

If you or your spouse own any **real estate**, or have any type of **pension plan**, you should **consult a private attorney** before using these forms.

TUSCARAWAS DIVORCE - WITH CHILDREN

* All forms in **BOLD** must be signed in front of a notary.*

Forms to be completed by you

- 1 Complaint - Tells the Court why you want a divorce and what you want.
- 2 **Affidavit of Indigency** - Tells the Court you cannot afford to prepay the filing fee.
- 3 Instructions for Service - Tells the Court where to send copies to your spouse.
- 4 **Affidavit for Service** - If you do not know where your spouse lives **and** you have completed Form 2 then complete this form to obtain service.
- 5 **Parental Affidavit** - Tells the Court about your children.
- 6 IV-D Application - Starts the child support process.
- A Case Designation Form - Provides information to the clerk when your case is filed.
- B **Financial Affidavit** - Provides financial information to be used in your case.

Additional Forms if You Need Immediate Orders

- 7 Ex Parte Motion for Temporary Orders - Tells the Court what you are asking for now.
- 8 **Affidavit for Temporary Orders** - Tells the Court why you need temporary orders now.

After completing the forms

Make three (3) copies of each completed form.

- Take the originals and three (3) copies to Clerk of Common Pleas Court.
- If you completed Form 2, you will pay nothing at the time of filing.
- If you did not complete Form 2, the filing fee is \$210.00.
- If you filed:
 - Form 2 then also give the Clerk Order A Order for Filing Fees
 - Form 7 then also give the Clerk Order B Temporary Orders
 - Form 4 then also give the Clerk Order D Service

After forms are filed

Clerk will send you notice of any court dates. Attend all of these court dates.

If you move, call the Clerk with your new address.

Bring **Order C** Judgment Decree of Divorce to the final hearing. The judge will complete the form.

In the Court of Common Pleas,
General Trial Division
Tuscarawas County, Ohio

Case No. _____

Plaintiff

vs.

Defendant

AFFIDAVIT OF INABILITY TO
PREPAY OR GIVE SECURITY
FOR COSTS

Sec. 2323.31 Revised Code

STATE OF OHIO

_____ COUNTY, SS:

I, the undersigned, a party in the above captioned case, being first duly sworn, represent to the Court that I am unable either to prepay or give security for costs in this action and request the Clerk to accept the attached pleading herein without prepaying or giving security for costs as provided by Sec. 2323.31 of the Revised Code.

In support of this request, I submit answers to the following questions:

1. What is your age? _____ years old.
2. Do you have any children? _____, If so, give names and ages:
3. What is your occupation or business? _____
4. Are you employed? _____. If so, give name and address of your employer:

5. What did you earn during the past year? \$_____

6. What are your parents' names and ages? _____
7. Do you own any real estate? __. If so, give its value _____
Is it mortgaged? ____. If so, give the amount of mortgage \$ _____
8. Do you own an automobile? __. If so, what is the value \$ _____
9. What other items of personal property do you own? _____

What debts are against it? _____

10. Have you made an advance payment to your attorney for his services in this case? __. If so, how much \$ _____ Who paid it? _____
11. Do you have any securities or bank accounts? _____. If so, give its value: \$ _____
12. Are you receiving public assistance? _____. If so, what kind? _____
How much \$ _____

Your signature - SIGN IN FRONT OF NOTARY

STATE OF OHIO

_____ COUNTY, SS:

Before me, a notary public in and for said county and state, personally appeared
who being first duly cautioned and sworn, says that the facts in the foregoing affidavit are true.

NOTARY PUBLIC

APPLICATION FOR CHILD SUPPORT SERVICES NON-PUBLIC ASSISTANCE APPLICANT

IMPORTANT: If you are receiving ADC or Medicaid, **do not** complete this application, because you became eligible for child support services when you became eligible to receive ADC or Medicaid.

I the undersigned, _____ request Child Support Services from the **Tuscarawas County** Child Support Enforcement Agency. I understand and agree to the following conditions:

- A. I am a resident of the County in which services are requested.
- B. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).

