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Domestic Relations and Juvenile Standardized Forms: Divorce 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.

*To file, the Plaintiff **will** need:*

- Form 7 - Complaint for divorce with Children ([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](#))
- DR Form 28/Juvi Form 10 - Request for Service ([Word](#) | [PDF](#))

*When filing, the Plaintiff **may** need:*

- Form 5 - Motion and Affidavit or Counter Affidavit for Temporary Orders ([Word](#) | [PDF](#))
(not required, but should be filed if party wishes to have order in place during the pendency of the case)

*In response, the Defendant **will** need:*

- Form 10 - Answer to Complaint for Divorce with Children ([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](#))

*In response, the Defendant **may** need:*

- Form 8 - Counterclaim for Divorce ([Word](#) | [PDF](#))
(this is not required, unless the Defendant chooses to file a Counterclaim)
- Form 5 - Motion and Affidavit or Counter Affidavit for Temporary Orders ([Word](#) | [PDF](#))
(not required, but should be filed if party wishes to have orders in place during the pendency of the case)

*If an agreement is reached, the parties **will** need:*


- Form 16 - Separation Agreement ([Word](#) | [PDF](#))
- Form 17 - Shared Parenting Plan* **OR**
- Form 18 - Parenting Plan*

*To finalize the case, the court **will** need:*

- Form 12 - Judgment Entry ([Word](#) | [PDF](#))
(parties may need to provide this if required by the local court)

*Parenting Time Schedule

Check for other local court procedures.

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

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**

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.

JOHN C. KLAHN
CLERK OF COURTS
OTTAWA COUNTY, OHIO

2021 AUG -4 A 10:00

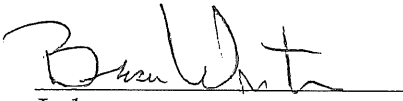
IN THE COMMON PLEAS COURT OF OTTAWA COUNTY, OHIO

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

Judge

City, State and Zip Code

Plaintiff

Magistrate

vs.

Name

Street Address

City, State and Zip Code

Defendant

Instructions: This form is used to request a divorce if you and your spouse have (a) minor child(ren), adult child(ren) attending high school, or child(ren) with disabilities, and/or you or the Spouse are/is pregnant. Check to determine if you meet the residency requirement to file in this county: A Request for Service (Uniform Domestic Relations Form 28) must be filed with this form. The Parenting Proceeding Affidavit (Uniform Domestic Relations Form - Affidavit 3) must be filed.

COMPLAINT FOR DIVORCE WITH CHILDREN

I, the Plaintiff, for this Complaint say:

- 1. I have been a resident of the State of Ohio for at least six months.
2. I have been a resident of County for at least 90 days immediately before the filing of this Complaint; or The Defendant resides in County where this Complaint is filed.
3. The Defendant and I were married to one another on (date of marriage) in (city or county, and state).

4. I state regarding child(ren) (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 parties are parents of _____ (number) child(ren) from this marriage or relationship. Of the child(ren), _____ (number) is/are emancipated adult(s) and not under a 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
_____	_____
_____	_____
_____	_____

I am not the parent of the following child(ren) (name and date of birth of each child):

The Spouse is not the parent of the following child(ren) (name and date of birth of each child):

5. I state the following grounds for divorce exist (check all that apply):

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

6. The Defendant and I are owners of real estate and/or personal property.

I request that a divorce be granted from the Defendant, that the Court determine an equitable division of debts and property, and as follows that (check all that apply):

The Defendant be required to pay me spousal support.
 The Plaintiff be named the residential parent and legal custodian of the following minor child(ren): _____

The Defendant be named the residential parent and legal custodian of the following child(ren): _____

The non-residential parent be granted specific parenting time.
 The Defendant and I be granted shared parenting of the following child(ren): _____

_____ pursuant to a Shared Parenting Plan (Uniform Domestic Relations Form 17), which I will prepare and file with the Court.

