

Domestic Relations and Juvenile Standardized Forms: Dissolution With Children

These forms are available, by clicking on the links below, in an *interactive* PDF format, so they may be completed online and printed. The PDF files also may be downloaded to your computer. It is strongly suggested that you download the **latest version of Acrobat Reader**.

The forms also are available as Word documents, by clicking on the "Word" link beside each form.

The posted forms are formatted so headings and questions are on the same page as the corresponding blanks to be completed and so there is adequate space to complete the forms by hand. Changes to formatting can interfere with these features.

Disclaimer


Please be aware that these forms do not include instructions or legal advice regarding your rights, responsibilities, and legal options.


To be fully informed and get answers to your questions, you should seek the advice of an attorney.

- Form 14 - Petition for Dissolution (**Word** | **PDF**)
- Form 3 - Parenting Proceeding Affidavit (**Word** | **PDF**)
- Form 1 - Affidavit of Income and Expenses (**Word** | **PDF**)
- Form 2 - Affidavit of Property (**Word** | **PDF**)
- Form 4 - Health Insurance Affidavit (**Word** | **PDF**)
- Form 17 - Shared Parenting Plan* **OR**
- Form 18 - Parenting Plan*
- Form 15 - Judgment Entry (**Word** | **PDF**)
(parties may need to provide this if required by the local court)
- Form 16 - Separation Agreement (**Word** | **PDF**)

*Parenting Time Schedule

Check for other local court procedures.

 Word files may be viewed, printed, and searched using the free **Word Viewer**.

 PDF files may be viewed, printed, and searched using the free **Acrobat®** Reader
Acrobat Reader is a trademark of Adobe Systems Incorporated.

WHAT DO YOU NEED TO DO?

The links below identify specific situations. Clicking on the desired link will take you to a list of forms related to these situations.

- » **Divorce Without Children**
- » **Divorce With Children**
- » **Dissolution Without Children**
- » **Dissolution With Children**
- » **Parentage, Allocation of Parental Rights and Responsibilities, and Parenting Time**
- » **Change in Parenting Time**
- » **Change in Allocation of Parental Rights and Responsibilities**
- » **Change in Child Support, Medical Support, Tax Exemption, or Other Child-Related Expenses**
- » **Request the Enforcement of a Court Order and Hold the Other Party in Contempt for Violating the Court Order**

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JOHN C. KLAHN
CLERK OF COURTS
OTTAWA COUNTY, OHIO

2021 AUG -4 A 10:00

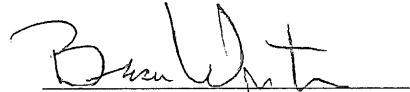
IN THE COMMON PLEAS COURT OF OTTAWA COUNTY, OHIO

In re: REQUIREMENT FOR INITIAL) Judge Bruce Winters
ACTIONS IN DOMESTIC)
RELATIONS PROCEEDINGS) Administrative Order No. *21m:01*

In order to ensure the proper administration of justice and make certain that all pleadings accepted for filing by the Clerk of Courts are complete,

• IT IS HEREBY ORDERED:

The Clerk of Courts shall accept for filing only pleadings that comply with the attached document entitled "Requirement for Initial Actions."



Judge

REQUIREMENTS FOR INITIAL ACTIONS

All listed forms must be included, satisfactorily complete, legible, signed, and notarized, where applicable, in order to be accepted for processing.

A. DIVORCE, ANNULMENT, AND LEGAL SEPARATION ACTIONS:

- Complaint
- Instructions for service of the Complaint and other pleadings
- Affidavit of Basic Information, Income and Expenses
- Affidavit of Property and Debt
- Parenting Proceeding Affidavit (for actions with children)
- Health Insurance Affidavit (for actions with children)
- Motion for Temporary Orders (if applicable)

B. DISSOLUTION OF MARRIAGE ACTIONS:

- Petition for Dissolution of Marriage
- Waiver of Service of Summons
- Affidavit of Basic Information, Income and Expenses
- Affidavit of Property and Debt
- Parenting Proceeding Affidavit (for actions with children)
- Health Insurance Affidavit (for actions with children)
- Separation Agreement
- Shared Parenting Plan or Parenting Plan (for actions with children)
- Judgment Entry – Decree of Dissolution of Marriage

OTTAWA COUNTY COMMON PLEAS COURT CASE DESIGNATION SHEET

Fax: 419-734-6875 email: cpclerksfilings@co.ottawa.oh.us

PLAINTIFF

Case No. _____

-vs-

Date of Filing _____

DEFENDANT

ATTORNEY FOR PLAINTIFF

Civil

- (CVA) () PROFESSIONAL TORT (Medical Malpractice?) Y () N ()
- (CVB) () PRODUCT LIABILITY
- (CVC) () ALL OTHER TORTS
- (CVD) () WORKERS COMPENSATION
- (CVE) () FORECLOSURE
- (CVF) () ADMINISTRATIVE APPEAL
- (CVH) () ALL OTHER CIVIL
- () OHIO MORTGAGE BROKER ACT (revised code chapter 1322)
- () CONSUMER SALES PRACTICES ACT (revised code chapter 1345)
- () SPECIFY: _____
- (CVG) () SHOULD THIS BE DESIGNATED AS "COMPLEX LITIGATION" PURSUANT TO SUPERINTENDENCE RULE 8.01(B)?

IS THIS A REILING? () OR A COMPANION CASE? ()

IS THIS COMPLAINT TO BE SENT TO THE OHIO ATTORNEY GENERAL? () (copy to be provided by attorney)

Domestic

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: _____

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

IN THE COURT OF COMMON PLEAS

Division
COUNTY, OHIO

Name : Case No. _____

Street Address : _____

City, State and Zip Code : Judge _____
Petitioner 1

and : Magistrate _____

Name : _____

Street Address : _____

City, State and Zip Code : _____
Petitioner 2

Instructions: This form is used to request ending the marriage when the parties have agreed on all aspects of the termination, including the division of real estate, personal property, debts, spousal support, and, if there is/are (a) child(ren), allocation of parental rights and responsibilities (custody), parenting time (companionship and visitation) and child support. A Separation Agreement (Uniform Domestic Relations Form 16) and either a Shared Parenting Plan (Uniform Domestic Relations Form 17) or a Parenting Plan (Uniform Domestic Relations Form 18), if applicable, must be filed with this Petition.

**PETITION FOR DISSOLUTION OF MARRIAGE AND
WAIVER OF SERVICE OF SUMMONS WITH CHILDREN WITHOUT CHILDREN**

The Petitioners, _____ (my name) and
_____ (spouse's name), say as follows:

1. _____ (my name) _____ (spouse's name)
 Both parties has/have been (a) resident(s) of the State of Ohio for at least six months.
2. _____ (my name) _____ (spouse's name)
 Both parties has/have been (a) resident(s) of _____ County for at least 90 days immediately before the filing of this Petition.
3. The Petitioners were married to one another on _____ (date of marriage) in

_____ (city or county, and state).

4. Check all that apply:

- There is/are no child(ren) expected from this marriage or relationship.
- There is/are child(ren) expected from this marriage or relationship and the approximate due date is: _____.
- There is/are no child(ren) from this marriage or relationship.
- The Petitioners are parents of _____ (number) child(ren) from this marriage or relationship. Of the child(ren), _____ (number) is/are emancipated adult(s) and not under any disability. The following _____ (number) of child(ren) is/are minor child(ren) and/or mentally or physically disabled and incapable of supporting or maintaining themselves (name and date of birth of each child):

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

I am not the parent of the following child(ren) who was/were born during the marriage (name and date of birth of each child):

My Spouse is not the parent of the following child(ren) who was/were born during the marriage (name and date of birth of each child):

5. The following child(ren) of this marriage or relationship is/are subject to a custody or parenting order in a different Court proceeding (name of each child and the Court that issued the custody or parenting order): _____

6. The Petitioners have entered into a Separation Agreement which is attached.

If Petitioners have (a) minor child(ren) (select one):

- The Petitioners have agreed to a Parenting Plan which is attached.
- The Petitioners have agreed to a Shared Parenting Plan which is attached.