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 Services ONLY**", if the sole need is to find the whereabouts of the absent parent.

2. Establishment or Modification 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 (modification), and to establish a medical support order.

3. Enforcement of Existing Orders.

The CSEA can help you collect current and back child support.

4. Federal and State Income Tax Offset Submittals for the Collection of Child Support Arrearages.

The agency can assist in collecting back support (arrearages) by intercepting a non-payor's federal and state income tax refunds on 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 back 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. Back support collected will be paid to you until all of the back 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.

C. The only fee you can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.

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.

APPLICANT INFORMATION (INFORMATION ABOUT YOU)	
Name	Date of birth
Social Security Number (SSN)	Current Marital Status (Check One) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Deserted <input type="checkbox"/> Widowed

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
------------------------	------

Applicants Name (Last, First, Middle)			Telephone Number (Home)	
Address (Street/Route, P.O. Box)			(Work)	
City, State, Zip Code				
INFORMATION ON CHILDREN				
	Child 1	Child 2	Child 3	Child 4
a. Name				
b. Sex				
c. SSN				
d. Date of Birth (DOB)				
e. Name(s) of Absent Parent				
f. Has Paternity (Fatherhood) Been Established?				
g. Is There An Order For Support <input type="checkbox"/> Yes <input type="checkbox"/> No				
ABSENT PARENT INFORMATION OR PARENT ORDERED TO PAY CHILD SUPPORT				
	Absent Parent #1	Absent Parent #2	Absent Parent #3	
Name				
Address (City, State, Zip Code)				
SSN				
Date of Birth (DOB)				
Name of Employer				
Address of Employer (City, State, Zip Code)				
Amount of Support Ordered (Wk, Bi-Wk, Mo)				
Case Number on Support Order				
Date of Support Order				
Location Where Order Was Issued (City, State, Zip Code)				
Military Service Give Date and Branch Entered				
Arrest Record: Give Date and Place of Arrest				
If the absent parent has been on Public Assistance: Give Date and Place				
Give Name and Address of Current Spouse of Absent Parent				
• Have you ever been on Public Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
When (Date)	Where (City and State)		County	
FOR AGENCY USE ONLY				
Case Name	Date Requested		Date Mailed or Provided	
Case Number	Date Returned or File Date			

Form

**IN THE COURT OF COMMON PLEAS
GENERAL TRIAL DIVISION
TUSCARAWAS COUNTY, OHIO**

(Your Name)

Case No. _____

(Court will complete)

Plaintiff,

Judge/Magistrate _____

vs.

(Court will complete)

(Your Spouse's Name)

Defendant.

**MOTION FOR TEMPORARY
ORDERS**

The Plaintiff asks the Court for the following temporary orders: **(Check each that you are asking for)**

1. Name the Plaintiff the temporary residential parent of the minor child(ren);
2. Order Defendant to pay temporary child support;
3. Order Defendant to pay temporary spousal support;
4. Order the Defendant not sell, trade, give away, destroy, or otherwise dispose of our marital support;
5. Order the Defendant to continue to pay the following marital debts:
(Check each that you are asking for)

- | | |
|--|---|
| <input type="checkbox"/> rent | <input type="checkbox"/> health insurance |
| <input type="checkbox"/> housing payment | <input type="checkbox"/> property taxes |
| <input type="checkbox"/> car | <input type="checkbox"/> auto insurance |
| <input type="checkbox"/> utilities | |
| <input type="checkbox"/> credit card | |
| <input type="checkbox"/> other | |

6. Give the Plaintiff exclusive possession of the following family vehicle:

Year	Model	License No.	VIN Number
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7. Give the Plaintiff exclusive possession of the family home located at:

(Address of Family Home)

8. Defendant shall not injure, threaten, harass, or physically abuse Plaintiff;
9. Order Defendant not to incur any more debt in the Plaintiff's name or from using the marital property as collateral for any debt.
10. An order requiring Defendant to pay Plaintiff money for attorney's fees pursuant to R.C. § 3105.73 so that Plaintiff can hire an attorney.
11. An order requiring Defendant not to remove Plaintiff or the minor children from the health insurance.
12. An order requiring that Defendant not close or spend money from the checking and savings account.

