever occurs first.

The child support and cash medical support order will remain in effect during seasonal vacation periods until the order terminates.

- The parties have agreed that the child support and cash medical support obligation will extend beyond the time when it would otherwise end. The terms and conditions of that agreement are as follows:

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- The parties have (a) child(ren) who is/are mentally or physically disabled and incapable of supporting or maintaining himself, herself or themselves, and child support and cash medical support will extend beyond the time when it would otherwise end. The name of the child(ren) and the nature of the mental or physical disability(ies) is/are as follows:

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The residential parent and legal custodian of the child(ren) shall immediately notify, and the child support obligor may notify, the \_\_\_\_\_ County Child Support Enforcement Agency of any reason for which the child support order should terminate, including, but not limited to, the child's death, marriage, emancipation (age 18 or high school completion/termination), enlistment in the Armed Services, deportation, or change of legal custody. A willful failure to notify the \_\_\_\_\_ County Child Support Enforcement Agency may be contempt of Court.

**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 OR AGENCY, WHICHEVER ISSUED THE SUPPORT ORDER.**

**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 ISSUED BY A COURT AND YOU WILLFULLY FAIL TO GIVE THE REQUIRED NOTICES, 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 OR OBLIGEE AND YOU FAIL TO GIVE THE REQUIRED NOTICES TO THE CHILD SUPPORT ENFORCEMENT AGENCY, YOU MAY NOT RECEIVE NOTICE OF THE CHANGES AND REQUESTS TO CHANGE THE CHILD SUPPORT AMOUNT, HEALTH CARE PROVISIONS, OR TERMINATION OF THE CHILD SUPPORT ORDER. IF YOU ARE AN OBLIGOR AND YOU FAIL TO GIVE THE REQUIRED NOTICES, 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.

#### FOURTH: HEALTH INSURANCE COVERAGE.

- A.  Private Health Insurance Coverage IS NOT available for the minor child(ren).

Neither parent has accessible private health insurance coverage available at a reasonable cost to cover the minor child(ren) at the time of the issuance of this order.

The child support obligee shall obtain health care coverage (private health insurance coverage or public health care plan) for the child(ren) not later than thirty (30) days after it becomes available at a reasonable cost, and shall inform the \_\_\_\_\_ County Child Support Enforcement Agency (CSEA) when health care coverage for the child(ren) has been obtained.

If private health insurance coverage becomes available to the child support obligor at a reasonable cost, the child support obligor shall inform the \_\_\_\_\_ County Child Support Enforcement Agency (CSEA) and may seek a modification of health care coverage from the Court with respect to a Court child support order, or from the agency with respect to an administrative support order.

- B.  Private Health Insurance Coverage IS available for the minor child(ren).

- Plaintiff/Petitioner 1 has private health insurance coverage for the minor child(ren);  
 Defendant/Petitioner 2 has private health insurance coverage for the minor child(ren); or  
 Both parents have private health insurance coverage available for the minor child(ren).

1. Accessibility of Private Health Insurance Coverage.

The available private health insurance coverage for the minor child(ren) is accessible because:

*(Check one of the following three boxes)*

- Primary care services are within thirty (30) miles of the child(ren)'s residence.  
 The Court permits primary care services farther than thirty (30) miles of the child(ren)'s residence because residents in the geographic area customarily travel farther distances.  
 Primary care services are accessible by public transportation because public transportation is the child support obligee's only source of transportation.

2. Reasonableness of Cost of Private Health Insurance Coverage.

Pursuant to R.C. 3119.29(F), for purposes of determining reasonable cost, the total cost of private health insurance coverage to the person required to provide private health insurance coverage for the child(ren) subject to the child support order does not exceed an amount equal to five percent of the annual income of that person.

*(Check one of the following two sections)*

- The total cost of private health insurance coverage available to  Plaintiff/Petitioner 1 and/or  Defendant/Petitioner 2 **does not exceed** that parent's Health Insurance Maximum. *(Line 8 Child Support Computation Worksheet)*

**- OR -**

- The total cost of private health insurance coverage available to  Plaintiff/Petitioner 1 and/or  Defendant/Petitioner 2 **exceeds** that parent's Health Insurance Maximum *(Line 8 Child Support Computation Worksheet)*;

*(Check one of the three sections below)*

- Both parents agree that  Plaintiff/Petitioner 1  Defendant/Petitioner 2 or  Both parents shall obtain or maintain private health insurance coverage, the cost of which exceeds the Health Insurance Maximum for that parent.

**- OR -**

- Plaintiff/Petitioner 1  Defendant/Petitioner 2 has requested to obtain or maintain private health insurance coverage, the cost of which exceeds the Health Insurance Maximum for that parent.

**- OR -**

- It is in the best interest of the child(ren) for  Plaintiff/Petitioner 1  Defendant/Petitioner 2 to obtain or maintain private health insurance coverage for the child(ren) even though the total cost of private health insurance coverage exceeds that parent's Health Insurance Maximum. The cost of private health insurance coverage will not impose an undue financial burden because:
- 

3. Person Required to Provide Private Health Insurance Coverage.

- Plaintiff/Petitioner 1  Defendant/Petitioner 2  Both parents shall provide private health insurance coverage for the child(ren) until further order of Court for the following reasons:

*(Check one of the following six boxes)*

- The child support obligee is rebuttably presumed to be the appropriate parent to provide private health insurance coverage for the child(ren).  
 The child support obligor already has private health insurance coverage for the child(ren) that is reasonable in cost.  
 The child support obligor already has private health insurance coverage in place for the child(ren) that is not reasonable in cost, but the child support obligor wishes to be named the private health insurance obligor and provide coverage.

- The child support obligor can obtain private health insurance coverage for the child(ren) that is reasonable in cost through an employer or other source.
- The child support obligee is a non-parent individual or agency that has no duty to provide medical support.
- Both parents wish to provide and already have private health insurance coverage in place or have private health insurance coverage available for the child(ren).

If both parents are providing private health insurance coverage for the minor child(ren),  Plaintiff's/Petitioner 1's  Defendant's/Petitioner 2's private health insurance coverage plan shall be considered the primary private health insurance coverage plan for the child(ren).

Should private health insurance coverage be cancelled for any reason, the parent ordered to maintain private health insurance coverage shall immediately notify the other parent of the cancellation.