The Defendant be ordered to pay child support and medical support.
 I be restored to my prior name of: _____
 The Defendant be required to pay attorney fees.
 The Defendant be required to pay the court costs of the proceeding.
 The Court make the following additional orders: _____

_____ and that the Court grant such other and further relief as the Court may deem proper.

Your Signature

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

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

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.

<u>Period of Residence</u>		<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____	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.

<u>Period of Residence</u>		<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____	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 Claims custody rights Claims visitation rights
 Name of each child: _____

b. Name/Address of Person _____
 Has physical custody Claims custody rights Claims visitation rights
 Name of each child: _____

c. Name/Address of Person _____
 Has physical custody Claims custody rights Claims visitation rights
 Name of each child: _____

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 _____ Case No. _____
 v./and _____ Judge _____
 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	\$ _____	\$ _____

B. OTHER MONTHLY LIVING EXPENSES

Food

- Groceries (including food, paper, cleaning products, toiletries, other) \$ _____
- Restaurant \$ _____

Transportation

- Vehicle loans, leases \$ _____
- Vehicle maintenance (oil, repair, license) \$ _____
- Gasoline \$ _____
- Parking, public transportation \$ _____

Clothing

- Clothes (other than children's) \$ _____
- Dry cleaning, laundry \$ _____

Personal grooming

- Hair, nail care \$ _____
- 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.)	<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	
1. _____		<input type="checkbox"/> _____ Your Name	\$ _____
2. _____		<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.)	<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	
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	_____
		<input type="checkbox"/> _____ Your Name	\$ _____
2. _____		<input type="checkbox"/> _____ Spouse's Name	_____
		<input type="checkbox"/> Both	_____
		<input checked="" type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	_____
3. _____		<input checked="" 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	_____
		<input type="checkbox"/> _____ Your Name	\$ _____

<u>Category</u>	<u>Description</u> (List who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
D. Publicly Held Stocks, Bonds, Securities, & Mutual Funds	1. _____	<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	_____
		<input type="checkbox"/> Both	_____
		<input type="checkbox"/> _____ Your Name	\$ _____
2. _____		<input type="checkbox"/> _____ Spouse's Name	_____
		<input type="checkbox"/> Both	_____
		<input checked="" type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	_____
3. _____		<input checked="" 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	_____
		<input type="checkbox"/> _____ Your Name	\$ _____

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

**F. Life Insurance Type
(Term/Whole Life)**

(Any cash value or loans)

(Insured party
& value upon death)

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		

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.			<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		

H. Safe Deposit Box

(Give location and describe contents)

Titled To

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		

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	\$	
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> (Also list who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
-----------------	--	------------------	----------------------------

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	\$	
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 1

Case No. _____

v./and

Judge _____

Magistrate _____

Defendant/Petitioner 2

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 COMMON PLEAS COURT OF
OTTAWA COUNTY, OHIO

Plaintiff/Petitioner

VS./AND

Defendant/Petitioner/Respondent

Case No. _____

Judge: _____

Magistrate: _____

STANDARD CHILD SUPPORT ORDERS

1. So long as private health insurance is being provided for the minor child(ren) in accordance with the Court's Order, the _____ (hereinafter referred to as the "Obligor") shall pay to the _____ (hereinafter referred to as the "Obligee"), as and for current support of the parties' minor child(ren), the sum of \$ _____ per month, plus a processing fee of \$ _____, for a total monthly child support obligation of \$ _____.

2. When private health insurance is NOT being provided by a parent in accordance with the Court's Order, Obligor shall pay to the Obligee, as and for current support of the parties' minor child(ren), the sum of \$ _____ per month, plus a processing fee, commencing the first day of the month following the date that health insurance is not provided as ordered.

3. In addition to the obligation set forth in paragraph 2 above, and also commencing the first day of the month following the date that health insurance is **NOT** being provided by a parent pursuant to this support Order, Obligor shall pay to the Obligee the sum of \$ _____ per month, as and for **CASH MEDICAL SUPPORT**, plus a processing fee. The total monthly support obligation (i.e., child support plus cash medical support) of the Obligor to the Obligee when health insurance is not provided as ordered is \$ _____, which amount includes the processing fee.

