

OTTAWA COUNTY COMMON PLEAS COURT

Bruce Winters, Judge

315 Madison St. Room 301
Port Clinton, Ohio 43452
419 734-6790 • Fax 419 734-6852

ANSWER TO DIVORCE (with minor children)

PRO SE FILING INSTRUCTIONS FOR AN ANSWER TO A DIVORCE (WITH CHILDREN)

The forms in this packet will allow you to file an Answer to a Divorce Complaint and obtain a Divorce without representation by an attorney. You must follow these instructions and complete all forms thoroughly. The law requires that a hearing be held after forty-two days from the date of the filing of the complaint with the Clerk of Courts. Once you correctly complete and file your Answer, the Court will schedule a hearing. The date will be sent to the address on your filings. If you change your address, you must notify the Court. If you have questions regarding your hearing date, contact the Magistrate's Office at 419-734-6818.

DRESS CODE: The court does have a dress code (no shorts, halter tops, hats etc.) and parties will be required to pass through security check before being allowed to enter court.

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2. Answer
3. Appropriate Affidavits, DR1 and DR2 or Ohio Supreme Court Affidavits
4. Health Insurance Affidavit
5. Waiver of Counsel

INSTRUCTIONS FOR FILING AN Answer TO A COMPLAINT FOR DIVORCE, WITH CHILDREN

You must print clearly or type the information that you fill out for each case. If the forms are not completely filled out, the Court will not accept the forms. If you do not know an answer, you must state "unknown". Once the clerk has given your case a case number, you will use that case number in all documents that are filed in this case. There are no filing fees for an Answer to a Complaint for Divorce. It is possible that you will still have to pay the court costs, in whole or part, at the conclusion of the hearing. The filing fees, \$500, are paid by Plaintiff and are deposits for court costs. Court costs in your case may be more or less than the deposit. The Court will determine who pays the court costs at the conclusion of the case if there is no agreement.

You will be responsible for sending to the Plaintiff, via Certified U.S. Mail, file stamped copies of the Answer as well as all other supporting documents and affidavits. At the bottom of the Answer, you must certify that you have sent the appropriate documents to the Plaintiff.

Required forms when filing an Answer

If you are filing an Answer, you must supply the following:

1. The Answer and Certificate of Service.
2. The appropriate affidavits (**choose from a. or b.**)
 - a. Ottawa County DR1, DR 2, and Health Insurance Affidavit . You must complete the Affidavit of General Information, Income, Monthly Expenses and Financial Disclosure, the Parenting Proceeding Affidavit and the Health Insurance Affidavit. These Affidavits must be signed in the presence of a Notary Public. **Forms DR1, DR2 and Health Insurance Affidavit.**
 - OR**
 - b. **Ohio Supreme Court Forms Affidavit 1, Affidavit 2, Affidavit 3, and Affidavit 4.** These forms must be signed in the presence of a Notary Public. (Forms are available on the Ohio Supreme Court website ([http://www.supremecourt.ohio.gov/JCS/CFC/DRForms/.](http://www.supremecourt.ohio.gov/JCS/CFC/DRForms/))
3. Waiver of the right to counsel.

You must supply the Clerk of Courts with the original and one copy of each of the above documents at the time you file the Answer.

IN THE COURT OF COMMON PLEAS, OTTAWA COUNTY, OHIO

Petitioner/Plaintiff

v.

Petitioner/Defendant

* CASE NO.

*

* Honorable

* Magistrate

*

* INFORMATION FOR PARENTING

* PROCEEDING (R.C. § 3127.23(A))

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* Attorney for the

NOTE: By law, an affidavit must be filed and served with the first pleading filed by each party in every parenting (custody/visitation) proceeding in this Court, including a Petition for a Domestic Violence Civil Protection Order. 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, attach an additional page.

_____, being first duly sworn according to law, makes the following answer to the questions set out herein relevant to the custody of the minor child(ren) of the parties in the above styled action.

1. I am requesting the court to not disclose my current address or that of the children. My address is confidential pursuant to R.C. 3127.23(D) and should be placed under seal in that the health, safety, or liberty of myself and/or the child(ren) would be jeopardized by the disclosure of the identifying information.
2. State the full name(s) and birth date(s) of the child(ren) involved in these proceedings and the name(s) and address(es) of those with whom each child is now residing.

Name of Child: _____ Date of Birth: _____
 With Whom is the Child Residing: _____
 Where is the Child Residing: _____

Name of Child: _____ Date of Birth: _____
With Whom is the Child Residing: _____
Where is the Child Residing: _____

Name of Child: _____ Date of Birth: _____
With Whom is the Child Residing: _____
Where is the Child Residing: _____

3. State the place where the child(ren) have lived within the last five years and the names and present addresses of the person(s) with whom the child(ren) lived during that period.