**C. Health Care Coverage Requirements**

Within thirty (30) days after the issuance of this support order, the person required to provide health care coverage for the child(ren) must provide to the other parent or to the child support obligee information regarding the benefits, limitations, and exclusions of the coverage, copies of any forms necessary to receive reimbursement, payment or other benefits under the coverage, and a copy of any necessary proof of coverage.

Within thirty (30) days after the issuance of this order, the person required to provide health care coverage for the child(ren) shall provide to the Child Support Enforcement Agency documentation that verifies health care coverage is being provided as ordered.

The individual who is designated to be reimbursed for health care expenses for the child(ren) is:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

The person required to provide health care coverage for the child(ren) shall designate the child(ren) as covered dependent(s) under any health care coverage policy, contract, or plan.

Pursuant to R.C. 3119.32(E), the employer of the person required to provide health care coverage for the child(ren) is required to release to the other parent, any person subject to an order issued under R.C. 3109.19, or the Child Support Enforcement Agency, on written request, any necessary information on the health care coverage, including the name and address of the health plan administrator and any policy, contract, or plan number, and to otherwise comply with R.C. 3119.32 and any order or notice issued under R.C. 3119.32.

Pursuant to R.C. 3119.32(G), if the person required to obtain health care coverage for the child(ren) subject to this child support order obtains new employment, the agency shall comply with the requirements of R.C. 3119.34, which may result in the issuance of a notice requiring the new employer to take whatever action is necessary to enroll the children in private health care insurance coverage provided by the new employer, when insurance is not being provided by any other source.

**FIFTH: CASH MEDICAL SUPPORT & CHILDREN'S HEALTH CARE EXPENSES**

A. Liability for child(ren)'s Health Care Expenses

Pursuant to R.C. 3119.30(A), both parents are liable for the health care expenses of the child(ren) who is/are not covered by private health insurance coverage.

Cash medical support is an amount paid in a child support order toward the ordinary health care expenses incurred during a calendar year. Ordinary health care expenses include copayments and deductibles, and uninsured health-related costs.

Extraordinary health care expenses are any uninsured health care expenses incurred for a child during a calendar year that exceed the total cash medical support amount owed by the parents during that year.

Each party shall have access to all health care records of the child(ren) as provided by law, or as otherwise limited in this document.

The term "health care expense" or "health care records" shall include, but not be limited to, medical, dental, orthodontic, optical, pharmaceutical, surgical, hospital, major medical, psychological, psychiatric, outpatient, doctor, therapy, counseling, prosthetic, and/or all other expenses/records including preventative health expenses/records related to the treatment of the human body and mind.

The parent who receives a health care bill, and/or an Explanation of Benefits (EOB), or who incurs a health care expense, shall provide the other parent the original or a copy of the bill, and/or EOB, if available, within (thirty) 30 days of the date on the bill or EOB, or a receipt, absent extraordinary circumstances. The other parent shall reimburse the parent incurring the expenses or pay directly to the health care provider, that parent's percentage share of the bill as shown in Section D below.

B. Guideline Cash Medical Support Obligation

The parents' combined **annual** cash medical support obligation, as determined by the applicable worksheet, is \$ \_\_\_\_\_ . (Line 23a Child Support Computation Worksheet)

The Obligor's (pays support) guideline **annual** cash medical support obligation is \$ \_\_\_\_\_ . (Line 23b Child Support Computation Worksheet)

The Obligee's (receives support) guideline **annual** cash medical support obligation is \$ \_\_\_\_\_ . (Line 23b Child Support Computation Worksheet) The Obligee's cash medical support obligation is not subject to collection by the Child Support Enforcement Agency.

C. Deviation in Cash Medical Support (if applicable)

Pursuant to R.C. 3119.22, 3119.23 and/or 3119.24, the annual guideline cash medical support obligation would be unjust and inappropriate and, therefore, not in the best interest of the minor child(ren) for the following reason(s):

The same reasons referenced in this document regarding the child support deviation.

– OR –

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

D. Cash Medical Support Obligation and Division of Child(ren)'s Health Care Expenses

(Check one of the following two boxes)

The cash medical support obligation is not deviated.

Obligor shall pay cash medical support in the amount of \$\_\_\_\_\_ per child, per month, for \_\_\_\_\_ (number) child(ren) for a total of \$\_\_\_\_\_, per month, plus two percent (2%) processing charge through the Child Support Enforcement Agency. (Line 27 Sole/Shared Parenting Child Support Computation Worksheet, or Line 29 Split Parenting Child Support Computation Worksheet)

Plaintiff/Petitioner 1 shall pay \_\_\_\_\_% and Defendant/Petitioner 2 shall pay \_\_\_\_\_% of the health care expenses incurred for a child during a calendar year that exceed \$\_\_\_\_\_, the parents' total combined annual cash medical support obligation, as determined by the applicable worksheet. (Line 23a Child Support Computation Worksheet)

- OR -

The cash medical support obligation is deviated.

Obligor shall pay cash medical support in the amount of \$\_\_\_\_\_ per child, per month, for \_\_\_\_\_(number) child(ren) for a total of \$\_\_\_\_\_, per month, plus two percent (2%) processing charge through the Child Support Enforcement Agency. (Line 29 Sole/Shared Parenting Child Support Computation Worksheet, or Line 31 Split Parenting Child Support Computation Worksheet)

Obligee's cash medical support obligation is deviated to \$\_\_\_\_\_ per month. (Line 29, Sole/Shared Parenting Child Support Computation Worksheet or Line 31 Split Parenting Child Support Computation Worksheet) Obligee's cash medical support obligation is not subject to collection by the Child Support Enforcement Agency.