7. The Petitioners further say as follows:

- We are both over 18 years of age.
- We are not under any legal disability.
- We waive all rights to receive summons for the dissolution action through the Clerk of Courts.

We have read this Petition and voluntarily ask this Court to dissolve the marriage.

8. The Petitioner _____ requests to be restored
to the former name of: _____

The Petitioners request the Court for a Decree of Dissolution of their marriage pursuant to the terms of the Separation Agreement and the Shared Parenting Plan or Parenting Plan, if there is/are (a) child(ren).

My Signature

My Spouse's Signature

Telephone number at which the Court may reach
you or at which messages may be left for you

Telephone number at which the Court may reach
you or at which messages may be left for you

**COURT OF COMMON PLEAS
COUNTY, OHIO**

_____ Case No. _____
 Plaintiff/Petitioner 1 Judge _____
 v./and Magistrate _____

 Defendant/Petitioner 2

Instructions: Check local court rules to determine when this form must be filed. This affidavit is used to make complete disclosure of income, expenses and money owed. It is used to determine child and spousal support amounts. Do not leave any category blank. Write "none" where appropriate. 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 INCOME AND EXPENSES

Affidavit of _____
 (Print Your Name)

Date of marriage _____ Date of separation _____

SECTION I - INCOME

	Your Name	Spouse's Name
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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

	Your Name	Spouse's Name
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

	Your Name	Spouse's Name
Base yearly income	\$ _____	\$ _____
Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Disability benefits		
<input type="checkbox"/> Workers' Compensation		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Retirement benefits		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Spousal support received	\$ _____	\$ _____
Interest and dividend income (source)		
_____	\$ _____	\$ _____
Other income (type and source)		
_____	\$ _____	\$ _____
TOTAL YEARLY INCOME	\$ _____	\$ _____
Supplemental Security Income (SSI) or public assistance	\$ _____	\$ _____
Court-ordered child support that you receive for minor and/or dependent child(ren) not of the marriage or relationship	\$ _____	\$ _____

SECTION II – CHILDREN AND HOUSEHOLD RESIDENTS

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

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

In addition to the above children there is/are in your household:

_____ adult(s)
 _____ other minor and/or dependent child(ren).

SECTION III – EXPENSES

List monthly expenses below for your present household.

A. MONTHLY HOUSING EXPENSES

Rent or first mortgage (including taxes and insurance)	\$	_____
Real estate taxes (if not included above)	\$	_____
Real estate/homeowner's insurance (if not included above)	\$	_____
Second mortgage/equity line of credit	\$	_____
Utilities		
o Electric	\$	_____
o Gas, fuel oil, propane	\$	_____
o Water and sewer	\$	_____
o Telephone	\$	_____
o Trash collection	\$	_____
o Cable/satellite television	\$	_____
Cleaning, maintenance, repair	\$	_____
Lawn service, snow removal	\$	_____
Other: _____	\$	_____
	\$	_____
TOTAL MONTHLY :		\$ _____

B. OTHER MONTHLY LIVING EXPENSES

Food		
o Groceries (including food, paper, cleaning products, toiletries, other)	\$	_____
o Restaurant	\$	_____
Transportation		
o Vehicle loans, leases	\$	_____
o Vehicle maintenance (oil, repair, license)	\$	_____
o Gasoline	\$	_____
o Parking, public transportation	\$	_____
Clothing		
o Clothes (other than children's)	\$	_____
o Dry cleaning, laundry	\$	_____
Personal grooming		
o Hair, nail care	\$	_____
o Other _____	\$	_____
Cell phone	\$	_____
Internet (if not included elsewhere)	\$	_____
Other _____	\$	_____
	TOTAL MONTHLY	\$ _____

C. MONTHLY CHILD-RELATED EXPENSES
(for children of the marriage or relationship)

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

D. INSURANCE PREMIUMS

Life	\$	_____
Auto	\$	_____
Health	\$	_____
Disability	\$	_____
Renters/personal property (if not included in part A above)	\$	_____
Other _____	\$	_____
TOTAL MONTHLY		\$ _____

E. MONTHLY EDUCATION EXPENSES

Tuition	\$	_____
o Self	\$	_____
o Child(ren)	\$	_____
Books, fees, other	\$	_____
College loan repayment	\$	_____
Other _____	\$	_____
TOTAL MONTHLY:		\$ _____

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

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

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren)	\$	_____
Child support for children who were not born of this marriage or relationship and were not adopted of this marriage	\$	_____
Spousal support paid to former spouse(s)	\$	_____
Subscriptions, books	\$	_____
Entertainment	\$	_____

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:

COURT OF COMMON PLEAS
 _____ **COUNTY, OHIO**

_____ Case No. _____
 Plaintiff/Petitioner 1 Judge _____
 v./and Magistrate _____

 Respondent/Petitioner 2

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. 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

Affidavit of _____
 (Print Your Name)

I. REAL ESTATE INTERESTS

	<u>Address</u>	<u>Present Fair Market Value</u>	<u>Titled To</u>	<u>Mortgage Balance</u>	<u>Equity (as of date)</u>
1.	_____	\$ _____	<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both	\$ _____	\$ _____
2.	_____	\$ _____	<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both	\$ _____	\$ _____
TOTAL SECTION I: REAL ESTATE INTERESTS					\$ _____

II. OTHER ASSETS

<u>Category</u>	<u>Description</u> (List who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
A. Vehicles and Other Certificate of Title Property	(Include model and year of automobiles, trucks, motorcycles, boats, motors, motor homes, etc.)		
1.		<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> _____ Both	\$ _____ _____ _____
2.		<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> _____ Both	\$ _____ _____ _____
3.		<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> _____ Both	\$ _____ _____ _____
4.		<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> _____ Both	\$ _____ _____ _____
5.		<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> _____ Both	\$ _____ _____ _____
6.		<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> _____ Both	\$ _____ _____ _____
B. Financial Accounts	(Include checking, savings, CDs, POD accounts, money market accounts, etc.)		
1.		<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> _____ Both	\$ _____ _____ _____
2.		<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> _____ Both	\$ _____ _____ _____
3.		<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> _____ Both	\$ _____ _____ _____
4.		<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> _____ Both	\$ _____ _____ _____

<u>Category</u>	<u>Description</u> (List who has possession) (Include profit-sharing, IRAs, 401k plans, etc.; Describe each type of plan)	<u>Titled To</u>	<u>Value/Date of Value</u>
-----------------	---	------------------	----------------------------