4. Obligor's child support obligations shall commence on _____, and shall be payable in a manner consistent with the Obligor's pay cycle, or monthly if not paid by mandatory wage withholding or financial institution directive, and through the Ottawa County Child Support Enforcement Agency ("CSEA"). Obligor's child support obligation was calculated pursuant to the State of Ohio Guidelines for the Establishment of Support and based upon a gross annual income of \$ _____ for the Obligor; a gross annual income of \$ _____ for the other parent; and the Child Support Computation Worksheet, attached hereto as Exhibit ____ and incorporated herein. The CSEA is hereby directed to issue a withholding order to Obligor's Payor/Financial Institution: (insert name and address)

Obligor's Payor/Financial Institution: _____			
Address: _____			
City: _____	State _____	Zip Code: _____	
County: _____		Phone Number: _____	

5. **All cash medical support payments shall be paid in addition to child support.** During the period when cash medical support is required to be paid, the Obligor or the Obligee must immediately inform the Ottawa County Child Support Enforcement Agency ("CSEA") that private health insurance coverage for the child(ren) has become available. The cash medical support obligation shall cease on the last day of the month immediately preceding the month in which private health insurance is provided in accordance with this Order.

6. Unless otherwise ordered by the Court, any and all child support arrearages in existence upon the filing of this Order owed by the Obligor to the Obligee shall be liquidated by the Obligor at a monthly payment equal to twenty percent (20%) of his/her regular monthly child support payment. With the exception of court orders which limit enforcement under Ohio Revised Code Section 3123.22, nothing herein prohibits CSEA from taking an Obligor's income tax refund, their employment related lump sum payment, seizing financial accounts, or pursuing all other available enforcement remedies when delinquent arrears exist.

7. At no time whatsoever shall the Obligee deny the Obligor parenting time with the parties' minor child (ren) because of any failure of the Obligor to pay his/her support obligations as set for herein.

8. At no time whatsoever shall the Obligor's support obligation be escrowed, impounded or withheld from the Obligee because of any alleged denial of or interference by the Obligee with the Obligor's right of parenting time or as a method of enforcing any of the specific provisions dealing with the Obligor's parenting time as contained in this order.

9. Said child support shall continue until such time as a minor child becomes emancipated or until further order of the Court. The duty of support shall continue beyond the age of majority so long as the child continuously attends a recognized and accredited high school on a full time basis on and after the child's eighteenth birthday. However, the duty to pay child support shall not continue beyond the date that the child reaches nineteen years of age, unless there exists a court-ordered duty or a provision contained in a Separation Agreement providing for the continuation of support. The obligation to pay child support continues during periods of seasonal vacation unless provided for otherwise by this Court.

10. The Obligee is enjoined from accepting and the Obligor is enjoined from making any support payments which are not paid through Ohio Child Support Payment Central or the CSEA. Any current or delinquent support payments made directly by the Obligor to the Obligee shall be deemed a gift.

Pursuant to Ohio Rev. Code §§ 3121.29, each party to this support order must notify the CSEA 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 for a first offense, \$100 for a second offense, and \$500 for each subsequent offense. If you are an Obligor or Obligee under any support order and you willfully fail to make the required notifications, you may be found in contempt of court and be subjected to fines up to \$1,000 and imprisonment for not more than 90 days.

If you are and 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 restriction and deduction from your accounts in financial institutions; and any other action permitted by law to obtain money from you to satisfy your support obligation.

Pursuant to Ohio Rev. Code Section 3121.036, the Obligor shall immediately notify the CSEA in writing of any change in the Obligor's income source or financial accounts and of the availability of any other sources of income or accounts that can be the subject of a withholding or deduction order. This duty to notify the Child Support Enforcement Agency shall continue until further notice from the Court. A failure to provide such notification may make the Obligor liable for retroactive support that would otherwise have been ordered.