Plaintiff/Petitioner 1 shall pay \_\_\_\_\_% and the Defendant/Petitioner 2 shall pay \_\_\_\_\_% of the health care expenses incurred for a child during a calendar year that exceed \$\_\_\_\_\_, the parents' total combined annual deviated cash medical support obligation, as determined by the applicable worksheet. (Line 29 amounts added together and multiplied by twelve Sole/Shared Child Support Computation Worksheet, Line 31 amounts added together and multiplied by twelve Split Parenting Child Support Computation Worksheet)

**SIXTH: TAX DEPENDENCY**

A.  Plaintiff/Petitioner 1 shall be entitled to claim the following minor child(ren) as (a) dependent(s) for all tax purposes for  even-numbered tax years  odd-numbered tax years  all eligible tax years, so long as Plaintiff/Petitioner 1 is substantially current in any child support Plaintiff/Petitioner 1 is required to pay as of December 31 of the tax year in question: \_\_\_\_\_

Defendant/Petitioner 2 shall be entitled to claim the following minor child(ren) as (a) dependent(s) for all tax purposes for  even-numbered tax years  odd-numbered tax years  all eligible tax years, so long as Defendant/Petitioner 2 is substantially current in any child support Defendant/Petitioner 2 is required to pay as of December 31 of the tax year in question: \_\_\_\_\_

B.  Other orders regarding tax dependency: (specify)

If a parent who has a child less than half of the time is entitled to claim the child, the other parent shall execute and deliver Internal Revenue Service Form 8332, or its successor, together with any other required forms as set out in section 152 of the Internal Revenue Code, as amended, on or before February 15th of the year following the tax year in question.

**SEVENTH: MODIFICATION**

This Shared Parenting Plan may be modified by agreement of the parties or by the Court.

**EIGHTH: OTHER**

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Upon approval by the Court, this Shared Parenting Plan shall be incorporated in the Judgment Entry.

\_\_\_\_\_  
Plaintiff/Petitioner 1 Signature

\_\_\_\_\_  
Defendant/Petitioner 2 Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Plaintiff/Petitioner 1 Attorney Signature

\_\_\_\_\_  
Defendant/Petitioner 2 Attorney Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Supreme Court Reg No.

\_\_\_\_\_  
Supreme Court Reg No.

Below are some samples of common parenting time schedules. Feel free to use them if the schedules fit what you want. Feel free to change the schedules to meet your family's needs. You may also consult: Planning for Parenting Time Guide: Ohio's Guide for Parents Living Apart available at <http://www.supremecourt.ohio.gov/Publications/JCS/parentingGuide.pdf>.

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**SAMPLE PARENTING TIME SCHEDULE – (PRIMARY RESIDENTIAL PARENT/STANDARD VISITATION)**

**I. RESIDENCE OF THE CHILDREN**

The children, XXXXXX and XXXXXX, shall reside primarily with the (Mother or Father) during the school year. The (Mother's or Father's) home is designated as the residence for purposes of school. The (Mother or Father) shall have time with the minor children to be no less than the Court's standard orders of visitation.

**II. INTERACTION WITH CO-PARENT - HOLIDAYS AND VACATIONS**

All major holidays shall be divided between the parties alternating each holiday and each child's birthday each year or dividing the day, the Father shall be entitled to Father's Day and the Mother shall be entitled to Mother's Day. Additionally, each of the parties is entitled to an uninterrupted two weeks vacation which may be taken together or divided and each party is required to give two weeks advance notice of intent to exercise this extended vacation provision. Transportation for holidays and vacations shall be the responsibility of the exercising parent, except that, should either party move more than 30 miles away from XXXXXX, the (Mother or Father) shall pick the children up for visitation and the (Mother or Father) shall pick the children up for the return.

\*\*\*\*\*

**SAMPLE PARENTING TIME SCHEDULE – CHILDREN ARE BACK AND FORTH)**

**I. RESIDENCE OF THE CHILDREN**

The children, XXXXXX and XXXXXX, shall reside primarily with the both parents during the

school year. The (Mother's or Father's) home is designated as the residence for purposes of school. Because the children are old enough to travel between the homes freely, the parents live within the same school district and are close to each other, the children shall stay with each parent as mutually agreed.

During the summer, each parent shall have the children half of the summer.

**II. INTERACTION WITH CO-PARENT - HOLIDAYS AND VACATIONS**

All major holidays shall be divided between the parties alternating each holiday and each child's birthday each year or dividing the day, the Father shall be entitled to Father's Day and the Mother shall be entitled to Mother's Day, and the parties specifically agree to share Christmas Day by the (Mother or Father) having the children until 2 pm on Christmas Day and the (Mother or Father) having the minor children from 2 pm until 8 pm. The parties also intend to work out holiday arrangements so that both sets of grandparents may see the children. Additionally, each of the parties is entitled to an uninterrupted two weeks vacation which may be taken together or divided and each party is required to give two weeks advance notice of intent to exercise this extended vacation provision. Transportation for holidays and vacations shall be the responsibility of the exercising parent, except that, should either party move more than 30 miles away from XXXX, the (Mother or Father) shall pick the children up for visitation and the (Mother or Father) shall pick the children up for the return.

\*\*\*\*\*

**A SAMPLE PARENTING TIME SCHEDULE - SUMMER / SCHOOL SPLIT**

**I. RESIDENCE OF THE CHILDREN**

The children, XXXXXX and XXXXXX, shall reside primarily with the (Mother or Father) during the school year. The (Mother's or Father's) home is designated as the residence for purposes of school. The (Father or Mother) shall have in addition to the standard orders of visitation, extended time with the children while they reside with the (Father or Mother). This extended time shall include an extra evening a week from 4 to 8:30 pm and an option to have the children on alternate weekends from



Saturday at 3 pm until Sunday at 3 pm.

During the summer, defined as 2 days after school ends until 5 days before school begins, the minor children will reside with the (Father or Mother) and the (Father or Mother) shall have visitation rights with the minor children identical to the visitation rights afforded the (Father or Mother) when the minor children were in the primary care of the Defendant.

**II. INTERACTION WITH CO-PARENT - HOLIDAYS AND VACATIONS**

All major holidays shall be divided between the parties alternating each holiday and each child's birthday each year or dividing the day, the (Father or Mother) shall be entitled to Father's Day and the (Father or Mother) shall be entitled to Mother's Day, and the parties specifically agree to share Christmas Day by the (Father or Mother) having the children until 2 pm on Christmas Day and the (Father or Mother) having the minor children from 2 pm until 8 pm. The parties also intend to work out holiday arrangements so that both sets of grandparents may see the children. Additionally, each of the parties is entitled to an uninterrupted two weeks vacation which may be taken together or divided and each party is required to give two weeks advance notice of intent to exercise this extended vacation provision. Transportation for holidays and vacations shall be the responsibility of the exercising parent, except that, should either party prove more than 30 miles away from Marietta, the (Father or Mother) shall pick the children up for visitation and the (Father or Mother) shall pick the children up for the return.

