

THIS PACKET CONTAINS
DO IT YOURSELF

DIVORCE
WITH CHILDREN

\$7.00

UPDATED 9/21/2020

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

DIVORCE WITH CHILDREN
(ORIGINAL PLUS 4 COPIES)

COMPLAINT FOR DIVORCE
INSTRUCTIONS FOR SERVICE
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

DIVORCE WITHOUT CHILDREN
(ORIGINAL PLUS 3 COPIES)

COMPLAINT FOR DIVORCE

INSTRUCTIONS FOR SERVICE

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 - 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.

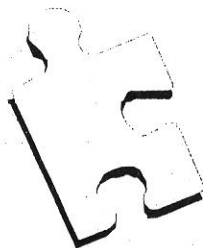
1. PREPARE AND FILE DOCUMENTS

Complete Court documents (Complaint, Poverty Affidavit, Information Sheet, Judgment Entry and other required documents).

Make four copies of all documents, except the Judgment Entry. Keep the original copy of the Judgment Entry—you will have to get the Judge to sign it at your hearing.

Take all copies of the completed documents to the Clerk's office to be filed.

The Clerk will timestamp the documents, assign a case number and a judge. The Clerk will give you one set of the documents for your records. Keep this copy in a safe place.



2. SERVICE

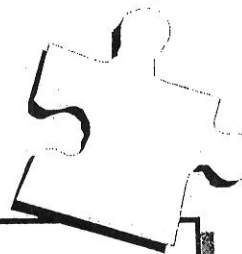
The Court will send one set of documents to your spouse. This is called "Service."

If the Court is unable to "serve" your spouse, you will get a notice in the mail.

If your spouse could not be served, you must complete the document called "Affidavit for Service by Posting."

Make four copies of this "Affidavit."

Take all documents (four copies and the original) to the Clerk's office to be filed. Once again, they will be stamped and you will be given a copy for your records.

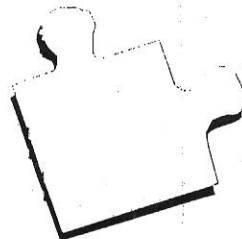


3. ANSWER

Your spouse has 28 days after "Service" to "Answer" your complaint.

An "Answer" is your spouse's written response.

If your spouse files an Answer, you will get a copy in the mail. If you get an Answer, your divorce is no longer uncontested and you may want to get an attorney.



4. HEARING AND FINAL ORDERS

Approximately eight to ten weeks after you file, you will be notified of the date and time of your hearing.

Prepare for the hearing by getting witnesses together and practicing what you will say to the Judge.

Attend the Hearing and have the Judge sign a Judgment Entry.

Take the Signed Judgment Entry to the Clerk to be time-stamped.

The Court will send you the Judge's Decision by mail.

•••

Legal Advice

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:

Asking Court Staff

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

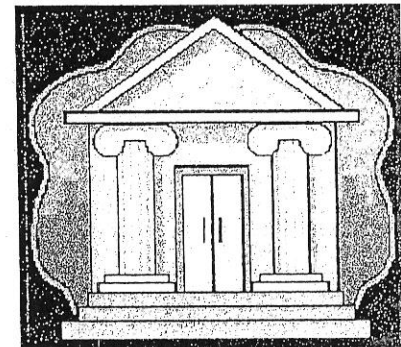
- Court staff may not**
 - × provide you with legal research;
 - × tell you what sorts of claims to file or what to put on forms;
 - × tell you what to say in court;
 - × give an opinion about how a judge is likely to decide your case;
 - × give you information that they would not give to the opposing 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.



REPRESENTING YOURSELF IN COURT

A CITIZENS GUIDE



Preparing Your Case

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.

In the Courtroom

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.

The Role of the Judge

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

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 _____

Plaintiff

vs.

Name _____
Street Address _____
City, State and Zip Code _____

Defendant

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

Instructions: This form is used to request a divorce if you and your spouse have (a) minor child(ren), adult child(ren) attending high school, or child(ren) with disabilities, and/or a party is pregnant. Check to determine if you meet the residency requirement to file in this county. A Request for Service (Uniform Domestic Relations Form 31/Juvenile Form 10) and a Parenting Proceeding Affidavit (Uniform Domestic Relations Form - Affidavit 3) must be filed with this form. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

COMPLAINT FOR DIVORCE WITH CHILDREN

Now comes Plaintiff and states as follows:

1. Plaintiff has been a resident of the State of Ohio for at least six (6) months immediately before filing this Complaint.
2. Plaintiff has been a resident of _____ County for at least ninety (90) days immediately before filing this Complaint; OR
 The Defendant resides in _____ County where this Complaint is filed.