11. **WITHHOLDING AND DEDUCTION:** All support under this order shall be withheld 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 Ohio Revised Code or a withdrawal directive issued pursuant to Section 3123.24 to 3123.38 of the Ohio Revised Code and shall be forwarded to the Oblige in accordance with Chapters 3119, 3121, 3123 and 3125 of the Ohio Revised Code.

Until such time as a withholding order or deduction notice is in effect for full payment, the Obligor shall submit independently so as to discharge his/her child support obligation by making payments directly to Ohio Child Support Payment Central, P.O. Box 182372, Columbus, Ohio 43218-2372. Child support payments shall be paid by check or money order and any payments shall include all of the following: (1) Obligor's name; (2) this court case number; (3) the SETS number (starts with a 70 number); and (4) the Obligor's social security number. The Obligor may contact the CSEA at for further information about where and how to remit support payments.

12. **NOTIFICATION REQUIREMENTS:** You must notify the CSEA in writing, concerning any of the following events within 10 days of their occurrence:

THE OBLIGOR:

- If you stop working for any reason, or your pay either increases or decreases;
- If you start to receive unemployment benefits;
- If you change jobs;
- If you start to receive sick leave, disability benefits or workers compensation;
- If you retain bank accounts
- If you retire;
- If you receive a sum of money from any source, over \$150.

THE OBLIGEE:

- If you stop working for any reason, or your pay either increases or decreases;

NOTIFICATION REGARDING TERMINATION OF ORDER: If any of the following events happen, which would require the termination of the child's support order:

- a 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 child-support order requires support to continue past the age of majority only if the child continuously attends such a high school after attaining that age;
- a child ceasing to attend an accredited high school on a full-time basis after attaining the age of majority, if the child support order requires support to continue past the age of majority only if the child continuously attends such a high school after attaining that age;
- a provision contained in a Separation Agreement providing for support of a child over the age of 19 is no longer being met;
- a child's death;
- a child's marriage;
- a child's emancipation;

- a child's enlistment in the armed services when a child is no longer attending an accredited high school on a full-time basis;• a child's deportation; or
- a change of legal custody of the child, which includes but is not limited to the granting of permanent custody of the child to a public children services agency or the termination of parental rights of the Obligor through another Court action;
- a child's adoption; and
- the Obligor's death.

13. **SEEK WORK ORDER:** Pursuant to Ohio Rev. Code § 3121.03(D), should the Obligor remain or become unemployed, he/she shall seek employment immediately and shall report his efforts to the CSEA on its designated form. Additionally the Obligor shall notify CSEA on obtaining employment, obtaining any income, or obtaining ownership of any asset with a value of five hundred dollars or more. **A willful failure to comply with the foregoing obligation is contempt of court.**

14. **MONTHLY ADMINISTRATION OF THE ORDER:** Regardless of the frequency or the amount of support payments to be made under this Order, the CSEA shall administer it on a monthly basis, in accordance with Ohio Revised Code Sections 3121.51 to 3121.54. Payments under this order are to be made in the manner ordered by this Court or the CSEA. If the payments are to be made other than on a monthly basis, the required monthly administration of the Order does not affect the frequency or the amount of the support payments to be made under this Order.

IT IS SO ORDERED.

Judge Bruce Winters

**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: _____ Home Address: _____ _____ _____ Home Phone #: _____ Social Security #: _____ Race: _____ Relationship to Children: _____ Military Service (Branch, Dates): _____ _____ _____	Date of Birth: _____ Mailing Address: _____ _____ _____ Sex: _____ <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated 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

IN THE MATTER OF:

A Minor

Name

Case No.

Street Address

Judge

City, State and Zip Code

Plaintiff/Petitioner

Magistrate

vs./and

Name

Street Address

City, State and Zip Code

Defendant/Petitioner

Instructions: This form is used when you want to request documents to be served on the other party. You must indicate the requested method of service by marking the appropriate box.

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Please serve the following documents on the following parties as I have indicated below:

Defendant/Petitioner at the address shown above.