C. Pensions & Retirement plans

1.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
2.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
3.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
4.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____

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

1.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
2.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
3.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
4.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____

<u>Category</u>	<u>Description</u> (List who has possession) (Type of ownership and number)	<u>Titled To</u>	<u>Value/Date of Value</u>
-----------------	---	------------------	----------------------------

E. Closely Held Stocks & Other Business Interests and Name of Company

1.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
2.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____

F. Life Insurance Type
(Term/Whole Life)

(Any cash value or loans)

(Insured party & value upon death)

1.	<hr/> <hr/>	<hr/> <hr/>	<input type="checkbox"/>	<hr/> Your Name	\$	<hr/> <hr/>
			<input type="checkbox"/>	<hr/> Spouse's Name		
			<input type="checkbox"/>	<hr/> Both		
			<input type="checkbox"/>	<hr/> Your Name	\$	<hr/> <hr/>
			<input type="checkbox"/>	<hr/> Spouse's Name		
			<input type="checkbox"/>	<hr/> Both		
			<input type="checkbox"/>	<hr/> Your Name	\$	<hr/> <hr/>
			<input type="checkbox"/>	<hr/> Spouse's Name		
			<input type="checkbox"/>	<hr/> Both		
			<input type="checkbox"/>	<hr/> Your Name	\$	<hr/> <hr/>
			<input type="checkbox"/>	<hr/> Spouse's Name		
			<input type="checkbox"/>	<hr/> Both		

Category

Description

Who Has Possession

Value/Date of Value

G. Furniture & Appliances

(Estimate value of those in your possession and value of those in your spouse's possession)

1.	<hr/> <hr/>	<hr/> <hr/>	<input type="checkbox"/>	<hr/> Your Name	\$	<hr/> <hr/>
			<input type="checkbox"/>	<hr/> Spouse's Name		
			<input type="checkbox"/>	<hr/> Both		
			<input type="checkbox"/>	<hr/> Your Name	\$	<hr/> <hr/>
			<input type="checkbox"/>	<hr/> Spouse's Name		
			<input type="checkbox"/>	<hr/> Both		
			<input type="checkbox"/>	<hr/> Your Name	\$	<hr/> <hr/>
			<input type="checkbox"/>	<hr/> Spouse's Name		
			<input type="checkbox"/>	<hr/> Both		
			<input type="checkbox"/>	<hr/> Your Name	\$	<hr/> <hr/>
			<input type="checkbox"/>	<hr/> Spouse's Name		
			<input type="checkbox"/>	<hr/> Both		

H. Safe Deposit Box

(Give location and describe contents)

Titled To

1.	<hr/> <hr/>	<hr/> <hr/>	<input type="checkbox"/>	<hr/> Your Name	\$	<hr/> <hr/>
			<input type="checkbox"/>	<hr/> Spouse's Name		
			<input type="checkbox"/>	<hr/> Both		
			<input type="checkbox"/>	<hr/> Your Name	\$	<hr/> <hr/>
			<input type="checkbox"/>	<hr/> Spouse's Name		
			<input type="checkbox"/>	<hr/> Both		

I. Transfer of Assets

Explanation: List the name and address of any person (other than creditors listed on your Affidavit) who has received money or property from you exceeding \$300 in value in the past 12

months and the reason for each transfer.

1.		<input type="checkbox"/>	Your Name	\$	
		<input type="checkbox"/>	Spouse's Name		
		<input type="checkbox"/>	Both		
		<input type="checkbox"/>	Your Name	\$	
		<input type="checkbox"/>	Spouse's Name		
		<input type="checkbox"/>	Both		
2.		<input type="checkbox"/>	Your Name	\$	
		<input type="checkbox"/>	Spouse's Name		
		<input type="checkbox"/>	Both		
3.		<input type="checkbox"/>	Your Name	\$	
		<input type="checkbox"/>	Spouse's Name		
		<input type="checkbox"/>	Both		
		<input type="checkbox"/>	Your Name	\$	
		<input type="checkbox"/>	Spouse's Name		
		<input type="checkbox"/>	Both		
4.		<input type="checkbox"/>	Your Name	\$	
		<input type="checkbox"/>	Spouse's Name		
		<input type="checkbox"/>	Both		

Category

Description

Titled To

Value/Date of Value

(Also list who has possession)

J. All Other Assets Not Listed Above

Explanation: List any item you have not listed above that is considered an asset.

1.		<input type="checkbox"/>	Your Name	\$	
		<input type="checkbox"/>	Spouse's Name		
		<input type="checkbox"/>	Both		
		<input type="checkbox"/>	Your Name	\$	
		<input type="checkbox"/>	Spouse's Name		
		<input type="checkbox"/>	Both		
2.		<input type="checkbox"/>	Your Name	\$	
		<input type="checkbox"/>	Spouse's Name		
		<input type="checkbox"/>	Both		

TOTAL SECTION II: OTHER ASSETS \$ _____

III. SEPARATE PROPERTY CLAIMS: Pre-marital assets, gifts to one spouse only, inheritances

If you are making any claims in any of the categories below, explain the nature and amount of your claim. **This includes, but is not limited to, inheritances, property owned before marriage, and any pre-marital agreements.**

	<u>Category</u> (Pre-marital Gift, Inheritance, etc., acquired after separation)	<u>Description</u>	<u>Why do you claim this as a separate property?</u>	<u>Present Fair Market Value</u>
1.				\$ _____
2.				\$ _____
3.				\$ _____
4.				\$ _____
5.				\$ _____

TOTAL SECTION III: SEPARATE PROPERTY CLAIMS \$ _____

IV. DEBT

List ALL OF YOUR DEBTS, the debts of your spouse, 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.**

<u>Type</u>	<u>Name of Creditor/Purpose of Debt</u>	<u>Account Name</u>	<u>Name(s) on Account</u>	<u>Total Debt Due</u>	<u>Monthly Payment</u>
A. Secured Debt (Mortgages, Car, etc.)					
1.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
2.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
3.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
4.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
5.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$

B. Unsecured Debt, including credit cards					
1.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
2.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
3.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
4.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$

Spouse's Name
 Joint

Your Name
 Spouse's Name
 Joint

\$ _____ \$ _____

5.

TOTAL SECTION IV: DEBT \$ _____

V. BANKRUPTCY

Filed by:

- _____
Your Name
- _____
Spouse's Name
- Both

Date of Filing:
Case Number

Date of Discharge
or Relief from Stay

Type of Case
(Ch. 7, 11, 12, 13)

Current Monthly
Payments

1. _____
Your Name

Spouse's Name

Both

\$ _____

2. _____
Your Name

Spouse's Name

Both

\$ _____

TOTAL SECTION V: BANKRUPTCY \$ _____

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: _____

COURT OF COMMON PLEAS

COUNTY, OHIO

Plaintiff/Petitioner

Case No.