3. Plaintiff and Defendant were married on _____ (date of marriage)
in _____ (city or county, and state).

4. Neither party is pregnant OR a party is pregnant.

5. *Check all that apply:* (If more space is needed, add additional pages)

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

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

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

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

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

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

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

Name of Child	Date of Birth	Name of Court or Agency
_____	_____	_____
_____	_____	_____

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

Name of Child	Date of Birth
_____	_____
_____	_____

6. Military Service:

- Neither Plaintiff nor Defendant is an active-duty servicemember of the United States military.
 Plaintiff and/or Defendant is an active-duty servicemember of the United States military.

7. Plaintiff is entitled to a divorce from Defendant based upon the following grounds: *(check all that apply)*
- Plaintiff and Defendant are incompatible.
 - Plaintiff and Defendant have lived separate and apart without cohabitation and without interruption for one (1) year.
 - Plaintiff or Defendant had a Husband or Wife living at the time of the marriage.
 - Defendant has been willfully absent for one (1) year.
 - Defendant is guilty of adultery.
 - Defendant is guilty of extreme cruelty.
 - Defendant is guilty of fraudulent contract.
 - Defendant is guilty of gross neglect of duty.
 - Defendant is guilty of habitual drunkenness.
 - Defendant is imprisoned in a state or federal correctional institution at the time of filing this Complaint.
 - Defendant procured a divorce outside this state by virtue of which Defendant has been released from the obligations of the marriage, while those obligations remain binding on Plaintiff.

8. Plaintiff and Defendant are owners of real estate and/or personal property.

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

- Plaintiff be designated the residential parent and legal custodian of the following minor child(ren):
_____;
 - Defendant be designated the residential parent and legal custodian of the following minor child(ren):
_____;
 - the non-residential parent be granted specific parenting time;
 - Plaintiff and Defendant be granted shared parenting of the following minor child(ren):
_____ pursuant to a Shared Parenting Plan (Uniform Domestic Relations Form 20), which Plaintiff will prepare and file with the Court;
 - Defendant pay child support, cash medical support, and health care expenses;
 - Defendant pay spousal support;
 - Plaintiff be restored to the former name of _____;
 - Defendant pay Plaintiff's attorney fees;
 - Defendant pay the Court costs of the proceeding;
- and any further relief deemed proper.

Attorney or Self Represented Party Signature

Printed Name

Address

City, State, Zip

Phone Number

Fax Number

E-mail

Supreme Court Reg No. (if any)

IN THE COURT OF COMMON PLEAS

_____ DIVISION

_____ COUNTY, OHIO

IN THE MATTER OF:

_____ A Minor

_____ Name

Case No. _____

_____ Street Address

Judge _____

_____ City, State and Zip Code

Magistrate _____

Plaintiff/Petitioner 1

vs./and

_____ Name

_____ Street Address

_____ City, State and Zip Code

Defendant/Petitioner 2/Respondent

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

Instructions: This form is used when you want to request documents to be served on the other party. You must indicate the requested method of service by marking the appropriate box. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

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

Complaint for Divorce with Children

Supreme Court of Ohio
Uniform Domestic Relations Form 31
Uniform Juvenile Form 10
REQUEST FOR SERVICE
Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46
Amended: September 21, 2020

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

Please serve the following parties with the above marked documents:

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

- Plaintiff/Petitioner 1 at _____ (address) by:
 - Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other: (*specify*) _____

- _____ County Child Support Enforcement Agency at _____ (address) by:
 - Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other: (*specify*) _____

- Other _____ at _____ (address) by:
- Certified Mail, Return Receipt Requested
- Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
- Other: (specify) _____

SPECIAL INSTRUCTIONS TO SHERIFF:

Attorney or Self Represented Party Signature

Printed Name

Address

City, State, Zip

Phone Number

Fax Number

E-mail

Supreme Court Reg No. (if any)

IN THE COURT OF COMMON PLEAS OF JEFFERSON COUNTY, OHIO
DOMESTIC RELATIONS DIVISION

Case No. _____

(Your Name)

Plaintiff/Petitioner,

vs.