Certified Mail, Return Receipt Requested

Issuance to Sheriff of County, Ohio for Personal or Residence service

Other (specify)

Supreme Court of Ohio

Uniform Domestic Relations Form - 28

Uniform Juvenile Form - 10

REQUEST FOR SERVICE

Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46

Effective Date: 7/1/2013

- Plaintiff/Petitioner at the address shown above.
- Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other (specify) _____

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

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

SPECIAL INSTRUCTIONS TO SHERIFF:

Your Signature

COURT OF COMMON PLEAS

_____ COUNTY, OHIO

Plaintiff

Case No. _____

Judge _____

v.

Magistrate _____

Defendant

Instructions: Check local court rules to determine when this form must be filed.
This form is used to request temporary orders in your divorce or legal separation case. After a party serves a Motion and Affidavit, the other party has 14 days to file a Counter Affidavit and serve it on the party who filed the motion. **If more space is needed, add additional pages.**

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

Check one box below to show whether you are filing a (1) Motion and Affidavit or (2) Counter Affidavit.

(1) Motion and Affidavit

(Print Your Name) _____ files this Motion and Affidavit under Rule 75(N) of the Ohio Rules of Civil Procedure to request the temporary orders checked here.

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

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

(2) Counter Affidavit

(Print Your Name) _____ files this Counter Affidavit in response to a Motion and Affidavit.

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

- 1. My spouse and I are living separately.
Date of separation is _____
- My spouse and I are living together.
- We have no minor children. (Skip to number 5.)
- There are minor child(ren) who are adopted or born of this marriage.
(List children here.)

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

- In addition to the above children there is/are in my household:
 _____ adult(s)
 _____ other minor and/or dependent child(ren).

2. My child(ren) attend(s) school in:

- My school district
- The other parent's school district
- Open enrollment
- Other (Explain.) _____
- All children do not attend school in the same district. (Explain.) _____

3. I request to be named the temporary residential parent and legal custodian of the child(ren).

(Specify child(ren) if request is not for all children.) _____

I do not object to my spouse being named the temporary residential parent of the child(ren).

I request the following parenting time order:

- The Court's standard parenting order (See county's local rules of court.)
- A specific parenting time order as follows:

I have reached an agreement regarding parenting time with my spouse as follows:

I request that my spouse's parenting time (visitation) be supervised. (Explain--supervised parenting time order will NOT be granted if the reasons are not explained.)

Name of an appropriate supervisor _____

4. A court or agency has made a child support order concerning the child(ren).

Name of Court/Agency _____

Date of Order _____

SETS No. _____

5. I request the Court to order my spouse to pay:

\$ _____ child support per month

\$ _____ spousal support per month

\$ _____ attorney fees, expert fees, court costs

The following debts and/or expenses:

Other

6. I am willing to attend mediation.

I am not willing to attend mediation.

I request the following court services. (See local rules of court for available services.)

State specific reasons why court services are required.

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:

NOTICE OF HEARING

(Check with local court for scheduling procedure.)

You are hereby given notice that this motion for temporary orders will be heard upon affidavits only, and without oral testimony, before Judge/Magistrate _____, Hearing Room _____, at _____ a.m./p.m. on _____, 20____, at _____ floor.

CERTIFICATE OF SERVICE

Check the boxes that apply.

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

On: (Date) _____, 20____

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

At: (Print address or fax number.) _____

- By: U.S. Mail
- Fax
- Messenger
- Clerk of courts (if address is unknown)

Your Signature

IN THE COURT OF COMMON PLEAS

Division
COUNTY, OHIO

Plaintiff

Case No. _____

Street Address

Judge _____

City, State and Zip Code

vs.

Magistrate _____

Defendant

Street Address

City, State and Zip Code

FINAL JUDGMENT FOR DIVORCE WITH CHILDREN

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

FINDINGS

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

A. Check all that apply:

- The Defendant was properly served with summons, copy of the Complaint, and notice of the hearing.
- The Defendant's waiver of service of summons and Complaint have been filed in this case.
- The Defendant filed an Answer.
- The Defendant failed to file an Answer or plead, despite being properly served with summons, copy of the Complaint, and notice of the hearing.
- The Plaintiff replied to the Defendant's Counterclaim.
- The Plaintiff failed to reply to the Defendant's Counterclaim.