\*\*\*\*\*

**A SAMPLE PARENTING TIME SCHEDULE – (CHILDREN SHIFT WEEK TO WEEK)**

**I. RESIDENCE OF THE CHILDREN**

The children, XXXXXX and XXXXXX, shall reside primarily with the both parents. The parents shall share the children by alternating weeks with exchanges occurring on Sundays at 6 pm. The (Mother's or Father's) home is designated as the residence for purposes of

school.

During the summer, each parent shall have the children half of the summer.

## II. INTERACTION WITH CO-PARENT - HOLIDAYS AND VACATIONS

All major holidays shall be divided between the parties alternating each holiday and each child's birthday each year or dividing the day, the Father shall be entitled to Father's Day and the Mother shall be entitled to Mother's Day, and the parties specifically agree to share Christmas Day by the (Mother or Father) having the children until 2 pm on Christmas Day and the (Mother or Father) having the minor children from 2 pm until 8 pm. The parties also intend to work out holiday arrangements so that both sets of grandparents may see the children. Additionally, each of the parties is entitled to an uninterrupted two weeks vacation which may be taken together or divided and each party is required to give two weeks advance notice of intent to exercise this extended vacation provision. Transportation for holidays and vacations shall be the responsibility of the exercising parent, except that, should either party move more than 30 miles away from Marietta, the (Mother or Father) shall pick the children up for visitation and the (Mother or Father) shall pick the children up for the return.

IN THE COURT OF COMMON PLEAS  
 \_\_\_\_\_ DIVISION  
 \_\_\_\_\_ COUNTY, OHIO

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

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

\_\_\_\_\_  
 Plaintiff/Petitioner 1

vs./and

\_\_\_\_\_  
 Defendant/Petitioner 2

**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? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain: _____	Is an interpreter needed? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain: _____
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:  Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Technical Certifications:  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	<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

**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)	\$ _____	\$ _____



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: _____	\$ _____
_____	\$ _____
<b>TOTAL MONTHLY:</b>	<b>\$ _____</b>

**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: _____	\$ _____
<b>TOTAL MONTHLY: \$ _____</b>	

**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: _____	\$ _____
<b>TOTAL MONTHLY: \$ _____</b>	

**D. MONTHLY INSURANCE PREMIUMS**

Life	\$ _____
Auto	\$ _____
Health	\$ _____
Disability	\$ _____
Other: _____	\$ _____
<b>TOTAL MONTHLY: \$ _____</b>	

**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 \$ \_\_\_\_\_







**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**

	<u>Address</u>	<u>Present Fair Market Value</u>	<u>Titled To</u>	<u>Mortgage Balance</u>	<u>Equity</u>
1.	_____	\$ _____	_____	\$ _____	\$ _____
2.	_____	\$ _____	_____	\$ _____	\$ _____

**TOTAL SECTION I: REAL ESTATE INTERESTS: \$ \_\_\_\_\_**

**II. OTHER ASSETS**

	<u>Category</u>	<u>Description</u>	<u>Titled To</u>	<u>Value</u>
	<b>A. Vehicles and Other Certificate of Title Property</b>	(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.	_____	_____	\$ _____

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

**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. _____	_____	\$ _____
<b>TOTAL SECTION III: SEPARATE PROPERTY CLAIMS:</b>		<b>\$ _____</b>

**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
<b>A. Secured Debt (Mortgages, Car, etc.)</b>				
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____
<b>B. Unsecured Debt (Credit cards, medical bills, other debts)</b>				
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____

Type	Name of Creditor	Name on Account	Total Debt Due	Monthly Payment
4. _____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____
<b>TOTAL SECTION IV: DEBT:</b>			<b>\$ _____</b>	

**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. _____	_____	_____	\$ _____	\$ _____
<b>TOTAL SECTION V: BANKRUPTCY:</b>			<b>\$ _____</b>	

**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**

\_\_\_\_\_ 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 <input type="checkbox"/> M <input type="checkbox"/> F
_____		_____	_____	
Date of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____



to _____	<input type="checkbox"/>	_____	_____
to _____	<input type="checkbox"/>	_____	_____

<b>b. Child's name</b> _____	<b>Place of birth</b> _____	<b>Date of birth</b> _____	<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> 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	<input type="checkbox"/>	_____	_____
to _____	<input type="checkbox"/>	_____	_____
to _____	<input type="checkbox"/>	_____	_____
to _____	<input type="checkbox"/>	_____	_____

<b>c. Child's name</b> _____	<b>Place of birth</b> _____	<b>Date of birth</b> _____	<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> 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	<input type="checkbox"/>	_____	_____
to _____	<input type="checkbox"/>	_____	_____
to _____	<input type="checkbox"/>	_____	_____
to _____	<input type="checkbox"/>	_____	_____

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)

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

\_\_\_\_\_



\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

**APPLICATION FOR CHILD SUPPORT SERVICES  
NON-PUBLIC ASSISTANCE APPLICANT/RECIPIENT**

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

I, \_\_\_\_\_, request child support services from the \_\_\_\_\_ CSEA (Child Support Enforcement Agency). I understand and agree to the following:

- A. I am a resident of the county in which services are requested and no other Ohio county has jurisdiction over support – OR – I am requesting services from the Ohio county of jurisdiction.
- B. The only fee that can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).
- D. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

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

**1. Location of Absent Parents.**

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

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

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

**3. Enforcement of Existing Orders.**

The CSEA can help you collect current and past-due child support.

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

The agency can collect past-due support (arrearages) by intercepting a payor's federal and state income tax refunds in some cases.

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

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

**6. Establishment of Paternity.**

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

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

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

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

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

## APPLICANT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_

Race: \_\_\_\_\_  Single  Married

Relationship to Children: \_\_\_\_\_  Divorced  Separated

Military Service \_\_\_\_\_ Ever been on \_\_\_\_\_

(Branch, Dates): \_\_\_\_\_ Public Assistance? \_\_\_\_\_

\_\_\_\_\_ (When and Where) \_\_\_\_\_

\_\_\_\_\_

## EMPLOYER INFORMATION

Employer Name: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

Employer \_\_\_\_\_ Is Medical Insurance Available? \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	CHILD 1	CHILD 2	CHILD 3
Name:			
Sex:			
Race:			
Social Security #:			
Date of Birth:			
Home Address:			

Location of Birth: (Country, State, City)			
Has Paternity (Fatherhood) been Established?			
Name(s) of Absent Parent(s):			
Is there an Order for Support?			
Is the Child covered by Medical Insurance?			