(Your Spouse's Name)

Defendant/Respondent.

WAIVER OF REPRESENTATION

I, _____, do hereby acknowledge and represent that I am not represented by counsel in this proceeding. I further acknowledge that I was given full opportunity to evaluate my need for legal representation and was advised to obtain, if so desire, my own counsel. The undersigned realizes that this document constitutes and acknowledges my waiver of right to counsel in this proceeding.

Plaintiff (Sign in Front of Notary)

STATE OF OHIO
COUNTY OF _____, ss:

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

Notary Public

My Commission Expires: _____

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

Plaintiff _____ Case No. _____
vs. Judge _____
Magistrate _____
Defendant _____

WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.
Instructions: Check local court rules to determine when this form must be filed. This form is used to request temporary orders in your divorce or legal separation case. After a party serves a Motion and Affidavit, the other party has 14 days to file a Counter Affidavit and serve it on the party who filed the Motion. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **If more space is needed, add additional pages.**

MOTION AND AFFIDAVIT OR COUNTER AFFIDAVIT
FOR TEMPORARY ORDERS
WITHOUT ORAL HEARING

Check one box below to show whether you are filing a (A) Motion and Affidavit or (B) Counter Affidavit.

(A) Motion and Affidavit

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

- Check only those that apply.
- _____ Residential parenting rights (custody)
 - _____ Parenting time (companionship or visitation)
 - _____ Child support
 - _____ Spousal support (if married)
 - _____ Payment of debts and/or expenses
 - _____ Other: _____

THE OTHER PARTY HAS FOURTEEN (14) DAYS FROM THE DATE ON WHICH THIS MOTION IS SERVED TO FILE A COUNTER AFFIDAVIT AND SERVE IT UPON THE PARTY WHO FILED THE MOTION. (See below)

(B) Counter Affidavit

Movant files this Counter Affidavit in response to a Motion and Affidavit.

**Complete the following information, whether filing Motion and Affidavit or Counter Affidavit.
(Check all that apply)**

1. The parties are living separately.
Date of separation is _____.
- The parties are living together.
- The parties have no minor children. (*Skip to number 6*)
- The parties have (a) minor child(ren) who was/were born from or adopted during this relationship.
(*List child(ren) here*)

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

- In addition to the above child(ren),
 Movant has _____ other biological or adopted minor child(ren).
 Other party has _____ other biological or adopted minor child(ren).
 There is/are _____ adult(s) in Movant's household.

2. Movant's child(ren) attend(s) school in:
- _____ public school district
- Other: (*Explain*) _____
- All children do not attend school in the same district. (*Explain*)

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

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

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

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

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

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

Name of an appropriate supervisor _____

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

Name of Court/Agency _____

Date of Order _____

SETS No. _____

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

\$ _____ child support per month

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

\$ _____ attorney fees, expert fees, Court costs

The following debts and/or expenses:

7. Movant requests the Court order the following other relief:

8. Movant is willing to attend mediation.

Movant is not willing to attend mediation.

NOTICE OF HEARING

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

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

CERTIFICATE OF SERVICE

(Check the boxes that apply)

I delivered a copy of the: Motion and Affidavit or Counter Affidavit

On: (Date) _____, 20 _____

To: (Print name of other party's attorney or, if there is no attorney, print name of the party)

At: (Print address or fax number) _____

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

Signature

IN THE COURT OF COMMON PLEAS

 _____ **DIVISION**
 _____ **COUNTY, OHIO**

 Plaintiff/Petitioner 1

vs./and

 Defendant/Petitioner 2

Case No. _____

Judge _____

Magistrate _____

Instructions: Check local court rules to determine when this form must be filed. This affidavit is used to make complete disclosure of income, expenses, and money owed. It is used to determine child and spousal support. Do not leave any category blank. For each item, if none, put "NONE." If you do not know exact figures for any item, give your best estimate, and put "EST." **If you need more space, add additional pages.**