Time Period: _____ From _____ to the present
Place of Residence: _____
With Whom Children Resided: _____

Time Period: _____ From _____ to _____
Place of Residence: _____
With Whom Children Resided: _____

Time Period: _____ From _____ to _____
Place of Residence: _____
With Whom Children Resided: _____

Time Period: _____ From _____ to _____
Place of Residence: _____
With Whom Children Resided: _____

Time Period: _____ From _____ to _____
Place of Residence: _____
With Whom Children Resided: _____

4. Participation in custody case(s): (only one)

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): _____

5. Information about custody case(s): (only one)

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 any child subject to this case, other than listed in Paragraph 4.

Explain:

a. Name of each child

b. Type of case

c. Court and state

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

6. List all of the criminal convictions including guilty pleas for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

NAME	CASE NUMBER	COURT/STATE/COUNTY	CHARGE

7 Persons not a party to this case: (only one)

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 and address of person _____

has physical custody

claims custody rights

claims visitation rights

Name of each child _____

b. Name and address of person _____

has physical custody

claims custody rights

claims visitation rights

Name of each child _____

8. Do you understand that you have a continuing duty to inform the Court of any parental proceeding concerning the afore named child(ren) in this or any other state?

Answer: _____

OATH OF AFFIANT

I hereby swear or affirm that the answers above are true, complete and accurate to the best of my knowledge. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury under Ohio Revised Code 2921.11.

(Name of Affiant)

(Name of Affiant)

(Both Parties to sign if Dissolution)

Sworn to before me this _____ day of _____, 200

Notary

Form: Answer -no children

IN THE COMMON PLEAS COURT OF OTTAWA COUNTY
DOMESTIC RELATIONS DIVISION

name

street address

city and state
DOB: _____

Case No. _____

Plaintiff
vs

Judge Bruce Winters

name

street address

city and state
DOB: _____

Magistrate _____

ANSWER

Defendant

This day, the Defendant, states as follows:

1. Defendant admits the allegations contained in paragraph(s) _____
_____. (state each paragraph number)

2. Defendant denies the allegations contained in paragraph(s) _____
_____. (state each paragraph number)

3. The parties **own / do not own** (circle one) household goods and furnishing, motor vehicle and other marital assets. The parties **have / have no** (circle one) marital debts.

4. The following children were born as issue of said marriage (include full names and birthdates)

- a. _____
- b. _____
- c. _____
- d. _____

5. I am asking that the Court **grant Plaintiff a divorce** from the Defendant; equitably divide the marital assets and debts; equitably divide the household goods and furnishings; and determine who pays the costs of this action. **OR (select by circling either Paragraph 5 or Paragraph 6; you must choose only one).**

5. I am asking the Court **dismiss the Complaint for divorce.**

6. I am asking that the Court award full custody/visitation/shared parenting/no contact (select one) of/with the minor child (or children) to myself.

7. I am asking that the Court award full custody/visitation/shared parenting/no contact (select one) of/with the minor child (or children) to the Plaintiff.

8. I am asking that the Court award fair and equitable child support to myself/Plaintiff (select one) as and for support for the minor child (or children).

And for such other relief as the Court may determine is just and proper.

Defendant, (signature)

(print name)

I hereby certify that a file stamped copy of this Answer, along with all necessary affidavits, was mailed to the Plaintiff by me via Certified U.S. Mail, return receipt requested, on this _____ day of _____, 20_____.

Defendant (signature)

**IN THE COMMON PLEAS COURT OF OTTAWA COUNTY
DOMESTIC RELATIONS DIVISION**

Plaintiff/Petitioner

Case No. _____

v./and

Judge _____

Defendant/Petitioner

HEALTH INSURANCE AFFIDAVIT

Affidavit of _____
(Print Your Name)

Mother

Father

Are your child(ren) currently enrolled in a low-income government-assisted health care program (Healthy Start/Medicaid)?

Yes No

Yes No

Are you enrolled in an individual (non-group or COBRA) health insurance plan?

Yes No

Yes No

Are you enrolled in a health insurance plan through a group (employer or other organization)?

Yes No

Yes No

If you are not enrolled, do you 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 child(ren)'s home?

Yes No

Yes No

Mother

Father

Under the available insurance, what would be the annual premium for a plan covering you and the child(ren) of this relationship (not including a spouse)?