- B. Present at the hearing were the: Plaintiff, Defendant,
 _____ appearing as counsel for the Plaintiff.
 _____ appearing as counsel for the Defendant.
- C. The Plaintiff and/or Defendant was/were a resident(s) of the State of Ohio for at least six months immediately before the Complaint and/or Counterclaim was/were filed.
- D. At the time the Complaint and/or Counterclaim was/were filed:
 The Plaintiff was a resident of this county for at least 90 days.
 The Defendant was a resident of this county.
 Other grounds for venue were: _____

E. The Plaintiff and Defendant were married to one another on _____ (date of marriage) in _____ (city or county, and state). The termination of marriage is the date of final hearing or as specified: _____

- F. 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 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
_____	_____
_____	_____
_____	_____

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

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

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

H. Select one:

- Neither the Plaintiff nor Defendant is in the military service of the United States.
- The Plaintiff and/or Defendant is in the military service of the United States and the service did not impact the ability to defend this action.

I. The Plaintiff and/or Defendant through testimony have indicated full and complete disclosure to the other of all marital property, separate property, and any other assets, debts, income, or expenses.

- The Defendant has not filed a response or made an appearance.
- The Plaintiff has not filed a response or made an appearance.

J. The parties that appeared have no knowledge of any other property and debts of any kind in which either party has an interest.

K. The parties that appeared have had the opportunity to value and verify all marital property, separate property, and other debts.

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

M. Select one:

- A Magistrate's Decision was filed on: _____
 - No objections were filed. The Court approves the terms contained in the Decision and finds the terms are fair and equitable.
 - All objections were ruled upon by a separate entry.
 - The parties have presented the Court with a written Separation Agreement or have read into the record a settlement of all issues, which the Court finds to be a fair and equitable division of property and debts and an appropriate resolution of all issues, knowingly and voluntarily entered into by the parties.
 - The Court has made a fair and equitable division of property and debts and an appropriate resolution of all issues of the parties after review and consideration of all evidence presented.
 - Other: _____
-
-

N. The divorce is granted on the following ground(s) (check all that apply):

- The Plaintiff and Defendant are incompatible.
- The Plaintiff and Defendant have lived separate and apart without cohabitation and without interruption for one year.
- The Defendant or Plaintiff had a Spouse living at the time of the marriage.

- The Defendant or Plaintiff has been willfully absent for one year.
- The Defendant or Plaintiff is guilty of adultery.
- The Defendant or Plaintiff is guilty of extreme cruelty.
- The Defendant or Plaintiff is guilty of fraudulent contract.
- The Defendant or Plaintiff is guilty of gross neglect of duty.
- The Defendant or Plaintiff is guilty of habitual drunkenness.
- The Defendant or Plaintiff was imprisoned in a state or federal correctional institution at the time the Complaint was filed.
- The Defendant or Plaintiff procured a divorce outside this state by virtue of which she or he has been released from the obligations of the marriage, while those obligations remain binding on the Plaintiff or Defendant.

JUDGMENT

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

FIRST: DIVORCE GRANTED

A divorce is granted, and both parties shall be released from the obligations of their marriage except for those obligations listed below or as set out in the attached Separation Agreement

Shared Parenting Plan Parenting Plan Magistrate's Decision and/or

Other: _____

which is incorporated in this entry.

SECOND: PROPERTY

The parties' property shall be divided as follows:

A. The Plaintiff shall have the following items of real estate and personal property, free and clear from all claims of the Defendant, subject to any indebtedness which the Plaintiff shall pay and from which the Plaintiff shall hold the Defendant harmless: _____

B. The Defendant shall have the following items of real estate and personal property, free and clear from all claims of the Plaintiff, subject to any indebtedness which the Defendant shall pay and from which the Defendant shall hold the Plaintiff harmless: _____

C. The Plaintiff is awarded the following separate property: _____

D. The Defendant is awarded the following separate property: _____

E. Other orders regarding property (specify): _____

F. Within 30 days the parties will take all necessary steps to transfer legal title and possession of property and take appropriate actions to implement and effectuate the division of pensions and retirements.