AFFIDAVIT OF BASIC INFORMATION, INCOME, AND EXPENSES

Affidavit of _____
 (Print Name)

Date of marriage _____ Date of separation _____

SECTION I – BASIC INFORMATION

Plaintiff/Petitioner 1

Defendant/Petitioner 2

Date of Birth _____	Date of Birth _____
Last 4 Digits of Social Security # XXX-XX-_____	Last 4 Digits of Social Security # XXX-XX-_____
Phone Number _____	Phone Number _____
Email Address _____	Email Address _____
Is an interpreter needed? <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)	\$ _____	\$ _____

Unemployment Compensation	\$ _____	\$ _____
Disability Benefits		
Workers' Compensation	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Retirement Benefits		
Social Security	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Spousal Support Received	\$ _____	\$ _____
Interest and dividend income (<i>source</i>) _____	\$ _____	\$ _____
Other income (<i>type and source</i>) _____	\$ _____	\$ _____
TOTAL YEARLY INCOME	\$ _____	\$ _____
Supplemental Security Income (SSI) and/or public assistance	\$ _____	\$ _____
Social Security or Veteran's benefits received for child(ren)		
<input type="checkbox"/> Based on parent's disability		
<input type="checkbox"/> Based on child's disability	\$ _____	\$ _____
Child support you receive from a child support enforcement agency or court order for minor and/or dependent child(ren) not of the marriage or relationship	\$ _____	\$ _____

SECTION III – CHILDREN AND HOUSEHOLD RESIDENTS

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

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

In addition to the above child(ren):
 Plaintiff/Petitioner 1 has _____ other minor biological or adopted child(ren).
 Defendant/Petitioner 2 has _____ other minor biological or adopted child(ren).
 There is/are _____ adult(s) in your household.

SECTION IV – EXPENSES

List monthly expenses below for your present household.

A. MONTHLY HOUSING EXPENSES

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

B. OTHER MONTHLY LIVING EXPENSES

Food	
◦ Groceries (including food, paper, cleaning products, toiletries, and other)	\$ _____
◦ Restaurant	\$ _____
Transportation	
◦ Vehicle loan, lease	\$ _____
◦ Vehicle maintenance	\$ _____
◦ Gasoline	\$ _____

◦ Parking, public transportation \$ _____
 Clothing
 ◦ Clothes (other than child(ren)'s) \$ _____
 ◦ Dry cleaning and laundry \$ _____
 Personal grooming
 ◦ Hair and nail care \$ _____
 ◦ Other: _____ \$ _____
 Other: _____ \$ _____
TOTAL MONTHLY: \$ _____

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

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

D. MONTHLY INSURANCE PREMIUMS

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

E. MONTHLY WORK AND EDUCATION EXPENSES FOR SELF

Mandatory work expenses (union dues, uniforms, or other) \$ _____
Additional income taxes paid (not deducted from wages) \$ _____
Tuition \$ _____
Books, fees, and other \$ _____
College loan \$ _____
Other: _____ \$ _____
_____ \$ _____
TOTAL MONTHLY: \$ _____

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

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

G. MISCELLANEOUS MONTHLY EXPENSES

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

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

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

B. Financial Accounts

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

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

C. Pensions & Retirement Plans

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

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

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

(Name of company and number of shares)

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

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

III. SEPARATE PROPERTY CLAIMS

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

Description	Why do you claim this as separate property?	Present Fair Market Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
TOTAL SECTION III: SEPARATE PROPERTY CLAIMS:		\$ _____

IV. DEBT

List ALL OF YOUR DEBTS, your spouse's debts, and any joint debts. Do not leave any category blank. For each item, if none, put "NONE." If you don't know exact figures for any item, give your best estimate, and put "EST." **If more space is needed to explain, please attach an additional page with the explanation and identify which question you are answering.**

Type	Name of Creditor	Name on Account	Total Debt Due	Monthly Payment
A. Secured Debt (Mortgages, Car, etc.)				
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____
B. Unsecured Debt (Credit cards, medical bills, other debts)				
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____

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

V. BANKRUPTCY

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

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

I, (print name) _____, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

STATE OF _____)
) SS
COUNTY OF _____)