I will also complete and file Affidavit of Plaintiff for Temporary Relief.

Plaintiff Signature

Name

Street Address

City, State, Zip

Telephone

Order C

**IN THE COURT OF COMMON PLEAS
GENERAL TRIAL DIVISION
TUSCARAWAS COUNTY, OHIO**

(Your Name)

Plaintiff,

vs.

(Your Spouse's Name)

Defendant.

Case No. _____
(Court will complete)

Judge/Magistrate _____
(Court will complete)

MAGISTRATE'S DECISION
DECREE OF DIVORCE

This matter came before the Court on _____, 20____, for final hearing on Plaintiff's Complaint for Divorce. Present were _____.

The Court FINDS as follows:

- A. The Plaintiff has been a resident of the State of Ohio for at least six months and of _____ County for at least ninety days immediately preceding the commencement of this action.
- B. The parties were married on _____ at _____ and child(ren) have been born as issue of the marriage and the wife is is not now pregnant.

The Child(ren)'s names with dates of birth are:

NAMES **DATE OF BIRTH**

1. _____

2. _____

3. _____

4. _____

- C. The Court has *in personam* and subject matter jurisdiction.
- D. Defendant has been guilty of: **(Check all that apply)**
 - Gross Neglect of Duty
 - Adultery
 - Incompatibility
 - Extreme Cruelty
 - Spouse is currently in prison
 - Habitual Drunkenness
 - Living separately for at least one year

E. The Plaintiff receives \$_____ income from _____
(Employment, Social Security, etc.)
per _____.
(Week, Month)

F. The Defendant receives \$_____ income from _____
(Employment, Social Security, etc.)
per _____.
(Week, Month)

G. The parties have acquired personal property during the marriage and the parties do own real estate located at: _____

do not own any real estate.

H. The debts of the marriage are:

CREDITOR	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____

I. Neither party is a member of the U.S. Armed Forces nor involved in a bankruptcy.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the Plaintiff is hereby granted a divorce from the Defendant.

IT IS FURTHER ORDERED as follows:

1. Each party shall live separate and apart from the other. Each shall go his or her own way without direction, control or molestation from the other as though unmarried. Each agrees and shall not annoy nor interfere with the other in any manner.

2. The Plaintiff is awarded, free and clear of any claim by the Defendant, the following property: _____

ALL CHILD SUPPORT AND SPOUSAL SUPPORT UNDER THIS ORDER SHALL BE WITH WITHHELD OR DEDUCTED FROM THE INCOME OR ASSETS OF THE OBLIGOR PURSUANT TO A WITHHOLDING OR DEDUCTION NOTICE OR APPROPRIATE COURT ORDER ISSUED IN ACCORDANCE WITH SECTION 3113.21 OF THE REVISED CODE OR A WITHDRAWAL DIRECTLY ISSUED PURSUANT TO SECTION 3113.214 OF THE REVISED CODE AND SHALL BE FORWARDED TO THE OBLIGEE IN ACCORDANCE WITH SECTIONS 3113.212 AND 3113.213.

EACH PARTY TO THIS SUPPORT ORDER MUST NOTIFY THE CHILD SUPPORT ENFORCEMENT AGENCY IN WRITING OF HIS OR HER CURRENT MAILING ADDRESS, 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 NOTIFICATION, 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 A OBLIGOR AND YOU FAIL TO MAKE THE REQUIRED NOTIFICATION, 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 IN DEDUCTION FROM YOUR ACCOUNTS IN FINANCIAL INSTITUTIONS; AND ANY OTHER ACTION PERMITTED BY LAW TO OBTAIN MONEY FROM YOU TO SATISFY YOUR SUPPORT OBLIGATION.