Judge

v./and

Magistrate

Defendant/Petitioner/Respondent

Instructions: Check local court rules to determine when this form must be filed. 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 Dissolutions, Divorces and Domestic Violence Petitions. 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 Your Name)

Check and complete ALL THAT APPLY:

- 1. I request that the court not disclose my current address or that of the child(ren). My address is confidential pursuant to R.C. 3127.23(D) and should be placed under seal to protect the health, safety, or liberty of myself and/or the child(ren).
2. Minor child(ren) are subject to this case as follows:

Insert the information requested below for all minor or dependent children of this marriage. 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: Male Female

Period of Residence

Check if Confidential

Person(s) With Whom Child Lived (name & address)

Relationship

to present

Address Confidential?

to

Address Confidential?

to

Address Confidential?

to

Address Confidential?

b. Child's Name:

Place of Birth:

Date of Birth:

Sex: Male Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

Period of Residence		Check if Confidential	Person(s) With Whom Child Lived (name & address)	Relationship
_____	to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____

c. Child's Name:

Place of Birth:

Date of Birth:

Sex: Male Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

Period of Residence		Check if Confidential	Person(s) With Whom Child Lived (name & address)	Relationship
_____	to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CHILDREN, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

3. 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. For each case in which you participated, give the following information:

- a. Name of each child: _____
- b. Type of case: _____
- c. Court and State: _____
- d. Date and court order or judgment (if any): _____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CUSTODY CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

4. **Information about other civil case(s) that could affect this case: (Check only one box.)**

I HAVE NO INFORMATION about any other civil 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 other civil 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. Do not repeat cases already listed in Paragraph 3. Explain:

- a. Name of each child: _____
- b. Type of case: _____
- c. Court and State: _____
- d. Date and court order or judgment (if any): _____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

5. **Information about criminal case(s):**

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.

<u>Name</u>	<u>Case Number</u>	<u>Court/State/County</u>	<u>Convicted of What Crime?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

6. **Persons not a party to this case who has physical custody or claims to have custody or visitation rights to children subject to this case: (Check only one box.)**

I DO NOT KNOW OF ANY PERSON(S) not a party to this case who has/have physical custody or claim(s) 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

Name of each child:

Claims custody rights

Claims visitation rights

b. Name/Address of Person

Has physical custody

Name of each child:

Claims custody rights

Claims visitation rights

c. Name/Address of Person

Has physical custody

Name of each child:

Claims custody rights

Claims visitation rights

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: _____

COURT OF COMMON PLEAS
_____ COUNTY, OHIO

Plaintiff/Petitioner 1

v./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. It is also used to determine child support. It must be filed if there are minor children of the relationship. **If more space is needed, add additional pages.**

HEALTH INSURANCE AFFIDAVIT

Affidavit of _____

(Print Your Name)

_____ Your Name

_____ Spouse's Name

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

_____ Your Name _____ Spouse's Name

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: _____

IN THE COURT OF COMMON PLEAS

Division

COUNTY, OHIO

IN THE MATTER OF:

A Minor

Plaintiff/Petitioner 1

Case No.

Street Address

Judge

City, State and Zip Code

vs./and

Magistrate

Defendant/Petitioner 2

Street Address

City, State and Zip Code

Instructions: The Parenting Time Schedule must be attached to this Plan. Parents are urged to consult the Planning for Parenting Time Guide: Ohio's Guide for Parents Living Apart available at http://www.supremecourt.ohio.gov/Publications/JCS/parentingGuide.pdf.

PARENTING PLAN

We, the parents, _____, " (name) Plaintiff/Petitioner 1", and _____, " (other parent's name) Defendant/Petitioner 2", have _____ (number) child(ren) from the marriage or relationship. Of the child(ren), _____ (number) is/are emancipated adult(s) and not under any disability, and the following _____ (number) child(ren) are minor child(ren) and/or mentally or physically disabled child(ren) incapable of supporting or maintaining themselves (name and date of birth of each child):

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

FIRST: PARENTS' RIGHTS

We, the parents, shall have, unless limited:

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

SECOND: ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES

A. General Responsibilities

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

B. Medical Responsibilities

The parents shall notify the other parent promptly if a child experiences a serious injury, has a serious or chronic illness, or receives treatment in an emergency room or hospital. The notification shall include the emergency, the child's status, locale, and any other pertinent information as soon as practical, but in any event within 24 hours:

The parents shall consult with each other about the minor child(ren)'s medical care needs and the residential parent shall immediately notify the other parent about all major non-emergency medical decisions before authorizing a course of treatment. Parents have a right to know the necessity for treatment, proposed cost, and proposed payment schedule. Each parent may also secure an independent evaluation at the parent's expense to determine the necessity for treatment. If the parties cannot agree regarding a course of treatment, the residential parent's decision shall control. The parents shall provide the other with the names and telephone numbers of all health care providers for the child(ren).

C. Residential Parent and Legal Custodian

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

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

D. Parenting Time Schedule

Unless otherwise agreed, the parents shall have parenting time with the child(ren) according to the attached Parenting Time Schedule that shows the times that the child(ren) shall be with each parent on weekdays, weekends, holidays, and vacation times.

(The Parenting Time Schedule must be attached to this Plan.)

E. Transportation (select one):

Each parent shall be responsible for providing transportation for the child(ren) at the beginning of the parent's parenting period. Each parent shall be responsible for providing transportation for the child(ren) to and from school and activities during the parent's parenting period.

We agree to the following arrangements for providing transportation for our child(ren) at the beginning, during, or end of a parenting period: _____

F. Current Address and Telephone Number

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

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

G. Relocation Notice

Pursuant to section 3109.051(G) of the Revised Code:

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 divisions (G)(2), (3), and (4) of section 3109.051 of the Revised Code, 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 interests of the child(ren) to revise the parenting time schedule for the child(ren).

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

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

H. Records Access Notice

Pursuant to sections 3109.051(H) and 3319.321(B)(5)(a) of the Revised Code:

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

Restrictions or limitations:

None

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

I. Day Care Access Notice

Pursuant to section 3109.051(I) of the Revised Code:

In accordance with section 5104.11 of the Revised Code, the parent who is not the residential parent is entitled to 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.

Restrictions or limitations:

None

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

J. School Activities Access Notice

Pursuant to section 3109.051(J) of the Revised Code:

Subject to section 3319.321(F), the parent who is not the residential parent is entitled to access to any student activity that is related to the child(ren) and to which the residential parent is legally provided access, under the same terms and conditions as the residential parent. Any school employee or official who knowingly fails to comply with this school activities access order is in contempt of court.

Restrictions or limitations:

None

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

THIRD: HEALTH INSURANCE COVERAGE

As required by law, the parties have completed a Child Support Worksheet, which is attached to and incorporated in this Agreement.

Select one:

A. Health Insurance Coverage Available to at Least One Parent

1. Private health insurance coverage is accessible and reasonable in cost through a group policy, contract, or plan to: Plaintiff/Petitioner 1 Defendant/Petitioner 2 Both parents.
 Plaintiff/Petitioner 1 Defendant/Petitioner 2 Both parents shall provide private health insurance coverage for the benefit of the child(ren).
2. If both parents are ordered to provide private health insurance coverage for the benefit of the child(ren), Plaintiff's/Petitioner 1's Defendant's/Petitioner 2's health insurance plan shall be considered the primary health insurance plan for the child(ren).
3. The parent required to provide private health insurance coverage shall provide proof of insurance to the _____ County Child Support Enforcement Agency (CSEA) and the other parent.
4. Both parents shall cooperate in the preparation of insurance forms to obtain reimbursement or payment of expenses, as applicable. A copy of medical bills must be submitted to the party holding the insurance and responsible for payment or the other parent within 30 days of receipt.
5. Should the health insurance coverage be cancelled for any reason, the parent ordered to maintain insurance shall immediately notify the other parent and take immediate steps to obtain replacement coverage. Unless the cancellation was intentional, the uncovered expenses shall be paid as provided above. If the cancellation was intentionally caused by the parent ordered to maintain insurance coverage, that parent shall be responsible for all medical expenses that would have been covered had the insurance been in effect.