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

Signature of Notary Public

Printed Name of Notary Public

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

c. Child's name _____	Place of birth _____	Date of birth _____	Sex <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: _____	<input type="checkbox"/> Single <input type="checkbox"/> Married
Relationship to Children: _____	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Military Service (Branch, Dates): _____	Ever been on Public Assistance? (When and Where) _____

EMPLOYER INFORMATION

Employer Name: _____	Employer Phone #: _____
Employer Address: _____	Is Medical Insurance Available? _____

	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 5th 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, canceled checks, or notarized statement from 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Child's name: _____	Amount \$ _____/month	Due to <input type="checkbox"/> My disability OR <input type="checkbox"/> Other Parent's
Child's name: _____	Amount \$ _____/month	Due to <input type="checkbox"/> My disability OR <input type="checkbox"/> Other Parent's
Child's name: _____	Amount \$ _____/month	Due to <input type="checkbox"/> My disability OR <input type="checkbox"/> Other Parent's
Child's name: _____	Amount \$ _____/month	Due to <input type="checkbox"/> My disability OR <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	I receive \$ _____/month County/State _____
Do you pay Spousal Support? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	Basic \$ _____/mo. BAS \$ _____/mo. BAH/Q \$ _____/mo. Other military pay \$ _____/mo.
Rank _____	Branch _____ Years of Service _____
Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired <input type="checkbox"/> Other	

H. EMPLOYMENT INFORMATION	
Are you employed? <input type="checkbox"/> YES If yes, when did you begin employment? _____ <input type="checkbox"/> NO If NO, skip to section I. Work History	
Employer 1	Address _____ <i>(Payroll address, if different)</i> 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 _____ <i>(Payroll address, if different)</i> 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
ARE YOU SELF EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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

<input type="checkbox"/> I receive \$ _____ per _____ from pensions or retirement accounts _____ (list sources)
<input type="checkbox"/> I receive \$ _____ per _____ from Supplemental Security Income (SSI)
<input type="checkbox"/> I receive \$ _____ per _____ from Social Security Disability Benefits (SSD)
<input type="checkbox"/> I receive \$ _____ per _____ from annuities and/or dividends and/or other investment income
<input type="checkbox"/> I receive \$ _____ per _____ from rental property
<input type="checkbox"/> I receive \$ _____ per _____ from unemployment compensation
<input type="checkbox"/> I receive \$ _____ per _____ from Worker's Compensation
<input type="checkbox"/> 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

**IN THE COURT OF COMMON PLEAS
JEFFERSON, COUNTY, OHIO**

)	CASE NO.
)	
Plaintiff,)	JUDGE
)	
vs.)	
)	
)	<u>FINANCIAL DISCLOSURE /</u>
)	<u>AFFIDAVIT OF INDIGENCY</u>
)	<u>AND ORDER</u>
Defendant.)	

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	
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 187.5% of the federal poverty guidelines.			
Place an "X" next to any benefits you receive.			
Ohio Works First ¹ : ___ SSI ² : ___ Medicaid ³ : ___ Veterans Pension Benefit ⁴ : ___ SNAP / Food Stamps ⁵ : ___			
Monthly Income			
I am NOT 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)	\$	\$	\$

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 or proceeding for filing.

TOTAL MONTHLY INCOME		\$
Liquid Assets		
Type of Asset	Estimated Value	
Cash on Hand	\$	
Available Cash in Checking, Savings, Money Market Accounts	\$	
Stocks, Bonds, CDs	\$	
Other Liquid Assets	\$	
Total Liquid Assets		\$
Monthly Expenses		
Column A		Column B
Type of Expense	Amount	Type of Expense
Rent / Mortgage / Property Tax / Insurance	\$	Insurance (Medical, Dental, Auto, etc.)
Food / Groceries	\$	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 (Specify)
Total Column A Expenses	\$	Total Column B Expenses
TOTAL MONTHLY EXPENSES (Column A + Column 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 unable to prepay the costs or fees in this case.

 Signature

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC, THIS _____ DAY OF _____, 20____.

 Notary Public

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 or proceeding for filing.

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.

- 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. You have thirty (30) days to make the required advance deposit or security. Should you not make such advance deposit or security within the 30 days, then your case shall be dismissed. If you make such advance deposit or security within the 30 days, then your case will proceed.