10. Health insurance for the minor child(ren) will be provided as follows (Check one that applies):
- The child support obligor shall obtain health insurance coverage for the child(ren) if coverage is available at a reasonable cost. Information about coverage shall be made available to the obligee.
 - The child support obligee shall obtain health insurance coverage for the child(ren) if coverage is available at a reasonable costs. Information about coverage shall be made available immediately to the obligor.

The cost of health insurance for the minor child(ren) is not currently available at a reasonable cost to either party. Both parties shall share the cost of all medical, dental, optical, prescription drugs, and appliance expenses of the minor child(ren) on a pro rata basis as follows:

50/50

Other _____

Regardless, if health insurance becomes available at a later date to either or both parties that information must be made available to the Court and to the parties.

Both parties shall obtain health insurance coverage for the child(ren) if the coverage is available at a reasonable cost to both parties and dual coverage will provide coordination of medical benefits without duplication of coverage.

One or both parties presently have private and/or public medical insurance plans which provide for the minor child(ren) and each agrees to continue carrying such insurance. In the event such current coverage becomes unavailable to either party by reason of circumstances not related to a voluntary act of such party, such party shall promptly notify the other party and the Court. Uncovered medical expenses, including deductibles and percentage disallowances shall be paid by each party on a pro rata basis as follows:

50/50

Other _____

Pursuant to R.C. § 3119.31 and the health care insurance requirements stated above, it is hereby ORDERED, ADJUDGED and DECREED the parties are to:

- a) Provide the other with information regarding the benefits, limitations, and exclusions of the coverage, copies of any insurance forms necessary to receive reimbursement, payment, or other benefits under the coverage, and a copy of any necessary insurance cards;
- b) Submit a copy of the child support issued pursuant to Section 3119.30 of the Revised Code to the insurer at the time of making application to enroll the child(ren) under the health insurance policy, contract, or plan;
- c) Furnish written proof to the Child Support Enforcement Agency of compliance with this division;
- d) Obligor and the obligee designate the child as covered dependents under any health insurance policy, contract, or plan for which they contract;
- e) The obligor and obligee shall divide equally any co-payment or deductible costs required under the health insurance policy, contract, or plan that covers the child(ren);

f) The employer of the obligor and obligee is required to release to the other parent or the Child Support Enforcement Agency on written request any necessary information on the health insurance coverage, including the name and address of the insurer and any policy, contract, or plan number, and to otherwise comply with this section any order or notice issued under this section;

g) The full name and date of birth of each child who are the subject of this health insurance order:

_____ (Name), Date of Birth _____; and

_____ (Name), Date of Birth _____.

h) The obligor and obligee comply with any requirement described in Section 3119.30 of the Revised Code and divisions (a) and (d) of this section that is contained in an order issued in compliance with this section no later than thirty (30) days after the issuance of the order;

i) If the obligor and obligee fail to obtain health insurance coverage required by a child support order, the Child Support Enforcement Agency shall comply with sections 3119.40 and 3119.31 of the Revised Code to obtain a court order requiring the obligor or obligee to obtain the health insurance coverage.

j) If the person required to obtain health care insurance coverage for the child(ren) subject to this child support order obtains new employment and the health insurance coverage for the child(ren) is provided through the previous employer, the agency shall comply with the requirements of Sections 3119.40 and 3119.44 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 health care insurance coverage provided by the new employer.

□ 11. IF THE RESIDENTIAL PARENT INTENDS TO MOVE TO A RESIDENCE OTHER THAN THE RESIDENCE SPECIFIED IN THE JUDGMENT DECREE OF DIVORCE, THE RESIDENTIAL PARENT SHALL FILE A NOTICE OF INTENT TO RELOCATE TO THE COURT, EXCEPT AS PROVIDED IN O.R.C. SECTIONS 3109.051(g)(2), (3), AND (4), A COPY OF SUCH NOTICE SHALL BE MAILED BY THE COURT TO THE NON-RESIDENTIAL PARENT UPON RECEIPT OF THE NOTICE. THE COURT, ON ITS MOTION OR THE MOTION OF EITHER PARENT MAY SCHEDULE A HEARING WITH NOTICE TO BOTH PARENTS TO DETERMINE WHETHER IT IS IN THE BEST INTEREST OF THE CHILD(REN) TO REVISE THE VISITATION SCHEDULE FOR THE CHILD(REN).