G. Other orders regarding transfers: _____

THIRD: DEBT

The Plaintiff and Defendant's debts shall be divided as follows.

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

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

C. 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/or 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.

FOURTH: SPOUSAL SUPPORT

A. Spousal Support Not Awarded

Neither the Plaintiff nor Defendant shall pay spousal support to the other. The Court shall not retain jurisdiction, except as set forth above under **THIRD: DEBTS**.

B. Spousal Support Awarded

The Plaintiff Defendant shall pay spousal support to the Plaintiff Defendant in the amount of \$ _____ per month plus 2% processing charge commencing on _____ and due on the _____ day of the month.

This spousal support shall continue indefinitely for a period of _____

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.

C. 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): _____

D. Method of Payment of Spousal Support:

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 party's place of employment.

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

- The spousal support paid shall be deducted from income of the person paying the support and included 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

_____ is restored to the prior name of: _____

SIXTH: ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES

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

- Plaintiff shall be the residential parent and legal custodian of the following minor child(ren):

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

Plaintiff Defendant shall have parenting time with the minor child(ren) who is/are not residing with him/her according to the attached schedule.

The parents have entered into a Shared Parenting Plan or Parenting Plan which has been filed with the Court and is adopted by the Court.

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

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

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

The relocation notice must be filed with the Court that granted the divorce and allocated parental rights and responsibilities (print name and address of Court): _____

Other orders: _____

C. Records Access Notice

Pursuant to 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:

D. 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:

E. 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:

SEVENTH: 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 Defendant Both parents. Plaintiff Defendant
 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 Defendant'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 party 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: _____

The first \$100 per child per year of uninsured expenses shall be paid by the Plaintiff for the following child(ren): _____

The first \$100 per child per year of uninsured expenses shall be paid by the Defendant for the following child(ren): _____

Other orders regarding 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.

EIGHTH: CHILD SUPPORT

A completed Child Support Work Sheet is attached and incorporated in this Decree.

A. Child Support with Private Health Insurance Coverage

When private health insurance coverage is being provided for the child(ren), Plaintiff Defendant, the Obligor, shall pay child support in the amount of \$ _____ per child per month, for _____ (number) child(ren) for a total of \$ _____ per month.

B. Child Support without Private Health Insurance Coverage

When private health insurance is **not** available for child(ren), Plaintiff Defendant, 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 of child support and cash medical support for _____ (number) 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 calculated pursuant to the child support schedule \$ _____ is unjust or inappropriate and is not in the best interest of the minor 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:

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 is incapable of supporting or maintaining himself or herself.
- The parents have agreed to continue child support beyond the date it would otherwise terminate.
- The child continuously attends a recognized and accredited high school on a full-time basis so long as the child has not, as yet, reached the age of 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 Court finds by agreement that child support will extend beyond the time when it would otherwise end. The terms and conditions of that agreement are as follows: _____

The Court finds the parties have (a) child(ren) who is/are mentally or physically disabled and incapable of supporting or maintaining themselves, and that child support will extend beyond the time when it would otherwise end. 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 considered 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: _____

NINTH: TAX EXEMPTION

Income tax dependency exemptions (check all that apply):

A. The Plaintiff 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 the Plaintiff is substantially current in any child support the Plaintiff is required to pay as of December 31 of the tax year in question: _____

The Defendant 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 the Defendant is substantially current in any child support the Defendant 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).

TENTH: OTHER ORDERS

ELEVENTH: 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): _____

TWELFTH: CLERK OF COURTS

The Clerk of Courts shall provide:

a certified copy to: _____

a file stamped copy to: _____

NOTICE. Pursuant to Civil Rule 58(B), the Clerk is directed to serve upon the parties a notice of the filing of this Judgment Entry and of the date of entry upon the Journal.

Date

JUDGE