**ABSENT PARENT INFORMATION**

	PARENT 1	PARENT 2	PARENT 3
Name (and alias):			
Home Address:			
Mailing Address:			
Social Security #:			
Date of Birth:			
Location of Birth (Country, State, City):			
Race:			
Sex:			
Height / Weight:			
Hair / Eye Color:			
Identifying Marks (Tattoos, scars, etc.):			
Names of Children:			
Name and Address of Employer:			



Employer Phone #:			
Medical Insurance Provided?			
Support Order #:			
Date of Support Order:			
Amount of Support:	\$	\$	\$
Order Frequency:	Per	Per	Per
Location where Order was issued:			
Military Service (Branch, Dates):			
Ever Incarcerated? (Location, Dates):			
Arrest Record (Location, Dates):			
Name, Address Current Spouse:			
Father's Name:			
Mother's Name (Maiden):			
Ever been on Public Assistance? (Location, Dates)			

Type(s) of Service(s) Requested:

- All services listed
- Location of absent parent only
- Other (please explain)

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Jefferson County CSEA  
 PO Box 367  
 125 South 5<sup>th</sup> Street  
 Steubenville, Ohio 43952

Telephone Number: 740-282-0961  
 Toll Free Number: 800-353-2716  
 Fax Number: 740-283-3400  
 CSEA Website: jcdjfs.com

Case Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Order Number: \_\_\_\_\_ Child Support Obligor: \_\_\_\_\_  
 Child Support Oblige: \_\_\_\_\_

Ohio Department of Job and Family Services  
**CHILD SUPPORT FINANCIAL AFFIDAVIT**

The information requested below is needed for the CSEA to accurately calculate the amount of child support to be paid and to allocate the costs of providing for the health care needs of the children between the parents. Please complete each applicable field clearly, providing the most information you can, including any partial information. Please supply copies of any information requested. If you need additional space to provide complete responses, please attach additional pages.

A. YOUR INFORMATION				
Last Name		First Name		Middle Initial
Residential Address			Apartment/Unit #	
City		State	Zip	
Mailing Address			Apartment/Unit #	
City		State	Zip	
Date of Birth	SSN	Email		
Home Phone	Cell Phone	Other Phone(s)		
B. LIST THE MINOR CHILDREN OF THIS ORDER				
Child 1	SSN	DOB	Does this child primarily reside with you? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Child 2	SSN	DOB	Does this child primarily reside with you? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Child 3	SSN	DOB	Does this child primarily reside with you? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Child 4	SSN	DOB	Does this child primarily reside with you? <input type="checkbox"/> YES <input type="checkbox"/> NO	
C. CHILD CARE COSTS FOR THE CHILDREN OF THIS ORDER				
Do you pay child care for children of this order so that you can go to work or activities related to employment training? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Child's name: _____	Amount \$ _____/annually			
Child's name: _____	Amount \$ _____/annually			
Child's name: _____	Amount \$ _____/annually			
Child's name: _____	Amount \$ _____/annually			

If you answered yes, you must attach proof of payments in the form of receipts, cancelled checks, or the child care provider.

**D. SOCIAL SECURITY BENEFITS FOR THE CHILDREN OF THIS ORDER**

Do any of your children of this order receive Social Security benefits based upon a parent's disability?  YES  NO

Child's name: \_\_\_\_\_ Amount \$ \_\_\_\_\_/month Due to  My disability OR  Other Parent's

Child's name: \_\_\_\_\_ Amount \$ \_\_\_\_\_/month Due to  My disability OR  Other Parent's

Child's name: \_\_\_\_\_ Amount \$ \_\_\_\_\_/month Due to  My disability OR  Other Parent's

Child's name: \_\_\_\_\_ Amount \$ \_\_\_\_\_/month Due to  My disability OR  Other Parent's

If you filled out this section, you must attach proof (i.e. an award letter) of the frequency and amount of the monthly benefits.

**E. DO YOU HAVE OTHER NATURAL OR ADOPTED MINOR CHILDREN NOT LISTED ABOVE?**  YES  NO

Name	DOB	Does this child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO Case No. _____ County/State _____
Name	DOB	Does this child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO Case No. _____ County/State _____
Name	DOB	Does this child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO Case No. _____ County/State _____
Name	DOB	Does this child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO Case No. _____ County/State _____

If you filled out this section, you must attach copies of birth certificate(s), adoption order(s), and/ or copies of order(s).

**F. SPOUSAL SUPPORT**

Do you receive Spousal Support?  YES  NO I receive \$ \_\_\_\_\_/month  
County/State \_\_\_\_\_

Do you pay Spousal Support?  YES  NO I pay \$ \_\_\_\_\_/month  
County/State \_\_\_\_\_

**G. MILITARY Attach a copy of your Leave and Earnings Statement (LES)**

Do you receive pay from the military?  YES  NO Basic \$ \_\_\_\_\_/mo. BAS \$ \_\_\_\_\_/mo.  
BAH/Q \$ \_\_\_\_\_/mo. Other military pay \$ \_\_\_\_\_/mo.

Rank \_\_\_\_\_ Branch \_\_\_\_\_ Years of Service \_\_\_\_\_

**Military Status:**  
 Active  Reserve  Retired  Other

**H. EMPLOYMENT INFORMATION**

Are you employed?  YES If yes, when did you begin employment? \_\_\_\_\_  NO If NO, skip to section I. Work History

Employer 1	Address (Payroll address, if different)	Phone
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	Paychecks received <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	
<input type="checkbox"/> Salary \$ _____/per month <input type="checkbox"/> Hourly \$ _____/per hr	Hours Worked Per Week _____	
<input type="checkbox"/> Overtime \$ _____ Last Year \$ _____	2 Years ago \$ _____	3 Years ago \$ _____
<input type="checkbox"/> Bonuses \$ _____ Last Year \$ _____	2 Years ago \$ _____	3 Years ago \$ _____
<input type="checkbox"/> Commission \$ _____ Last Year \$ _____	2 Years ago \$ _____	3 Years ago \$ _____
Do you have a second job? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Employer 2	Address (Payroll address, if different)	Phone
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	Paychecks received <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	
<input type="checkbox"/> Salary \$ _____/per month <input type="checkbox"/> Hourly \$ _____/per hr	Hours Worked Per Week _____	
<input type="checkbox"/> Overtime \$ _____ Last Year \$ _____	2 Years ago \$ _____	3 Years ago \$ _____

