

# **OTTAWA COUNTY COMMON PLEAS COURT**

**Bruce Winters, Judge**

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

## **DIVORCE**

**(with no minor children)**

### **PRO SE FILING INSTRUCTIONS FOR DIVORCE (WITHOUT CHILDREN)**

The forms in this packet will allow you to file and obtain a Divorce without representation by an attorney. You must follow these instructions and complete all forms thoroughly before you will be scheduled for hearing. The law requires that a hearing be held after forty-two days from the date you file the complaint with the Clerk of Courts. Once you correctly complete and file your papers, 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. Both parties must appear at the hearing. The party filing the Complaint must also provide the Court with a phone number where they can be contacted.

**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.

### **CONTENTS**

1. Instructions
2. Case Designation Sheet
3. Complaint for Divorce
4. Appropriate Affidavits, DR2 or Ohio Supreme Court Affidavits
5. Waiver of Counsel
6. Praecipe for Service

**INSTRUCTIONS FOR FILING FOR TERMINATION OF MARRIAGE BY DIVORCE  
WITH NO MINOR 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 for filing. 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 on all documents that are filed in this case.

The filing fees for a Divorce Complaint are \$500. The above filing fee is a deposit for court costs. Court costs in your case may be more or less than the deposit. The Court will decide who pays the court costs at the end of the case if there is no agreement. If you do not have funds to pay the filing fee, you may complete an Affidavit of Indigency and file without payment of court costs. The Affidavit of Indigency must be signed in the presence of a Notary Public. The Court will determine whether you qualify to have the filing fee waived. It is possible that you will still have to pay the court costs, in whole or part, at the conclusion of the case.

**Praeipce for Service**

The Praeipce for Service is a very important part of the process. This document informs the Court how to contact and notify the other parties to the divorce of the filing of the case. It is your responsibility to see that all parties are properly served with the documents. Providing the Court with full and proper addresses is essential.

You may choose to have the documents served by certified mail or by personal service, usually by the county Sheriff where the person resides. If you choose personal service, an additional \$100.00 deposit will be required for increased court costs.

**Required forms when filing a Complaint for Divorce**

If you are filing a Complaint for Divorce, you must supply the following:

1. The Complaint for Divorce
2. The Case Designation form
3. The appropriate affidavits (**choose from a. or b.**)
  - a. **Ottawa County Form DR 2.** You must complete the Affidavit of General Information, Income, Monthly Expenses and Financial Disclosure. This Affidavit must be signed in the presence of a Notary Public. **Form DR 2. OR**
  - b. **Ohio Supreme Court Forms Affidavit 1-A or 1-B and Affidavit 2.** These Affidavits must be signed in the presence of a Notary Public. (Forms are available on the Ohio Supreme Court website [www.supremecourt.ohio.gov](http://www.supremecourt.ohio.gov)).
4. Waiver of the right to counsel
5. The Praeipce for Service

You must provide the Clerk of Courts the original and one copy of all the above at the time you file the Complaint for Divorce.

Jennifer L. Wilkins  
 Ottawa County Clerk of Courts  
 315 Madison Street, Rm 304  
 Port Clinton, OH 43452  
[www.ottawacocpcourt.com](http://www.ottawacocpcourt.com)

CASE DESIGNATION SHEET – DOMESTIC RELATIONS  
 OTTAWA COUNTY COMMON PLEAS COURT

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

Date of Filing \_\_\_\_\_

\_\_\_\_\_  
 PLAINTIFF

\_\_\_\_\_  
 ATTORNEY FOR PLAINTIFF/MOVANT

-vs-

\_\_\_\_\_  
 DEFENDANT

NOTICE

THIS CASE DESIGNATION SHEET MUST  
 BE COMPLETED BY COUNSEL FOR  
 PLAINTIFF AND FILED WITH THE  
 CLERK WHEN THE COMPLAINT IS  
 FILED.

CASE DESIGNATION

COMPLAINT FOR:

- (DRA)     (     )     DIVORCE WITH MINOR CHILDREN
- (DRB)     (     )     DIVORCE WITHOUT MINOR CHILDREN
- (DRC)     (     )     DISSOLUTION WITH MINOR CHILDREN
- (DRD)     (     )     DISSOLUTION WITHOUT MINOR CHILDREN
- (DRH)     (     )     CIVIL DOMESTIC VIOLENCE
- (DRI)     (     )     U.R.E.S.A.
- (DRJ)     (     )     PARENTAGE

MOTION FOR:

- (DRE)     (     )     CHANGE OF CUSTODY
- (DRF)     (     )     VISITATION ENFORCEMENT OR MODIFICATION
- (DRG)     (     )     SUPPORT ENFORCEMENT OR MODIFICATION
- (DRK)     (     )     ALL OTHER  
 SPECIFY: \_\_\_\_\_

Form: Complaint for Divorce -no children

IN THE COMMON PLEAS COURT OF OTTAWA COUNTY  
DOMESTIC RELATIONS DIVISION

\_\_\_\_\_  
Your name

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

\_\_\_\_\_  
Your street address

\_\_\_\_\_  
Your city and state

DOB: \_\_\_\_\_

Plaintiff

vs

Judge Bruce Winters

\_\_\_\_\_  
Your spouse's name

Magistrate \_\_\_\_\_

\_\_\_\_\_  
Your spouse's street address

\_\_\_\_\_  
Your spouse's city and state

DOB: \_\_\_\_\_

Defendant

COMPLAINT FOR DIVORCE

This day, the undersigned party, states as follows:

1. Plaintiff and/or Defendant has been a resident of the State of Ohio for six months and of Ottawa County for 90 days immediately before filing this Complaint for Divorce.