IT IS SO ORDERED

Judge / Magistrate

Date

APPENDIX

2019 FEDERAL POVERTY LIMIT (FPL)

Persons in family/household	100% Poverty	100% Poverty Monthly Gross Income	187.5% Poverty	187.5% Poverty Monthly Gross Income
1	\$12,490	\$1,040.83	\$23,419	\$1,951.58
2	\$16,910	\$1,409.17	\$31,706	\$2,642.17
3	\$21,330	\$1,777.50	\$39,994	\$3,332.83
4	\$25,750	\$2,145.83	\$48,281	\$4,023.42
5	\$30,170	\$2,514.17	\$56,569	\$4,714.08
6	\$34,590	\$2,882.50	\$64,856	\$5,404.67
7	\$39,010	\$3,250.83	\$73,144	\$6,095.33
8	\$43,430	\$3,619.17	\$81,431	\$6,785.92

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.

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

²SSI 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)

³Medicaid 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

⁴Veterans Pension Benefit Income Limit: [TBD]

⁵Supplemental 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

Street Address

City, State and Zip Code

Case No. _____

Judge _____

Magistrate _____

Plaintiff

vs.

Name

Street Address

City, State and Zip Code

Defendant

JUDGMENT ENTRY – DECREE OF DIVORCE WITH CHILDREN

This matter came on for final hearing on _____ before Judge Magistrate
_____ upon Plaintiff's Complaint for Divorce with Children filed
on _____ and/or Defendant's Counterclaim filed on _____
and upon the following: _____.

FINDINGS

Upon a review of the record, testimony, and evidence presented, the Court makes the following findings:

- A. Check all that apply:
- Defendant was properly served with Summons, a copy of the Complaint, and both parties received Notice of Hearing.
 - Defendant filed a Waiver of Service.
 - Defendant filed an Answer to Plaintiff's Complaint.
 - Defendant failed to file an Answer to Plaintiff's Complaint or plead, despite being properly served with Summons and a copy of the Complaint.

- Defendant filed a Counterclaim.
- Plaintiff filed a Reply to Defendant's Counterclaim.
- Plaintiff failed to file a Reply to Defendant's Counterclaim.

- B. Plaintiff was present at the Hearing.
 _____ appeared as counsel for Plaintiff.
 Plaintiff failed to appear.
 Defendant was present at the Hearing.
 _____ appeared as counsel for Defendant.
 Defendant failed to appear.

C. Plaintiff was a resident of the State of Ohio for at least six (6) months immediately before the Complaint and/or Counterclaim was/were filed.

- D. At the time the Complaint and/or Counterclaim was/were filed:
 Plaintiff was a resident of this county for at least ninety (90) days immediately before the filing.
 Defendant was a resident of this county.
 Venue is proper based upon: _____

E. This Court has jurisdiction and venue is proper to determine all of the issues raised by the pleadings and motions.

F. Plaintiff and Defendant were married on _____ (date of marriage)
in _____ (city or county, and state).

G. The termination of marriage is the date of Final Hearing or the date specified:

H. Children:
 Neither party is pregnant OR a party is pregnant.

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 or agency:

Name of Child

Date of Birth

Name of Court or Agency

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

Name of Child

Date of Birth

I. Military Service:

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

J. The divorce should be granted on the following ground(s):

- Plaintiff and Defendant are incompatible.
 Plaintiff and Defendant have lived separate and apart without cohabitation and without interruption for one (1) year.
 Plaintiff or Defendant had a Husband or Wife living at the time of the marriage.
 Plaintiff or Defendant has been willfully absent for one (1) year.
 Plaintiff or Defendant is guilty of adultery.
 Plaintiff or Defendant is guilty of extreme cruelty.
 Plaintiff or Defendant is guilty of fraudulent contract.
 Plaintiff or Defendant is guilty of gross neglect of duty.
 Plaintiff or Defendant is guilty of habitual drunkenness.
 Plaintiff or Defendant was imprisoned in a state or federal correctional institution at the time the Complaint was filed.
 Plaintiff or Defendant procured a divorce outside this state by virtue of which Plaintiff or Defendant has been released from the obligations of the marriage, while those obligations remain binding on Plaintiff or Defendant.