Bonuses \$ \_\_\_\_\_ Last Year \$ \_\_\_\_\_ 2 Years ago \$ \_\_\_\_\_ 3 Years ago  
 Commission \$ \_\_\_\_\_ Last Year \$ \_\_\_\_\_ 2 Years ago \$ \_\_\_\_\_ 3 Years ago

ARE YOU SELF EMPLOYED?  YES  NO  
Name of business: \_\_\_\_\_ Self-employment total gross receipts: \$ \_\_\_\_\_  
Type of business: \_\_\_\_\_ Ordinary and necessary business expenses: \$ \_\_\_\_\_

**I. WORK HISTORY**

**LIST YOUR LAST 3 EMPLOYERS:**

Employer Name & Address: \_\_\_\_\_ Date of employment: \_\_\_\_\_ to \_\_\_\_\_  
Last Pay Rate \$ \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_ Date of employment: \_\_\_\_\_ to \_\_\_\_\_  
Last Pay Rate \$ \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_ Date of employment: \_\_\_\_\_ to \_\_\_\_\_  
Last Pay Rate \$ \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

My usual occupation is \_\_\_\_\_ Last grade of school completed \_\_\_\_\_

Degree(s), Certificate(s), or Professional License(s): \_\_\_\_\_  
Are you medically disabled?  YES  NO If yes, provide proof of disability.

**J. DO YOU RECEIVE FUNDS FROM THE FOLLOWING SOURCES? Check all that apply and attach verification**

I receive \$ \_\_\_\_\_ per \_\_\_\_\_ from pensions or retirement accounts \_\_\_\_\_ (list sources)

I receive \$ \_\_\_\_\_ per \_\_\_\_\_ from Supplemental Security Income (SSI)

I receive \$ \_\_\_\_\_ per \_\_\_\_\_ from Social Security Disability Benefits (SSD)

I receive \$ \_\_\_\_\_ per \_\_\_\_\_ from annuities and/or dividends and/or other investment income

I receive \$ \_\_\_\_\_ per \_\_\_\_\_ from rental property

I receive \$ \_\_\_\_\_ per \_\_\_\_\_ from unemployment compensation

I receive \$ \_\_\_\_\_ per \_\_\_\_\_ from Worker's Compensation

I receive \$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_ (list sources)

Do you have a pending claim from an above source?  YES  NO If yes, list source \_\_\_\_\_

If you are not employed and do not receive any of the above benefits, please explain how you support yourself.

**K. MANDATORY DEDUCTIONS Attach a copy of last year's completed tax form**

Do you pay required union dues/uniform /work expenses?  YES  NO If yes, amount \$ \_\_\_\_\_ per \_\_\_\_\_

**L. HEALTH INSURANCE INFORMATION Attach copies of all health insurance cards**

Do you currently have health insurance coverage?  YES  NO If yes, beginning date of coverage \_\_\_\_\_

Is this health insurance available through:  Employer  Spouse's Employer  State (i.e. Medicaid, etc.)  
 Other \_\_\_\_\_

Do the child(ren) have health care coverage?  YES  NO If no, is health insurance coverage available?  YES  NO

If yes, beginning date of coverage \_\_\_\_\_

Is this health insurance available through:  Employer  Spouse's Employer  State (i.e. Medicaid, etc.)  
 Other \_\_\_\_\_

If coverage is provided or is available through your current spouse, please provide the following information about your spouse:

Spouse's name: \_\_\_\_\_ Spouse's SSN: \_\_\_\_\_

Spouse's address, if different from yours: \_\_\_\_\_ Spouse's DOB: \_\_\_\_\_

List individuals currently covered by available health insurance:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name of health insurance company or union (provide union local number): \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Policy holder name: \_\_\_\_\_

Policy number: \_\_\_\_\_ Group number: \_\_\_\_\_ Type of insurance (i.e. medical, dental, etc): \_\_\_\_\_

Name of health insurance company or union (provide union local number): \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Policy holder name: \_\_\_\_\_

Policy number: \_\_\_\_\_ Group number: \_\_\_\_\_ Type of insurance (i.e. medical, dental, etc): \_\_\_\_\_

Please attach an additional sheet to supply information about any additional health insurance plans that provide coverage for the child(ren). **Please attach copies of all health insurance cards.**

M. COST OF HEALTH CARE INSURANCE IF AVAILABLE, REGARDLESS OF WHETHER YOU CURRENTLY CARRY IT	
Medical	Total, actual out-of-pocket cost to provide medical care coverage for the child(ren): \$ _____/month
Dental	Total, actual out-of-pocket cost to provide dental care coverage for the child(ren): \$ _____/month
Vision	Total, actual out-of-pocket cost to provide vision care coverage for the child(ren): \$ _____/month

**N. DOCUMENTATION PROVIDED AND SIGNATURE**

I have attached the following documentation (*check all that apply*):

- W-2's, IRS 1099, and all other IRS forms and schedules from last year. If self employed, I have attached the previous three years of returns, including all accompanying schedules.
- Six months of pay stubs and, if applicable, all other records evidencing receipt of any other salary, wages, or compensation
- Disability letter from Workers Compensation or Social Security or a letter from a certified health care provider with my diagnosis and a determination stating how long I will be unable to work
- Proof of any other non-employment income
- Copies of health insurance cards
- Proof of my out-of-pocket costs to provide health insurance for my child(ren)
- Proof of my out-of-pocket costs to provide child day care for my child(ren) while I'm at work or school
- Proof of the amount of social security received by my child due to my or the other parent's disability or retirement
- Proof of children born or adopted by me not of this order (birth certificate, adoption decree)

**NOTICE:** Failure to provide all information and documentation necessary to support my request could result in the agency requesting the court of appropriate jurisdiction of the county in which the agency is located to issue an order requiring the parent to provide the information as requested, or making reasonable assumptions on the information the parent failed to provide and proceed with determining support as if all requested information had been provided. In addition, your employer could be subpoenaed, requiring them to produce records regarding your income and health care information. If you have any questions, please do not hesitate to contact the <County Name> County CSEA.