- Pursuant to Ohio Revised Code § 3109.051(H), the parties hereto are hereby notified as follows:
EXCEPTING AS SPECIFICALLY MODIFIED OR OTHERWISE LIMITED BY THE JUDGMENT DECREE OF DIVORCE, AND SUBJECT TO O.R.C. SECTIONS 2301.35(G)(2) AND 3319.321(F), THE NON-RESIDENTIAL PARENT IS ENTITLED TO ACCESS, UNDER THE SAME TERMS AND CONDITIONS AS THE RESIDENTIAL PARENT TO ANY RECORD THAT IS RELATED TO THE CHILD(REN) AND TO WHICH THE RESIDENTIAL PARENT OF THE CHILD(REN) LEGALLY IS PROVIDED ACCESS, INCLUDING SCHOOL RECORDS. ANY KEEPER OF A RECORD, PUBLIC OR PRIVATE, WHO KNOWINGLY FAILS TO COMPLY WITH THIS ORDER, IS IN CONTEMPT OF COURT.

 - 12. Pursuant to Ohio Revised Code Section 3109.051(I), the parties hereto are hereby notified as follows:
EXCEPTING SPECIFIC FINDINGS OF FACTS AS JOURNALIZED BY THIS COURT IN THE PARTIES' JUDGMENT DECREE OF DIVORCE OTHERWISE MODIFYING OR LIMITING ACCESS, THE NON-RESIDENTIAL PARENT IS ENTITLED TO ACCESS, UNDER THE SAME TERMS AND CONDITIONS AS THE OTHER PARENT TO ANY DAY CARE CENTER THAT IS OR THAT IN THE FUTURE MAY BE, ATTENDED BY THE CHILD(REN).

 - 13. Pursuant to Ohio Revised Code Section 3109.051(J), the parties hereto are hereby notified as follows:
EXCEPTING AS SPECIFICALLY MODIFIED OR OTHERWISE LIMITED BY THE JUDGMENT DECREE OF DIVORCE AND SUBJECT TO O.R.C. SECTION 3319.321, THE NON-RESIDENTIAL PARENT IS ENTITLED TO ACCESS TO ANY STUDENT ACTIVITY THAT IS RELATED TO THE CHILD(REN) AND TO WHICH THE RESIDENTIAL PARENT OF THE CHILD(REN) LEGALLY IS PROVIDED ACCESS.

 - 14. Federal and State income tax credits and deductions for the child(ren) of the marriage are to be claimed as follows (Check one that applies):
 - The parties shall alternate the claims from year to year with Plaintiff entitled in odd-numbered years and Defendant entitled in even-numbered years.
 - The Plaintiff shall be entitled to the credits and deduction each tax year unless he/she has had no employment or taxable income for the relevant tax year and will reap no financial tax benefit from said credits and/or deductions.
 - The Defendant shall be entitled to the credits and deductions each tax year unless he/she has had no employment or taxable income for the relevant tax year and will reap no financial tax benefit from said credits and/or deductions.
 - Other _____
-

15. Costs to be paid by the following (Check one that applies):
- Plaintiff
 - Defendant
 - Split equally between the parties.
 - Other _____

DATE

KAREN ZAJKOWSKI, MAGISTRATE

NOTICE OF RIGHT TO OBJECT: Any party may file objections to this decision. The objections must be filed within fourteen days after the Clerk file-stamps the decision. The objections shall be specific and particular. The Judge shall review the objections on the basis of a transcript of all the relevant evidence submitted to the Magistrate, or on the basis of an Affidavit of that evidence if a transcript is not available.

Order B

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

(Your Name)

Plaintiff,

vs.

(Your Spouse's Name)

Defendant.