B. Health Insurance Coverage Unavailable to Either Parent

1. Private health insurance coverage is **not** accessible and reasonable in cost through a group policy, contract, or plan to either parent.
2. If private health insurance coverage becomes available to either parent at reasonable cost, the parent will immediately obtain the insurance, notify the other parent and the _____ County CSEA, and submit to the other parent proof of insurance, insurance forms, and an insurance card. The CSEA shall determine whether the cost of the insurance is of sufficient amount to justify an administrative review of the amount of child support payable. In the event an administrative review is warranted, one shall be conducted.

C. Division of Uninsured Expenses

1. The cost of any uninsured medical expenses, incurred by or on the behalf of the child(ren) not paid by a health insurance plan, and exceeding \$100 per child per year, including co-payments and deductibles, shall be paid by the parents as follows:

_____ % by Plaintiff/Petitioner 1 _____ % by Defendant/Petitioner 2.

The first \$100 per child per year of uninsured expenses shall be paid by the residential parent.

Other orders regarding payment of uninsured medical expenses: _____

2. The parent incurring the expenses shall provide the other parent the original or copies of all medical bills, and Explanation of Benefits (EOB), if available, within 30 days of the date on the bill or EOB, whichever is later, absent extraordinary circumstances. The other parent shall, within 30 days of receipt of the bill, reimburse the parent incurring the expenses or pay directly to the health care provider that parent's percentage share of the bill as shown above.

D. Other Important Information about Medical Records and Expenses

1. Each party shall have access to all medical records of the child(ren) as provided by law.
2. The term "medical expense" or "medical records" shall include but not be limited to medical, dental, orthodontic, optical, surgical, hospital, major medical, psychological, psychiatric, outpatient, doctor, therapy, counseling, prosthetic, and/or all other expenses/records including preventative health care expenses/records related to the treatment of the human body and mind.

FOURTH: CHILD SUPPORT

As required by law, the parties have completed a Child Support Worksheet, which is attached to and incorporated in this Agreement.

A. Child Support with Private Health Insurance Coverage
When private health insurance coverage is being provided for the child(ren), Plaintiff/Petitioner 1
 Defendant/Petitioner 2, the Obligor, shall pay child support in the amount of \$ _____
per child per month, for _____ (number) of child(ren) for a total \$ _____
per month.

B. Child Support without Private Health Insurance Coverage
When private health insurance coverage is **not** available for the child(ren), Plaintiff/Petitioner 1
 Defendant/Petitioner 2, the Obligor, shall pay child support in the amount of \$ _____
per child per month and \$ _____ per child per month as cash medical support. The
total child support and cash medical support for _____ (number) of child(ren) is
\$ _____ per month.

C. Child Support Payment
Child support payment (including cash medical support, if any) plus a 2% processing charge shall
commence on _____ and shall be paid to the Ohio Child Support Payment Center,
P. O. Box 182372, Columbus, Ohio 43218-2372, as administered through the _____
County Child Support Enforcement Agency (CSEA) by income withholding at Obligor's place of
employment or from nonexempt funds on deposit at a financial institution.

D. Deviation of Child Support Amount
The child support amount agreed upon is different than the amount calculated on the attached
Child Support Worksheet, because the amount calculated on the Worksheet would be unjust or
inappropriate and would not be in the best interests of the child(ren) for the following reason(s) as
provided in R.C. 3119.22, 3119.23, and 3119.24 and shall be adjusted as follows: _____

Special and unusual needs of the child(ren) as follows: _____

Extraordinary obligations for minor child(ren) or obligations for handicapped child(ren) who is/are
not stepchild(ren) and who are not offspring from the marriage or relationship that is the basis of the
immediate child support determination as follows: _____

Other court-ordered payments as follows: _____

The Obligor obtained additional employment after a child support order was issued to support
a second family as follows: _____

Extended parenting time or extraordinary costs associated with parenting time, provided that this division does not authorize and shall not be construed as authorizing any deviation from the schedule and the applicable worksheet, through the line establishing the actual annual obligation, or any escrowing, impoundment, or withholding of child support because of a denial of or interference with a right of parenting time granted by court order as follows: _____

The financial resources and the earning ability of the child(ren) as follows: _____

Disparity in income between parents or households as follows: _____

Benefits that either parent receives from remarriage or sharing living expenses with another person as follows: _____

The amount of federal, state, and local taxes actually paid or estimated to be paid by a parent or both of the parents as follows: _____

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

The relative financial resources, other assets and resources, and needs of each parent as follows: _____

The 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 as follows: _____

The physical and emotional condition and needs of the child(ren) as follows: _____

The need and capacity of the child(ren) for an education and the educational opportunities that would have been available to the child(ren) had the circumstances requiring a court order for support not arisen as follows: _____

The responsibility of each parent for the support of others as follows: _____

Any other relevant factor: _____

E. Duration of Child Support.

The child support order will terminate upon the child's 18th birthday unless one of the following circumstances applies:

- The child is mentally or physically disabled and incapable of supporting or maintaining himself or herself.
- The parents have agreed to continue child support beyond the date it would otherwise terminate as set out below.
- 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 19 years old. (Under these circumstances, child support will end at the time the child ceases to attend a recognized and accredited high school on a full-time basis or when he or she reaches the age of 19, whichever occurs first.)

This Support Order will remain in effect during seasonal vacation periods until the order terminates.

The parents agree that child support will extend beyond when it would otherwise end. The terms and conditions of that agreement are as follows: _____

The parents have (a) child(ren) who is/are mentally or physically disabled and incapable of supporting or maintaining themselves. The name of the child and the nature of the mental or physical disability are as follows: _____

F. Important Child Support Orders and Information.

Obligee must immediately notify and Obligor may notify the CSEA of any reason for which the support order should terminate. A willful failure to notify the CSEA as required is contempt of court. The following are reasons for termination of the Order:

- Child's attainment of the age of majority if the child no longer attends an accredited high school on a full-time basis and the support order does not provide for the duty of support to continue past the age of majority

- Child stops attending an accredited high school on a full-time basis after attaining the age of majority
- Child's death
- Child's marriage
- Child's emancipation
- Child's enlistment in the Armed Services
- Child's deportation
- Change of legal custody of the child

All support payments must be made through the CSEA or the office of child support in the Ohio Department of Job and Family Services (Child Support Payment Central). Any payment of money not made through the CSEA will be presumed to be a gift, unless the payment is made to discharge an obligation other than support.

All support under this Order shall be withheld or deducted from the income or assets of the Obligor pursuant to a withholding or deduction notice or appropriate order issued in accordance with Chapters 3119., 3121., 3123., and 3125. of the Revised Code or a withdrawal directive issued pursuant to sections 3123.24 to 3123.38 of the Revised Code and shall be forwarded to the Obligee in accordance with Chapters 3119., 3121., 3123., and 3125. of the Revised Code.