I hereby swear or affirm that the information contained or attached is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**FORM 20. CIVIL FEE WAIVER AFFIDAVIT AND ORDER**

IN \_\_\_\_\_

	)	CASE NO.
	)	
Plaintiff,	)	JUDGE
	)	
vs.	)	
	)	<u>FINANCIAL DISCLOSURE / FEE-</u>
	)	<u>WAIVER AFFIDAVIT</u>
Defendant.	)	<u>AND ORDER</u>

Pursuant to R.C. 2323.311, the below-named Applicant requests that the Court determine that the Applicant is an indigent litigant and be granted a waiver of the prepayment of costs or fees in the above captioned matter. The Applicant submits the following information in support of said request.

Personal Information			
Applicant's First Name		Applicant's Last Name	
Applicant's Date of Birth		Last 4 Digits of Applicant's SSN	
Applicant's Address			
Other Persons Living in Your Household			
First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Benefits			
I receive the following public benefits and my gross income, including the cash benefits marked below, does not exceed <b>187.5%</b> of the federal poverty guidelines.			
Place an "X" next to any benefits you receive.			
Ohio Works First <sup>1</sup> : ___    SSI <sup>2</sup> : ___    Medicaid <sup>3</sup> : ___    Veterans Pension Benefit <sup>4</sup> : ___    SNAP / Food Stamps <sup>5</sup> : ___			
Monthly Income			
I am <b>NOT</b> able to access my spouse's income <input type="checkbox"/>			
	Applicant	Spouse (If Living in Household)	Total Monthly Income

Gross Monthly Employment Income, including Self-Employment Income (Before Taxes)	\$	\$	\$
Unemployment, Worker's Compensation, Spousal Support (If Receiving)	\$	\$	\$
<b>TOTAL MONTHLY INCOME</b>			\$
<b>Liquid Assets</b>			
<b>Type of Asset</b>	<b>Estimated Value</b>		
Cash on Hand	\$		
Available Cash in Checking, Savings, Money Market Accounts	\$		
Stocks, Bonds, CDs	\$		
Other Liquid Assets	\$		
<b>Total Liquid Assets</b>			\$
<b>Monthly Expenses</b>			
<b>Column A</b>		<b>Column B</b>	
<b>Type of Expense</b>	<b>Amount</b>	<b>Type of Expense</b>	<b>Amount</b>
Rent / Mortgage / Property Tax / Insurance	\$	Insurance (Medical, Dental, Auto, etc.)	\$
Food / Paper Products/Cleaning Products/Toiletries	\$	Child or Spousal Support that You Pay	\$
Utilities (Heat, Gas, Electric, Water / Sewer, Trash)	\$	Medical / Dental Expenses or Associated Costs of Caring for a Sick or Disabled Family Member	\$
Transportation / Gas	\$	Credit Card, Other Loans	\$
Phone	\$	Taxes Withheld or Owed	\$
Child Care	\$	Other (e.g. garnishments)	\$
<b>Total Column A Expenses</b>	\$	<b>Total Column B Expenses</b>	\$
<b>TOTAL MONTHLY EXPENSES (Column A + Column B)</b>			

I, \_\_\_\_\_, hereby certify that the information I have provided on  
 (Print Name)  
 this financial disclosure form is true to the best of my knowledge and that I am unable to prepay the costs or fees in this case.

\_\_\_\_\_  
 Signature

**NOTARY PUBLIC:**

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
 in \_\_\_\_\_ County, Ohio.

\_\_\_\_\_  
 Notary Public (Signature)

\_\_\_\_\_  
 Notary Public (Printed)  
 My Commission expires: \_\_\_\_\_

If available, an individual duly authorized to administer this oath at the Clerk of Court's Office will do so at no cost to the Applicant.

\_\_\_\_\_



**ORDER**

- Upon the request of the Applicant and the Court's review, the Court finds that the Applicant IS an indigent litigant and **GRANTS** a waiver of the prepayment of costs or fees in this matter. Pursuant to R.C. 2323.311(B)(3), upon the filing of a civil action or proceeding and the affidavit of indigency under division (B)(1) of this section, the clerk of the court shall accept the action, motion, or proceeding for filing.
  
- Upon the request of the Applicant and the Court's review, the Court finds that the Applicant is NOT an indigent litigant and **DENIES** a waiver of the prepayment of costs or fees in this matter. Applicant is granted thirty (30) days from the issuance of this Order to make the required advance deposit or security. Failure to do so within the time allotted may result in dismissal of the applicant's filing.

**IT IS SO ORDERED**

\_\_\_\_\_  
Judge / Magistrate

\_\_\_\_\_  
Date

[Effective: April 15, 2020.]

**APPENDIX**

**2020 FEDERAL POVERTY LIMIT (FPL)**

<b>Persons in family/household</b>	<b>100% Poverty</b>	<b>100% Poverty Monthly Gross Income</b>	<b>187.5% Poverty</b>	<b>187.5% Poverty Monthly Gross Income</b>
1	\$12,760	\$1,063.33	\$23,925	\$1,993.74
2	\$17,240	\$1,436.67	\$32,325	\$2,693.75
3	\$21,720	\$1,810	\$40,725	\$3,393.75
4	\$26,200	\$2,183.33	\$49,125	\$4,093.75
5	\$30,680	\$2,556.67	\$57,525	\$4,793.75
6	\$35,160	\$2,930	\$65,925	\$5,493.75
7	\$39,640	\$3,303.33	\$74,325	\$6,193.75
8	\$44,120	\$3,676.67	\$82,725	\$6,893.75

R.C. 2323.311(B)

(4) A judge or magistrate of the court shall review the affidavit of indigency as filed pursuant to division (B)(2) of this section and shall approve or deny the applicant's application to qualify as an indigent litigant. The judge or magistrate shall approve the application if the applicant's gross income does not exceed one hundred eighty-seven and five-tenths per cent of the federal poverty guidelines as determined by the United States department of health and human services for the state of Ohio and the applicant's monthly expenses are equal to or in excess of the applicant's liquid assets as specified in division (C)(2) of section 120-1-03 of the Administrative Code, as amended, or a substantially similar provision. If the application is approved, the clerk shall waive the advance deposit or security and the court shall proceed with the civil action or proceeding. If the application is denied, the clerk shall retain the filing of the action or proceeding, and the court shall issue an order granting the applicant whose application is denied thirty days to make the required advance deposit or security, prior to any dismissal or other action on the filing of the civil action or proceeding.