Case No. _____
(Court will complete)

Judge/Magistrate _____
(Court will complete)

**JUDGMENT ENTRY -
TEMPORARY ORDERS**

Upon Motion for Temporary Orders and affidavits of Plaintiff and for good cause shown,
this Court ORDERS the following:

- 1. Mother Father is named the temporary residential parent;
- 2. Mother Father will pay child support of \$ _____
per _____ commencing on _____ (Based on
attached child support worksheet).
- 3. Defendant shall pay temporary spousal support in the amount of \$ _____
a month:
- 4. Defendant shall pay Plaintiff \$ _____ for attorney's fees no later
than _____. Plaintiff would be prevented from fully
litigating his/her rights and adequately protecting his/her interests if this Court did
not award Plaintiff reasonable attorney's fees.
- 5. Plaintiff is awarded temporary possession of the home and land located at

- 6. Plaintiff is awarded temporary possession of the following motor vehicle:

- 7. Defendant shall pay the following bills and/or debts:_____
- 8. Defendant shall not injure, threaten, harass, or physically abuse Plaintiff;
- 9. Defendant shall not damage, destroy, sell or attempt to sell, dispose of, remove marital property, property of either party or the child(ren)'s personal property from Plaintiff's residence, or incur debts in Plaintiff's or Defendant's name for which Plaintiff may be held liable.

IT IS SO ORDERED.

JUDGE/MAGISTRATE (Court will complete)

Form

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

_____ : Case Number _____
(Your Name) (Court will complete)

_____ :
(Your Address)

_____ :
DOB: _____

_____ :
Last 4 Digits of SSN: _____

Plaintiff, :

vs. :

Judge/Magistrate _____
(Court will complete)

_____ :
(Your Spouse's Name)

_____ :
(Your Spouse's Address)

**COMPLAINT FOR DIVORCE -
WITH CHILDREN**

_____ :
DOB: _____

_____ :
Last 4 Digits of SSN: _____

Defendant. :

1. Plaintiff has been a resident of the State of Ohio for more than six months immediately prior to the filing of this Complaint, and (Check One)

- of _____ County for more than 90 days immediately prior to filing this Complaint and/or
- Defendant is a resident of _____ County.

2. Plaintiff and Defendant were married on _____ in
(Insert Date)
_____, _____.
(City) (State)

3. The following children were born of this relationship:

_____	D.O.B. _____
Name	
_____	D.O.B. _____
_____	D.O.B. _____
_____	D.O.B. _____
_____	D.O.B. _____

4. Wife is not currently pregnant.

5. Defendant has been guilty of: **(Check all that apply)**

- | | |
|--|--|
| <input type="checkbox"/> Gross Neglect of Duty | <input type="checkbox"/> Spouse is currently in prison |
| <input type="checkbox"/> Adultery | <input type="checkbox"/> Habitual Drunkenness |
| <input type="checkbox"/> Incompatability | <input type="checkbox"/> Living separately for at least one year |
| <input type="checkbox"/> Extreme Cruelty | |

6. The parties **(Check One)**

- do not own real property
- do own real property located at

(Address, City, State)

7. The parties have personal property which: **(Check One)**

has been divided

has not been divided. Major property items not divided include _____

8. The parties: **(Check One)**

do not have any debts

have the following debts _____

THE PLAINTIFF ASKS THE COURT FOR THE FOLLOWING RELIEF:

a. Grant this divorce;

b. Equitably divide the property and debts.

c. That the Court: **(Check all that apply)**

designate the Plaintiff as temporary and permanent residential custodial parent of the minor children.

order the Defendant to pay temporary and permanent child support.

restore wife to her former name of:

order the Defendant not to dispose of property during this action.

order the Defendant to pay spousal support.

- d. Order the Defendant to pay the costs of this action; and
- e. Award any other relief the Court feels is fair and equitable.

Respectfully submitted,

Plaintiff Signature (Your Signature)

Print Name

Street Address

City, State, Zip

Telephone

**APPLICATION FOR CHILD SUPPORT SERVICES
NON-PUBLIC ASSISTANCE APPLICANT**

IMPORTANT: If you are receiving ADC or Medicaid, do **not** complete this application, because you became eligible for child support services when you became eligible to receive ADC or Medicaid.