K. Plaintiff and/or Defendant through testimony or affidavit made full and complete disclosure of all marital property, separate property, and any other assets, debts, income, and expenses.

L. The Court finds that:

- the parties presented the Court with a written Separation Agreement or read a settlement of all issues into the record. The written Separation Agreement is attached hereto as Exhibit A. The Court finds the agreement to be a fair and equitable division of property and debts and an appropriate resolution of all issues, knowingly and voluntarily entered into by the parties.

- the parties presented the Court with a written Shared Parenting Plan or Parenting Plan, or read a settlement of all issues involving their parental rights and responsibilities into the record. The Shared Parenting Plan Parenting Plan is attached hereto as Exhibit B. The Court finds that the agreed allocation of parental rights and responsibilities is in the minor child(ren)'s best interest and that the parties entered into it knowingly and voluntarily.
- a Magistrate's Decision was filed on: _____.
- no objections having been filed, the Court accepts the Magistrate's findings of fact and adopts the recommendations, making them the order of the Court.
 - the Court ruled upon all objections to the Magistrate's Decision by a separate Judgment Entry.
- the parties did not present the Court with a written Separation Agreement or read a settlement of all issues into the record. Based upon the evidence presented by the parties who appeared, the Court makes the findings set forth herein upon which it makes a fair and equitable division of property and debts and an appropriate resolution of all issues of the parties.

The parties have the following separate assets:

Party	Asset	Value

The parties have the following separate debts:

Party	Debt	Balance

The parties have the following marital assets:

Asset	Value

The parties have the following marital debts:

Debt	Balance

The Court makes the following findings regarding the spousal support factors set forth in R.C. 3105.18:

The parties did not present the Court with a written Shared Parenting Plan or Parenting Plan or read a settlement of their parental rights into the record. Based upon the evidence presented by the parties who appeared, the Court makes the following findings relating to the factors set forth in R.C. 3109.04 and/or 3109.051 upon which it allocates the parties' parental rights and responsibilities in the child(ren)'s best interest:

M. The Court finds that Plaintiff incurred attorney fees and litigation expenses in the amount of \$ _____ and Defendant incurred attorney fees and litigation expenses in the amount of \$ _____. It is equitable that: *(select one)*

- Each party pay his or her attorney fees and litigation expenses, if any.
- Plaintiff pay all or part of Defendant's attorney fees and litigation expenses as follows:

Defendant pay all or part of Plaintiff's attorney fees and litigation expenses as follows:

N. The Court further finds that: _____

JUDGMENT

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

FIRST: DIVORCE GRANTED

Plaintiff Defendant is/are granted a divorce on the grounds set forth above. Both parties are released from the obligations of their marriage except for those obligations listed below or as set forth in the attached Separation Agreement Shared Parenting Plan Parenting Plan Magistrate's Decision which is incorporated in this Judgment Entry as if fully rewritten and/or as is set forth herein.

SECOND: PROPERTY

The parties' property shall be divided as follows:

A. Plaintiff is awarded the following separate property:

B. Defendant is awarded the following separate property:

C. Each party is awarded all of the household goods, furniture, furnishings, and other personal property currently in their respective possession, free and clear of any claim of the other party, except as specifically set forth in Sections D, E, and F below.

D. Plaintiff is awarded the following real estate and items of personal property, free and clear from all claims of Defendant:

E. Defendant is awarded the following real estate and items of personal property, free and clear from all claims of Plaintiff:

F. Other orders regarding property: _____

G. The parties shall take all necessary steps to transfer legal title and possession of property and take appropriate actions to implement and effectuate the division of retirement accounts within thirty (30) days of this Judgment Entry. The Court reserves jurisdiction over the completion, filing, qualification and/or approval of any document necessary to transfer assets.

H. Other orders regarding transfers: _____

THIRD: DEBT

The parties' debts shall be divided as follows:

A. Plaintiff shall pay the following debts and hold Defendant harmless from all claims:

B. Defendant shall pay the following debts and hold Plaintiff harmless from all claims:

C. Bankruptcy
The Court has continuing jurisdiction to determine whether a debt assigned to a party qualifies as an exception to discharge in bankruptcy according to federal law.