The Obligor and/or Obligee required under this Order to provide private health insurance coverage for the child(ren) is also required to provide the other party within 30 days after the issuance of the Order, the following:

- Information regarding the benefits, limitations, and exclusions of the health insurance coverage
- Copies of any insurance form necessary to receive reimbursement, payment, or other benefits under the coverage
- A copy of any necessary health insurance cards

The Health Plan Administrator that provides the private health insurance coverage for the child(ren) may continue making payment for medical, optical, hospital, dental, or prescription services directly to any health care provider in accordance with the applicable private health insurance policy, contract, or plan.

The Obligor and/or Obligee required to provide private health insurance for the child(ren) must designate said child(ren) as dependents under any private health insurance policy, contract, or plan for which the person contracts.

The employer of the person required to provide private health insurance coverage is required to release to the other parent, any person subject to an order issued under section 3109.19 of the Revised Code, or the CSEA, upon written request, any necessary information regarding health insurance coverage, including the name and address of the health plan administrator and any policy, contract, or plan number, and the employer will otherwise comply with all orders and notices issued.

If the person required to obtain private health insurance coverage for the child(ren) subject to this Support Order obtains new employment, the agency shall comply with the requirements of section 3119.34 of the Revised Code, which may result in the issuance of a notice requiring the new employer to take whatever action is necessary to enroll the child(ren) in private health insurance coverage provided by the new employer.

Upon receipt of notice by the CSEA that private health insurance coverage is not available at a reasonable cost, cash medical support shall be paid in the amount as determined by the child support computation worksheets in section 3119.022 or 3119.023 of the Revised Code, as applicable. The CSEA may change the financial obligations of the parties to pay child support in accordance with the terms of the court or administrative order and cash medical support without a hearing or additional notice to the parties.

An Obligor that is in arrears in the Obligor's child support obligation is subject to having any federal, state and/or local income tax refund to which the Obligor may be entitled forwarded to the CSEA for payment toward these arrears. Such refunds will continue to be forwarded to the CSEA for payment until all arrears owed are paid in full. If the Obligor is married and files a joint tax return, the Obligor's spouse may contact the CSEA about filing an "Injured Spouse" claim after the Obligor is notified by the Internal Revenue Service that the Obligor's refund is being forwarded to the CSEA.

Pursuant to section 3121.29 of the Revised Code, the parties are notified as follows:

EACH PARTY TO THIS SUPPORT ORDER MUST NOTIFY THE CHILD SUPPORT 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. IF YOU ARE THE OBLIGOR UNDER A CHILD SUPPORT ORDER AND YOU FAIL TO MAKE THE REQUIRED NOTIFICATIONS, YOU MAY BE FINED UP TO \$50.00 FOR A FIRST OFFENSE, \$100.00 FOR A SECOND OFFENSE, AND \$500.00 FOR EACH SUBSEQUENT OFFENSE. IF YOU ARE AN OBLIGOR OR OBLIGEE UNDER ANY SUPPORT ORDER AND YOU WILLFULLY FAIL TO MAKE THE REQUIRED NOTIFICATIONS YOU MAY BE SUBJECTED TO FINES OF UP TO \$1,000.00 AND IMPRISONMENT FOR NOT MORE THAN 90 DAYS.

IF YOU ARE AN OBLIGOR AND YOU FAIL TO MAKE THE REQUIRED NOTIFICATIONS, 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 RESTRICTIONS AND DEDUCTIONS FROM YOUR ACCOUNTS IN FINANCIAL INSTITUTIONS; AND ANY OTHER ACTION PERMITTED BY LAW TO OBTAIN MONEY FROM YOU AND TO SATISFY YOUR SUPPORT OBLIGATION.

- G. Payment shall be made in accordance with Chapter 3121. of the Revised Code.
- H. Arrearage

- Any temporary child support arrearage will survive this judgment entry.
- Any temporary child support arrearage will not survive this judgment entry.
- Other: _____

FIFTH: TAX EXEMPTIONS

Income tax dependency exemptions (check all that apply):

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

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

- B. Other orders regarding tax exemptions (specify): _____

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

SIXTH: MODIFICATION

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

SEVENTH: OTHER

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

Signature (Plaintiff/Petitioner 1)

Date

Signature (Defendant/Petitioner 2)

Date

**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: _____

IN THE COURT OF COMMON PLEAS

Division

COUNTY, OHIO

Plaintiff/Petitioner 1

Case No.

Street Address

Judge

City, State and Zip Code

and

Magistrate

Plaintiff/Petitioner 2

Street Address

City, State and Zip Code

Instructions: This form is used to present an agreement to the Court regarding spousal support, the division of personal property, real estate, and debts resulting from the termination of marriage. If the parties have any minor child(ren), child(ren) with disabilities, or you or the Spouse are/is pregnant, a Shared Parenting Plan (Uniform Domestic Relations Form 17) or Parenting Plan (Uniform Domestic Relations Form 18) must be attached.

SEPARATION AGREEMENT

The parties, _____, (name), and _____, (Spouse's name), state the following.

- 1. The parties were married to one another on _____ (date of marriage) in _____ (city or county, and state), and request that the termination of marriage be the date [] of final hearing or [] as specified: _____
2. The parties intend to live separate and apart.
3. Each party has made full and complete disclosure to the other of all marital property, separate property, and any other assets, debts, income, and expenses.
4. Neither party has knowledge of any other property and debts of any kind in which either party has an interest.

5. Each party has had the opportunity to value and verify all marital property, separate property, and debts.
6. A party's willful failure to disclose may result in the Court awarding the other party three times the value of the property, assets, income, or expenses that were not disclosed by the other party.
7. This Agreement addresses spousal support, property, and debt division.
8. This written Agreement is the complete agreement of the parties.
9. There are no other representations, agreements, statements, or prior writings that shall have any effect on this Agreement.
10. Each party fully understands the Agreement and has knowingly and voluntarily signed the Agreement.
11. No change to the terms of this Agreement shall be valid unless in writing and knowingly and voluntarily signed by both parties.

The parties agree as follows:

FIRST: SEPARATION

The parties shall live separate and apart. Neither party shall interfere with the activities, personal life, or privacy of the other; harass the other, nor engage in any conduct calculated to restrain, embarrass, injure, or hinder the other in any way.

SECOND: PROPERTY

Marital property as defined in R.C. 3105.171 is property owned by either or both spouses and property in which either spouse has an interest in the property. Separate property as defined in R.C. 3105.171 is real or personal property that was inherited, acquired by one spouse prior to the date of marriage, acquired after a decree of legal separation under R.C. 3107.17, excluded by a valid antenuptial agreement, compensation for personal injury, except for loss of marital earnings and compensation for expenses paid from marital assets, or any gift of property that was given to only one spouse. If separate property is involved, the owner should consider consulting an attorney. The party not receiving the separate property waives all interest in the property.

A. Real Estate (select one):

Real estate includes lands, mortgaged properties, buildings, fixtures attached to buildings, attached structures (for example, garage, in-ground pool), condominiums, time shares, mobile homes, natural condition stakes (for example, gas, oil, mineral rights, existing soil, including trees and landscape), and inheritance rights in real estate. The property's legal description is on the deed or mortgage papers.