I the undersigned, _____ request Child Support Services from the _____ County Child Support Enforcement Agency. I understand and agree to the following conditions:

- A. I am a resident of the County in which services are requested.
- B. Recipients of child support services shall cooperate to the best of their ability with the CSEA. *(See attached rights and responsibility information).*

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 Services Only**", if the sole need is to find the whereabouts of the absent parent.

2. Establishment or Modification 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 (*modification*), and to establish a medical support order.

3. Enforcement of Existing Orders.

The CSEA can help you collect current and back child support.

4. Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.

The agency can assist in collecting back support (*arrearages*) by intercepting a non-payor's federal and state income tax refunds on 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 back 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. Back support collected will be paid to you until all of the back support you are owed is paid.

If you received ADC in the past and support was assigned to the state, back support collected will be paid to the state after you receive back support owed to you.

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.

C. The only fee you can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.

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.

APPLICANT INFORMATION (<i>INFORMATION ABOUT YOU</i>)	
Name	Date of Birth
Social Security Number (SSN)	Current Marital Status (Check One) <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input checked="" type="checkbox"/> Separated <input type="checkbox"/> Deserted <input type="checkbox"/> Widowed

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
------------------------	------

Applicants Name (<i>Last, First, Middle</i>)	Telephone Number (<i>Home</i>)
Address (<i>Street/Route, P.O. Box</i>)	(<i>Work</i>)
City, State, Zip Code	

INFORMATION ON CHILDREN

	Child 1	Child 2	Child 3	Child 4
a. Name				
b. Sex				
c. SSN				
d. Date of Birth (DOB)				
e. Name(s) of Absent Parent				
f. Has Paternity (Fatherhood) Been Established?				
g. Is There An Order For Support <input type="checkbox"/> Yes <input type="checkbox"/> No				

ABSENT PARENT INFORMATION OR PARENT ORDERED TO PAY CHILD SUPPORT

	Absent Parent #1	Absent Parent #2	Absent Parent #3
Name			
Address (City, State, Zip Code)			
SSN			
Date of Birth (DOB)			
Name of Employer			
Address of Employer (City, State, Zip Code)			
Amount of Support Ordered (Wk, Bi-Wk, Mo)			
Case Number on Support Order			
Date of Support Order			
Location Where Order Was Issued (City, County, State)			
Military Service Give Date and Branch Entered			
Arrest Record: Give Date and Place of Arrest			
If the absent parent has been on Public Assistance: Give Date and Place			
Give Name and Address of Current Spouse of Absent Parent			

● Have you ever been on public assistance? Yes No

When (<i>Date</i>)	Where (<i>City and State</i>)	County
----------------------	---------------------------------	--------

FOR AGENCY USE ONLY

Case Name	Date Requested	Date Mailed or Provided
Case Number	Date Returned or File Date	

Order D

**IN THE COURT OF COMMON PLEAS
GENERAL TRIAL DIVISION
TUSCARAWAS COUNTY, OHIO**

(Your Name)

Plaintiff,

vs.

(Your Spouse's Name)

Defendant.

Case No. _____
(Court will complete)

Judge/Magistrate _____
(Court will complete)

JUDGMENT ENTRY

The Plaintiff having filed an Affidavit pursuant to Civil Rule 4.4(A)(2) which satisfies the Court that the residence of the Defendant is unknown, and the Court being satisfied that due diligence has been exercised by Plaintiff, now ORDERS the Clerk of Courts to post service of notice pursuant to O.R.C. Rule 4.4(A)(2) and any applicable local rules.

JUDGE

cc: Plaintiff

Order C

**IN THE COURT OF COMMON PLEAS
GENERAL TRIAL DIVISION
TUSCARAWAS COUNTY, OHIO**

(Your Name)

Plaintiff,

vs.

Case No. _____
(Court will complete)

Judge/Magistrate _____
(Court will complete)

(Your Spouse's Name)

Defendant.