\$ _____

\$ _____

Under the available insurance, what would be the annual premium for a plan covering you alone (not including children or spouse)?

\$ _____

\$ _____

If you are enrolled in a health insurance plan through a group (employer or other organization) or individual insurance plan, which of the following people is/are covered:

Yourself?

Yes No

Yes No

Your spouse?

Yes No

Yes No

Minor child(ren) of this relationship?

Yes No

Yes No

Number _____

Number _____

Other individuals?

Yes No

Yes No

Number _____

Number _____

Name of group (employer or organization) that provides health insurance

Address

Phone number

OATH

(Do not sign until notary is present.)

I, (print name) _____, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document 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

Sworn before me and signed in my presence this

_____ day of _____, _____

Notary Public

My Commission Expires: _____

Case Number _____

Waiver of Counsel

_____, acknowledges that I am fully aware of and understand that I have right to have an attorney advise and represent me in these proceedings . After full consideration, I have decided that I do not wish to have an attorney and that is my own decision. I am waiving the right to counsel knowingly, intelligently and of my own free will.

Signature

Date

IN THE COURT OF COMMON PLEAS OF OTTAWA COUNTY, OHIO

CASE NO.

Plaintiff/Petitioner,

vs

Defendant/Petitioner.

**AFFIDAVIT OF GENERAL INFORMATION, INCOME,
MONTHLY EXPENSES AND FINANCIAL DISCLOSURE**

(Attach last year's 1040 and recent payment stub --
Redact all personal identifiers)

INSTRUCTIONS: This form is required in all divorce, dissolution and legal separation proceedings. Please attach last year's federal tax return and your most recent pay stub. All personal identifiers must be redacted.

GROSS INCOME: All earned and unearned income from all sources during a calendar year, including income from salaries, wages, overtime pay, commissions, royalties, trips, rents, dividends, severance pay, pension, interest, trust income, annuities, social security benefits, workers' compensation benefits, unemployment insurance benefits, disability insurance benefits, spousal support (from one other than a part to this case), etc. Does not include AFDC, SSI, food stamps, general relief, veterans' disability benefits and support for children not of this marriage.

SELF-GENERATED INCOME (self-employed): Gross receipts minus ordinary and necessary expenses. Includes in-kind payments, i.e. company cars, free housing, reimbursed meals, etc. "Ordinary and necessary expenses" does not include depreciation expenses and other non-cash items.

POTENTIAL INCOME (voluntarily unemployed or underemployed): Employment potential and probable earnings level based on the parent's recent work history, occupational qualifications and prevailing job opportunities and salary levels in the community. NOTE: It is within the Court's discretion whether to impute income.

STATE OF OHIO :
 : SS
COUNTY OF OTTAWA :

_____, being first duly sworn, states in answer to the following questions as hereinafter set forth:

NOTE: If you need more space to answer any question, please use a separate piece of paper and attach it to this form at the back.

1. WIFE

First Name (Maiden Name)	Last Name	Birth Date	
Street	City	State	Zip Code

HUSBAND

First Name (Initial)	Last Name	Birth Date	
Street	City	State	Zip Code

2. Date of Present Marriage: _____

Place of Marriage: _____

City	County	State
------	--------	-------

3. Date of Separation: _____ Who moved away? _____

Still living under same roof: _____

4. Have you ever before filed for divorce, separation, annulment or dissolution against your present spouse in Court? _____ If so, when and where? _____

5. Have you ever before filed a Petition for Civil Protection Order, Civil Stalking Protection Order or Temporary Protection Order against your present spouse before? _____ If so, when and where? _____

6. Were you ever married before? _____ No. of previous marriages? _____
Was your spouse ever married before? _____ No. of previous marriages? _____

7. Where does Wife work? _____
Address: _____

Type of Work? _____

Amount of net pay	\$ _____	Pay Frequency:	_____
Amount of gross pay	\$ _____	Pay Frequency:	_____

8. Where does Husband work? _____
Address: _____
Type of Work? _____
Amount of net pay \$ _____ Pay Frequency: _____
Amount of gross pay \$ _____ Pay Frequency: _____

9. If person from whom support is sought is self-employed, list name under which he or she does Business, business address, type of work or service performed, and net income from said Business in prior calendar year:

GROSS ANNUAL INCOME

- 1.) Wife's gross annual income: _____
- 2.) Husband's gross annual income: _____

NOTE: You must attach a copy of your most recent income tax return, including all supporting schedules and a copy of your most recent paystub.

CURRENT MONTHLY INCOME

WIFE

HUSBAND

Employment

Self-Employment

Interest / Dividends

Unemployment Comp.