(6) Nothing in this section shall prevent a court from approving or affirming an application to qualify as an indigent litigant for an applicant whose gross income exceeds one hundred eighty-seven and five-tenths per cent of the federal poverty guidelines as determined by the United States department of health and human services for the state of Ohio, or whose liquid assets equal or exceed the applicant's monthly expenses as specified in division (C)(2) of section 120-1-03 of the Administrative Code, as amended, or a substantially similar provision.

<sup>1</sup>Ohio Works First Income Limit: 50% FPL (R.C. 5107.10(D)(1)(a))

<sup>2</sup>SSI Income Limit: cannot have countable income that exceeds the Federal Benefit Rate (FBR). 2019 FBR: \$771 monthly for single disabled individual; \$1157 monthly for disabled couple (20 CFR 416.1100)

<sup>3</sup>Medicaid Income Limit:

Modified Adjusted Gross Income (MAGI):138% FPL (OAC 5160:1-4-01; 42 USC 1396a(a)(10)(A)(i)(VIII))  
Aged, Blind or Disabled: \$791 for single person; \$1177 for disabled couple

<sup>4</sup>Veterans Pension Benefit Income Limit: \$13,535 annually / \$1,127 monthly for a single person; \$17,724 annually / \$1,477 monthly for a veteran with one dependent

<sup>5</sup>Supplemental Nutrition Assistance Program (SNAP) Income Limit: 130% FPL for assistance groups with nondisabled/nonelderly member; 165% FPL for elderly and disabled assistance groups (OAC 5101:4-4-11; Food Assistance Change Transmittal No. 61)

**IN THE COURT OF COMMON PLEAS**  
\_\_\_\_\_  
**DIVISION**  
\_\_\_\_\_  
**COUNTY, OHIO**

Name \_\_\_\_\_ Case No. \_\_\_\_\_  
Street Address \_\_\_\_\_ Judge \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_ Magistrate \_\_\_\_\_

Petitioner 1

and

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State and Zip Code

Petitioner 2

**JUDGMENT ENTRY – DECREE OF DISSOLUTION OF MARRIAGE**  
 WITH CHILDREN  WITHOUT CHILDREN

This matter came on for hearing on \_\_\_\_\_ before  Judge  Magistrate  
\_\_\_\_\_, upon the Petition for Dissolution of Marriage  
filed on \_\_\_\_\_.

Petitioner 1 was present and  was  was not represented by counsel \_\_\_\_\_.  
Petitioner 2 was present and  was  was not represented by counsel \_\_\_\_\_.

**FINDINGS**

1.  Petitioner 1  Petitioner 2  Both parties was/were (a) resident(s) of the State of Ohio for at least six (6) months immediately before the filing of the Petition.
2. Both parties consented to venue.
3.  Not less than thirty (30) days nor more than ninety (90) days have elapsed after the filing of the Petition.  
 The parties successfully completed a collaborative family law process and not more than ninety (90) days have elapsed since the filing of the Petition.

4. The parties were married on \_\_\_\_\_ (date of marriage)  
in \_\_\_\_\_ (city or county, and state).

5.  Neither party is pregnant OR  a party is pregnant.

6.  There is/are no minor child(ren) born from or adopted during this marriage or relationship.

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
_____	_____
_____	_____

7. Military Service:

- Neither Petitioner 1 nor Petitioner 2 is an active-duty servicemember of the United States military.  
 Petitioner 1 and/or  Petitioner 2 is an active-duty servicemember of the United States military; however, active-duty service did not impact the member's ability to prosecute or defend this action.

8. Upon examination under oath, the parties acknowledged that they voluntarily entered into a Separation Agreement which was attached to the Petition,  as modified on \_\_\_\_\_, and is attached hereto as Exhibit A. Petitioners are satisfied with the terms of the Agreement, fully understand same and believe it is a fair and equitable division of their assets and debts. Petitioners desire the Court to approve and adopt the Agreement.

9. Upon examination under oath, the parties acknowledged that they voluntarily entered into a  Shared Parenting Plan OR  Parenting Plan which was attached to the Petition,  as modified on \_\_\_\_\_, and is attached hereto as Exhibit B. Petitioners are satisfied with the terms of the Plan, fully understand same and believe it to be in the best interest of their child(ren). Petitioners desire the Court to approve and adopt the Plan.

10. \_\_\_\_\_ requests to be restored to the former name of \_\_\_\_\_.

11. Petitioners desire to have the marriage dissolved.

**JUDGMENT**

Based upon the findings set forth above, it is, therefore, **ORDERED, ADJUDGED and DECREED:**

**FIRST: DISSOLUTION GRANTED**

The dissolution of marriage is granted.

The Court approves the:

- Separation Agreement OR  Amended Separation Agreement
- Shared Parenting Plan OR  Amended Shared Parenting Plan
- Parenting Plan OR  Amended Parenting Plan

as submitted and releases the parties from the obligations of their marriage except as set forth in the attached Agreement and  Plan which is/are incorporated in this Judgment Entry – Decree of Dissolution of Marriage as if fully rewritten.

The parties shall fulfill each and every obligation imposed by the Agreement and  Plan as submitted and modified, if applicable. This Judgment Entry – Decree of Dissolution shall constitute a Parenting Decree under R.C. 3109.04(D).

**SECOND: NAME**

\_\_\_\_\_ is restored to the former name of \_\_\_\_\_.

**THIRD: OTHER**

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

**FOURTH: COURT COSTS**

Court costs are:

Taxed to the deposit. Court costs due above the deposit shall be paid as follows:

Other: (specify) \_\_\_\_\_

**FIFTH: CLERK OF COURTS**

The Clerk of Courts shall provide:

a certified copy to: \_\_\_\_\_

a file stamped copy to: Child Support Enforcement Agency, if there are children

\_\_\_\_\_  
JUDGE

\_\_\_\_\_  
Petitioner 1 Signature

\_\_\_\_\_  
Petitioner 2 Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Petitioner 1's Attorney Signature

\_\_\_\_\_  
Petitioner 2's Attorney Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Supreme Court Reg No.

\_\_\_\_\_  
Supreme Court Reg No.

**The Clerk is directed to serve upon all parties notice of this Judgment Entry and its date of entry upon the journal in accordance with Civ.R. 5(B), in the manner provided in Civ.R. 58(B).**