1. The parties do not own any real estate.

2. Marital Real Estate

The parties owned real estate in one or both of their names and agree to award it as follows. A legal description of the property must be attached. (Attach a copy of the property's deed or mortgage papers.)

Location of Property	Awarded to
_____	_____
_____	_____
_____	_____

3. Each party shall pay and hold the other harmless from any debt owing on real estate the party receives unless otherwise stated in this Agreement.

4. Other debt payment arrangements, including refinancing: _____

If the real estate is not in the name of the party to whom it is awarded, the parties shall make arrangements to transfer the property to the proper party as soon as possible.

B. Titled Vehicles (select one):

Titled vehicles include boats, trailers, automobiles, motorcycles, trucks, mobile homes, golf carts, motor scooters, sport utility vehicles (SUV), recreational vehicles (RV), all purpose vehicles (APV). Provide vehicle model, make, year, and serial number for all titled vehicle(s) that will be transferred.

- 1. The parties do not own any titled vehicle(s) in either party's name.
- 2. The titled vehicle(s) has/have already been divided or transferred, including all rights, title and interest in the vehicle(s) and is/are in the possession of the proper party. The parties are satisfied with the division.

3. The parties own titled vehicle(s) which has/have not been divided or transferred.
_____ (name) shall receive the following vehicle(s), free and clear of any claims from the _____ (Spouse's name): _____

and _____ (Spouse's name) shall receive the following vehicle(s), free and clear of any claims of the _____ (name): _____

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

5. Other debt payment arrangements regarding titled vehicle(s): _____

If the vehicle's title is not in the name of the party to whom the vehicle is awarded, the current title holder shall transfer that title to the proper party as soon as the title is available for transfer. If title cannot be transferred immediately to the party to whom the vehicle is awarded, the party holding the title shall make the following arrangements to obtain and pay for license plates, registration, and insurance: _____

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

Household goods and personal property include appliances, tools, air conditioner window units, doghouses, lawn mowers, riding lawn mowers, above ground pools, safety deposit boxes, jewelry, furniture, refrigerators, silverware, collections, china, and books.

1. The household goods and personal property are already divided and in the possession of the proper party. The parties are satisfied with the division.

2. The parties have household goods and personal property which have not been divided.

_____ (name) shall have the following: _____

and _____ Spouse's name) shall have the following: _____

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

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

5. Other debt arrangements regarding household goods and personal property: _____

The parties shall make arrangements to transfer possession of the household goods and personal property to the proper party as soon as possible.

D. Financial Accounts (select one):

Financial accounts include checking, savings, certificates of deposit, money market accounts, medical or health savings accounts, education or college saving plans (for example, 529 Plan) and trusts.

1. The parties do not have any financial accounts.
2. The parties have financial accounts and agree the accounts are already divided and in the name of the proper party. The parties are satisfied with the division.
3. The parties have financial accounts which are not divided.

_____ (name) shall receive the following:

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

and _____ (Spouse's name) shall receive the following:

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

4. Each party shall pay for and hold the other harmless from any debt owing on the financial accounts the party receives unless otherwise stated in this Agreement.
5. Other arrangements regarding financial accounts: _____

The parties shall make arrangements to transfer the financial accounts to the proper party as soon as possible.

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

1. The parties do not have any stocks, bonds, securities, or mutual funds.
2. One or both parties has/have stocks, bonds, securities, or mutual funds which are already divided and in the name of the proper party. The parties are satisfied with the division.
3. One or both parties has/have stocks, bonds, securities, or mutual funds which are not divided.

_____ (name) shall receive the following:

Institution	Current Name(s) on Account	Number of Shares
_____	_____	_____
_____	_____	_____
_____	_____	_____

and _____ (Spouse's name) shall receive the following:

Institution	Current Name(s) on Account	Number of Shares
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Each party shall pay for and hold the other harmless from any debt owing on the stocks, bonds, securities, or mutual funds the party receives unless otherwise stated in this Agreement.
5. Other arrangements regarding the stocks, bonds, securities, or mutual funds:

The parties shall make arrangements to sell or transfer the stocks, bonds, securities, or mutual funds to the proper party as soon as possible.

F. Business Interests (select one):

1. The parties do not have any business interests.
2. One or both parties has/have business interests and which are already divided and in the name of the proper party. The parties are satisfied with the division.

3. One or both parties has/have business interests which have not been divided.
 _____ (name) shall receive the following:

Name of Business	Ownership Interest
_____	_____
_____	_____

and _____ (Spouse's name) shall receive the following:

Name of Business	Ownership Interest
_____	_____
_____	_____
_____	_____

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

5. Other arrangements regarding business interests: _____

The parties shall make arrangements to transfer the business interests to the proper party as soon as possible.

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

1. The parties do not have any pension, profit sharing, IRA, 401(k), or other retirement plans.

2. The pension(s), profit sharing, IRA, 401(k), or other retirement plans are already divided and in the proper party's name. The parties are satisfied with the division.

3. The parties have pension(s), profit sharing, IRA, 401(k), or other retirement plans which have not been divided.

_____ (name) shall receive the following:

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

and _____ (Spouse's name) shall receive the following:

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

4. Each party shall pay for and hold the other harmless from any debt owing on the pension(s), profit sharing, IRA, 401(k), or other retirement plans received unless otherwise stated in this Agreement.

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

The parties shall make arrangements to transfer interest in the pension(s), profit sharing, IRA, 401(k), or other retirement plans to the proper party as soon as possible.

A Qualified Domestic Relations Order (QDRO) or Division of Property Order (DOPO) may be necessary to divide some of these assets. If so, the QDRO and DOPO will be prepared by:

and submitted to the Court within 90 days after the final hearing. Expenses of preparation shall be paid as follows: _____

The Court retains jurisdiction to interpret and enforce the terms of the documents of transfer.

H. Life Insurance Policies (select one):

1. The parties do not have any life insurance policy(ies) with a cash value.
2. The parties have life insurance policy(ies) and agree the cash value of all life insurance policy(ies) has/have already been divided. The parties are satisfied with the division.
3. The parties' life insurance policy(ies) has/have not been divided.
 _____ (name) shall receive the following policy(ies), free and clear of any claims of the _____ (Spouse's name):

and _____ (Spouse's name) shall receive the following

policy(ies), free and clear of any claims of the _____ (name):

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

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

The parties shall make arrangements to transfer interest in the life insurance policy(ies) to the proper party as soon as possible.

1. Other Property (select one):

1. The parties do not have any other property.

2. The property shall be awarded as follows:

Description of Property

To Be Kept By

(name)

(Spouse's name)

(Other)

(name)

(Spouse's name)

(Other)

(name)

(Spouse's name)

(Other)

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

4. Other arrangements regarding the property above: _____

The parties shall make arrangements to transfer interest in the property listed above to the proper party as soon as possible.