Worker's Comp.

Disability / Sick Pay

Social Security

Spousal Support

Child Support

ADC / GR / Food Stamps

TOTAL ALL COLUMNS

ADJUSTMENTS
(Annual Amounts)

Court-Ordered Support Paid For Other
Children

Court-Ordered Spousal Support Paid to
Former Spouse

Health Insurance Premium Paid if Children
Covered (Child's portion only)

Other dependent child in home
(Other resident child)

Local Income Tax Percentage Rate

Annual Daycare Costs

Annual Mandatory Unreimbursed
Employment Expenses (e.g. union dues)

Additional Real Estate:

Location: _____ Present Value _____ \$

Name & Address of Creditor: _____
Mortgage Balance: _____ \$ Monthly Payment: _____ \$

Name & Address of Additional Creditor (2nd Mortg. / LOC): _____
Mortgage Balance: _____ \$ Monthly Payment: _____ \$

III. AUTOMOBILES, MOTORCYCLES, CAMPERs, BOATS, MOBILE HOMES

Name on Title: _____ Primary User: _____ Make, Model & Year _____
Creditor: _____
Present Value: _____ \$ Loan Balance: _____ \$ Monthly Payment: _____ \$

Name on Title: _____ Primary User: _____ Make, Model & Year _____
Creditor: _____
Present Value: _____ \$ Loan Balance: _____ \$ Monthly Payment: _____ \$

Name on Title: _____ Primary User: _____ Make, Model & Year _____
Creditor: _____
Present Value: _____ \$ Loan Balance: _____ \$ Monthly Payment: _____ \$

Name on Title: _____ Primary User: _____ Make, Model & Year _____
Creditor: _____
Present Value: _____ \$ Loan Balance: _____ \$ Monthly Payment: _____ \$

Name on Title: _____ Primary User: _____ Make, Model & Year _____
Creditor: _____
Present Value: _____ \$ Loan Balance: _____ \$ Monthly Payment: _____ \$

V. CASH AND DEPOSIT ACCOUNTS (includes checking, savings, certificates of deposit, stocks, bonds, IRA's, mutual funds, credit unions, etc.)

Name & Address of Institution: _____
Type of Account: _____
Name on Account: _____ Present Balance: _____ \$

Name & Address of Institution: _____
Type of Account: _____
Name on Account: _____ Present Balance: _____ \$

Name & Address of Institution: _____
Type of Account: _____
Name on Account: _____ Present Balance: _____ \$

Name & Address of Institution: _____
Type of Account: _____
Name on Account: _____ Present Balance: _____ \$

V. LIFE INSURANCE

Company: _____ Insured (H or W) _____
 Policy No.: _____ Face Value: \$ _____ Cash Surrender Value: \$ _____

Company: _____ Insured (H or W) _____
 Policy No.: _____ Face Value: \$ _____ Cash Surrender Value: \$ _____

VI. PENSION PLANS (includes profit-sharing, 401(K) plans, IRAs, etc.)

Company: _____ Insured (H or W): _____ Years in Plan _____
 Date Benefits Payable: _____ Present Value: \$ _____

Company: _____ Insured (H or W): _____ Years in Plan _____
 Date Benefits Payable: _____ Present Value: \$ _____

Company: _____ Insured (H or W): _____ Years in Plan _____
 Date Benefits Payable: _____ Present Value: \$ _____

Company: _____ Insured (H or W): _____ Years in Plan _____
 Date Benefits Payable: _____ Present Value: \$ _____

VII. BUSINESS AND PROFESSIONAL INTERESTS

Business Name: _____ Owner (H or W): _____
 Date Valued: _____ Net Value: \$ _____

Business Name: _____ Owner (H or W): _____
 Date Valued: _____ Net Value: \$ _____

VIII. HOUSEHOLD GOODS AND FURNISHINGS

Value of those items in your possession: \$ _____

Value of those items in spouse's possession: \$ _____

IX. MISCELLANEOUS ASSETS

Description: _____ Owner (H or W) _____
 Location: _____ Present Value: \$ _____

Description: _____ Owner (H or W) _____
 Location: _____ Present Value: \$ _____

Description: _____ Owner (H or W) _____
 Location: _____ Present Value: \$ _____

I hereby certify that the information contained herein is a true, accurate and complete statement to the best of my information, knowledge and belief.

Additionally, I hereby certify and affirm that I have received and am familiar with this Court's Standard Restraining Order applicable in any divorce, dissolution or legal separation proceeding.

(both parties sign if dissolution)

Sworn to before me and subscribed to in my presence this day of

Notary Public