D. Neither party shall incur liabilities against the other party in the future.

FOURTH: SPOUSAL SUPPORT

A. Spousal Support Not Awarded

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

B. Spousal Support Awarded

Plaintiff Defendant shall pay spousal support to Plaintiff Defendant 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 Defendant.

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's or Defendant's death or in the event of the following:

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 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.

The Court shall retain jurisdiction to establish or modify the amount and/or duration of spousal support in the event either party files bankruptcy.

F. Other orders regarding spousal support:

G. Arrearage or Overpayment

Any temporary spousal support arrearage or overpayment shall survive this Judgment Entry.

Any temporary spousal support arrearage or overpayment shall not survive this Judgment Entry.

Other: _____

FIFTH: NAME

_____ is restored to the former name of _____

**SIXTH: ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES
(No Shared Parenting Plan or Parenting Plan)**

A. Parental rights and responsibilities shall be allocated as follows:

Plaintiff is designated as the residential parent and legal custodian of the following minor child(ren):

Defendant is designated as the residential parent and legal custodian of the following minor child(ren):

Each party shall have parenting time with the minor child(ren) who is/are not residing with him/her according to the parenting time schedule attached hereto and made a part hereof or other:

Subject to the Court's continuing jurisdiction, Plaintiff Defendant shall not have parenting time with the child(ren) for the following reasons:

B. 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 obligation under this notice applies to both parents in a Shared Parenting Plan.

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

The residential parent shall inform the Court and 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 that granted the divorce and allocated parental rights and responsibilities (*print name and address of Court*):

Other orders: _____

C. 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 non-residential parent is entitled access to any record related to the child(ren) to which the residential parent is legally provided access under the same terms and conditions as the residential parent, 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 non-residential parent regarding records access are as follows:

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

In accordance with R.C. 5104.039, the non-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:

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

Subject to R.C. 3319.321(F), the non-residential parent is entitled access to any student activity related to the child(ren) 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 permitting school activities access is in contempt of Court.

Restrictions or limitations:

None

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

SEVENTH: 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 Defendant is the child support obligor (*pays support*).

Plaintiff Defendant 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)

- Other Court ordered payments

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

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

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

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

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

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

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

- 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 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 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 OCSPC 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:

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:

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.

EIGHTH: 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 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 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 has private health insurance coverage for the minor child(ren);
- Defendant 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 (5%) 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 and/or Defendant **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 and/or Defendant **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 Defendant 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 Defendant 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 Defendant 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 Defendant 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 Defendant'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.

NINTH: 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 shall pay _____% and Defendant 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 shall pay _____% and the Defendant 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)

TENTH: TAX DEPENDENCY (The award of a tax dependency exemption may affect the ability to secure health insurance through the Marketplace.)

- A. Plaintiff 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 substantially current in any child support required to be paid as of December 31 of the tax year in question: _____.
- Defendant 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 substantially current in any child support required to be paid as of December 31 of the tax year in question: _____ in _____.
- 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 15th of the year following the tax year in question, to allow the non-residential parent to claim the minor child(ren).

ELEVENTH: OTHER ORDERS

TWELFTH: TEMPORARY ORDERS

All temporary orders in this case are terminated.

THIRTEENTH: PAYMENT OF ATTORNEY FEES AND LITIGATION EXPENSES (select one)

- Each party shall pay his/her own attorney fees and litigation expenses, if any.
- Plaintiff shall pay _____ of attorney fees and litigation expenses incurred by Defendant. The same shall be paid as follows: _____
- Defendant shall pay _____ of attorney fees and litigation expenses incurred by Plaintiff. The same shall be paid as follows: _____

FOURTEENTH: COURT COSTS

Court costs are: (select one)

- Taxed to the deposit. Court costs due above the deposit shall be paid as follows: _____
- Other (specify): _____

FIFTEENTH: CLERK OF COURTS

The Clerk of Courts shall provide:

- a certified copy to: _____
- a file stamped copy to: Child Support Enforcement Agency

JUDGE

Plaintiff Signature

Defendant Signature

Printed Name

Printed Name

Plaintiff's Attorney Signature

Defendant's Attorney Signature

Printed Name

Printed Name

Supreme Court Reg No.

Supreme Court Reg No.

NOTICE. This is a final appealable order. 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).