THIRD: DEBTS (select one):

- The parties do not have any debts.
- Each party shall pay all debts incurred by him or her individually and in their individual name and shall hold the other party harmless for these debts.
- The parties have the following debts and have agreed to the payment of all debts owed, and agree to hold the other party harmless on those debts, as follows:

Creditor	Purpose of Debt	Balance	Who Will Pay
_____	_____	_____	<input type="checkbox"/> _____ (name)
_____	_____	_____	<input type="checkbox"/> _____ (Spouse's name)
_____	_____	_____	<input type="checkbox"/> _____ (name)
_____	_____	_____	<input type="checkbox"/> _____ (Spouse's name)
_____	_____	_____	<input type="checkbox"/> _____ (name)
_____	_____	_____	<input type="checkbox"/> _____ (Spouse's name)
_____	_____	_____	<input type="checkbox"/> _____ (name)
_____	_____	_____	<input type="checkbox"/> _____ (Spouse's name)

Bankruptcy (select one):

The Court will retain jurisdiction to enforce payment of debt obligations, in the event a party files bankruptcy, including, but not limited to, the ability to determine the debt assigned is in the nature of maintenance, necessity or support and is therefore nondischargeable in bankruptcy, and/or making a future spousal support order, regardless of the spousal support order set forth below under **FOURTH: SPOUSAL SUPPORT**.

Nothing in this order shall prevent the Plaintiff and Defendant from being fully discharged from the debts allocated in this order in a bankruptcy proceeding except for any orders expressly for

spousal support and the following debts: _____

Neither party shall incur liabilities against the other party in the future and each shall pay any debt incurred by him or her individually after the date of this agreement.

FOURTH: SPOUSAL SUPPORT

A. Spousal Support Not Awarded

Neither _____ (name) nor _____ (Spouse's name) shall pay spousal support to the other. The Court shall not retain jurisdiction to modify spousal support, except as set forth above under **THIRD: DEBT**.

B. Spousal Support Awarded:

_____ (name) _____ (Spouse's name) shall pay spousal support to _____ (Spouse's name) in the amount of \$ _____ per month plus 2% processing charge for a total of \$ _____ per month, commencing on _____ and due on the _____ day of the month. This spousal support shall continue indefinitely for a period of _____.

C. Method of Payment of Spousal Support (select one):

If there are no child(ren), the spousal support payment shall be made directly to the _____ (name) _____ (Spouse's name).
 The spousal support payment, plus 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 at the spouse's place of employment.

The Court shall not retain jurisdiction to modify spousal support.

The Court shall retain jurisdiction to modify the amount duration of the spousal support Order.

D. Termination of Spousal Support

This spousal support shall terminate sooner than the above stated date upon the Plaintiff's or the Defendant's death or in the event of the following (check all that apply):

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

E. Deductibility of Spousal Support for All Tax Purposes (select one):

- The spousal support paid shall be deducted from income to the person paying the support and included in income by the person receiving the support.
- The spousal support paid shall be included in income of the person paying the support.

F. Other orders regarding spousal support (specify): _____

G. Arrearage

- Any temporary spousal support arrearage will survive this judgment entry.
- Any temporary spousal support arrearage will not survive this judgment entry.
- Other: _____

FIFTH: NAME

_____ shall be restored to the prior name of: _____

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

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

SEVENTH: OTHER

The parties agree to the following additional matters: _____

EIGHTH: NON-USE OF OTHER'S CREDIT

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

NINTH: INCORPORATION INTO DECREE/EFFECTIVENESS OF AGREEMENT

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

TENTH: PERFORMANCE OF NECESSARY ACTS

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

Upon failure of either party to execute and deliver any deed, conveyance, title, certificate or other document or instrument to the other party, an order of the Court incorporating this Agreement shall constitute and operate as a properly executed document, and the County Auditor, County Recorder, Clerk of Courts and/or all other public and private officials shall be authorized and directed to accept a properly certified copy of a court order incorporating this Agreement, a properly certified copy of the Agreement or an order of the Court in lieu of the document regularly required for the conveyance or transfer.

ELEVENTH: SEVERABILITY

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

TWELFTH: APPLICABLE LAW

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

THIRTEENTH: MUTUAL RELEASE

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

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

My Signature

Date

Spouse's Signature

Date

IN THE COURT OF COMMON PLEAS

Division
COUNTY, OHIO

Petitioner 1 : Case No. _____
Street Address :
City, State and Zip Code :
and :
Magistrate _____
Petitioner 2 :
Street Address :
City, State and Zip Code :

JUDGMENT ENTRY OF DISSOLUTION OF MARRIAGE

WITH CHILDREN WITHOUT CHILDREN

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

Present at the hearing were the following persons: _____

FINDINGS

- 1. At the time of the filing of the Petition, _____ (my name)
 _____ (my Spouse's name)
 Both parties was/were a) resident(s) of the State of Ohio for at least six months.
- 2. _____ (my name)
 _____ (my Spouse's name)
 Both parties was/were (a) resident(s) of _____ County for at least 90 days immediately before the filing of the Petition.
- 3. The parties were married to one another on _____ (date of marriage) in
_____ (city or county, and state).

4. Check all that apply regarding child(ren):

There is/are no child(ren) expected from this marriage or relationship.

There is/are child(ren) expected from this marriage or relationship and the approximate due date is:

_____.

There is/are no child(ren) from this marriage or relationship.

The parties are parents of _____ (number) child(ren) from the marriage or relationship. Of the child(ren), _____ (number) is/are now emancipated adult(s) and not under any disability. The following _____ (number) child(ren) is/are minor child(ren) and/or mentally or physically disabled and incapable of supporting or maintaining themselves (name and date of birth of each child):

Name of Child

Date of Birth

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

_____ (other parent's name) is not the parent of the following child(ren) who was/were born during the marriage (name and date of birth of each child):

_____ (other parent's name) is not the parent of the following child(ren) who was/were born during the marriage (name and date of birth of each child):

5. The following child(ren) of this marriage or relationship is/are subject to a custody or parenting order in a different Court proceeding (name of each child with the Court that has issued the custody or parenting order): _____

6. Petitioner _____ requests to be restored to the former name of:

7. The parties personally appeared before this Court, and more than 30 and less than 90 days have elapsed after the filing of the Petition.

8. Upon examination under oath, the parties acknowledge that they have agreed on the Shared Parenting Plan or Parenting Plan for their child(ren), which they believe to be in their best interests. The Court's adoption of the Plan is in the best interests of the child(ren).

9. Upon examination under oath, the parties acknowledge that they voluntarily entered into a Separation Agreement, attached and incorporated in the Petition, as modified on _____ and the parties are satisfied with the terms of the Separation Agreement and Plan and fully understand the same. Each

Petitioner desires to have the marriage dissolved, and the Separation Agreement approved by the Court.

JUDGMENT

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

FIRST: DISSOLUTION GRANTED

The dissolution of marriage is granted. The Court approves the Separation Agreement Amended Separation Agreement Shared Parenting Plan Amended Shared Parenting Plan or Parenting Plan Amended Parenting Plan as submitted and releases the parties from the obligations of their marriage except as set out in the attached Agreement and Plan, which is incorporated in this entry.

The parties shall fulfill each and every obligation imposed by the Agreement and Plan as submitted and modified, if applicable. The Plan is approved and this entry shall constitute a Parenting Decree under R.C. 3109.04(D).

SECOND: NAME
Petitioner _____ is restored to the
prior name of: _____

THIRD: OTHER _____

FOURTH: COURT COSTS

Court costs shall be (select one):

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

Other (specify): _____

JUDGE

My Signature _____ (Name)

Your Signature _____ (Spouse's Name)

Attorney

Attorney