2. The parties were married at \_\_\_\_\_ (city and state) on \_\_\_\_\_ (date) and (no children have been born to these parties) or (all children are 18 years of age or older), (cross out one).

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

4. The Defendant is not an active member of the military of the United States of America.

5. Plaintiff says that the grounds for Divorce are as follows:

Check all boxes that apply:

(A)  Defendant had a spouse living at the time of the marriage herein;

(B)  Defendant is guilty of willful absence for over one year;

(C)  Defendant is guilty of adultery;

(D)  Defendant is guilty of extreme cruelty;

(E)  Defendant is guilty of fraudulent contract;

- (F)  Defendant is guilty of gross neglect of duty;
- (G)  Defendant is guilty of habitual drunkenness;
- (H)  Defendant is presently imprisoned in a state/federal correctional institution;
- (I)  Defendant has obtained a divorce outside this state, by virtue of which the Defendant is released from the obligations of the marriage, while such obligations remain binding upon the Plaintiff;
- (J)  Plaintiff and Defendant have, without interruption for one year, lived separate and apart without cohabitation;
- (K)  Plaintiff and Defendant are incompatible, which incompatibility is not denied by either party.

I am asking that the Court grant me a divorce from the Defendant; divide equitably the marital property and debts; divide equitably the household goods and furnishing; determine the costs of this action; appropriately divide these costs and (check the boxes that apply)

- award temporary and permanent spousal support;
- require Defendant to continue to provide health insurance;
- restoration of my name from my present name to \_\_\_\_\_.

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

\_\_\_\_\_  
**Plaintiff**, (signature)

\_\_\_\_\_  
(print name)

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

Praecipe

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

\_\_\_\_\_  
Name Case No \_\_\_\_\_  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State and Zip  
\*\*\*\_\*\*\_  
\_\_\_\_\_  
Social Security Number  
\_\_\_\_\_  
Date of Birth Plaintiff Judge Bruce Winters

vs.

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State and Zip  
\*\*\*\_\*\*\_  
\_\_\_\_\_  
Social Security Number  
\_\_\_\_\_  
Date of Birth Defendant

**PRAECIPE FOR SERVICE**

**WARNING: YOU WILL NOT BE GIVEN A HEARING DATE UNLESS ALL FORMS ARE FILLED OUT COMPLETELY AND ALL ADDRESSES ARE FURNISHED.**

**To the Clerk of Courts:** Please serve a copy of the \_\_\_\_\_ upon  
[example: complaint for divorce/answer]

the following persons: [check the correct line]

\_\_\_\_\_ Plaintiff at the address listed above.

\_\_\_\_\_ Defendant at the address listed above.

\_\_\_\_\_ Legal custodian other than Plaintiff or Defendant.

Name of custodian \_\_\_\_\_

Address \_\_\_\_\_

by: [check the correct line] Note: these costs may be added to the court costs.

\_\_\_\_\_ certified mail

\_\_\_\_\_ personal service (\$100 deposit required at the time of filing. Unused portion will be

credited to case.)

\_\_\_\_\_ other, please specify \_\_\_\_\_

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

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)



**MONTHLY INSTALLMENT PAYMENTS & OTHER DEBTS**

(Do not include any expenses previously listed and include debts such as unpaid medical bills, credit cards, student loans, unpaid taxes, etc.)

TO WHOM PAID	PURPOSE	BALANCE DUE	MONTHLY PAYMENT

**TOTAL MONTHLY INSTALLMENT PAYMENTS** \$ \_\_\_\_\_

**FINANCIAL DISCLOSURE**

**I. SEPARATE PROPERTY (Inheritance, gifts, property owned by either spouse prior to marriage, etc.)**

<u>DESCRIPTION</u>	<u>OWNER (H or W)</u>	<u>DATE ACQUIRED</u>	<u>VALUE</u>

**II. REAL ESTATE**

**Location:** \_\_\_\_\_ **Present Value** \$ \_\_\_\_\_

**Name & Address of Creditor:** \_\_\_\_\_

**Mortgage Balance:** \$ \_\_\_\_\_ **Monthly Payment:** \$ \_\_\_\_\_

**Name & Address of Additional Creditor (2<sup>nd</sup> Mortg. / LOC):** \_\_\_\_\_

**Mortgage Balance:** \$ \_\_\_\_\_ **Monthly Payment:** \$ \_\_\_\_\_

Additional Real Estate:

Location: \_\_\_\_\_ Present Value \_\_\_\_\_ \$

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

Name & Address of Additional Creditor (2<sup>nd</sup> 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