**JUDGMENT ENTRY ADOPTING
MAGISTRATE'S DECISION
DECREE OF DIVORCE**

On _____, 20____, a Magistrate's Decision/Decree of Divorce was filed. There having been no objections filed to the magistrate's recommendations, the Court **ORDERS** as follows.

The Court, having made an independent analysis of the issues and the applicable law, hereby approves and adopts the Magistrate's Decision and incorporates the Decision by reference as if fully restated and adopts the Recommendations to Final Orders effective with the journalization of this Judgment Entry.

IT IS SO ORDERED.

DATE: _____

JUDGE

THIS IS A JUDGMENT OR FINAL ORDER, WHICH MAY BE APPEALED. THE CLERK, PURSUANT TO CIVIL RULE 58(B), SHALL SERVE NOTICE OF SAME ON ALL PARTIES WHO ARE NOT IN DEFAULT FOR FAILURE TO APPEAR. WITHIN THREE DAYS AFTER JOURNALIZATION OF THIS ENTRY, THE CLERK IS REQUIRED TO SERVE NOTICE OF THE JUDGMENT PURSUANT TO CIVIL RULE 5(B).

Order A

**IN THE COURT OF COMMON PLEAS
GENERAL TRIAL DIVISION
TUSCARAWAS COUNTY, OHIO**

(Your Name)

Plaintiff,

vs.

(Your Spouse's Name)

Defendant.

Case No. _____
(Court will complete)

Judge/Magistrate _____
(Court will complete)

JUDGMENT ENTRY
FILING FEES

Plaintiff's motion for waiver of filing fees is/is not granted.

IT IS SO ORDERED.

JUDGE/MAGISTRATE (Court will complete)

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

(Your Name)

Plaintiff,

vs.

Case No. _____
(Court will complete)

Judge/Magistrate _____
(Court will complete)

(Your Spouse's Name)

Defendant.

**AFFIDAVIT OF PLAINTIFF
FOR TEMPORARY RELIEF**

I, _____, being first duly sworn, depose and
(Your Name)

state the following:

1. I am the Plaintiff in the above-captioned divorce case.
2. I have lived in Ohio for at least six (6) months and in _____ County for more than ninety (90) days.
3. I am married to the Defendant.
4. The reasons I need: **(Check all that apply)**

to be named the temporary residential parent are: **(Please give details of why the children should live with you.)**

temporary child support are: **(Give details of why your spouse should pay temporary child support.)**

CSEA application filed

CSEA worksheet attached

(File CSEA application or worksheet)

to stop the Defendant from disposing of marital property are: **(Give details of any joint accounts, credit cards or property your spouse may be using.)**

the Defendant to continue to pay the following debts: **(Check all that apply)**

rent utilities Other

car credit card

auto insurance property taxes

health insurance housing payment

because: _____

exclusive possession of the family vehicle **(Give reasons you need this vehicle)**

Year	Model	License No.	VIN Number

exclusive possession of the family home located at _____

because **(Give reasons you need the home)** _____

The Defendant may have alternative living arrangements at:

spousal support because: **(give reasons why spouse should be paying you support)**

to stop the Defendant from incurring any further debt in my name or by using marital property as collateral because:

I cannot afford to hire an attorney. Defendant can afford to pay an attorney. I need Defendant to pay me money to hire an attorney. I cannot protect my rights and interests if I am not awarded reasonable attorney fees.

Other relief: _____

Affiant says that the allegations are true and statements contained in the Affidavit are true to the best of the Affiant's knowledge.

FURTHER AFFIANT SAYETH NAUGHT.

Affiant (**Sign in front of notary**)

STATE OF OHIO

COUNTY OF _____, SS:

SWORN TO and subscribed in my presence before me, a Notary Public, in and for said County and State, this _____ day of _____, 20__.

Notary Public

IN THE COURT OF COMMON PLEAS
TUSCARAWAS COUNTY, OHIO

CASE NO. _____

JUDGE _____

SS# _____ DOB _____

Plaintiff

FINANCIAL AFFIDAVIT

vs.

SS# _____ DOB _____

Defendant

A. GENERAL

VERIFIED FINANCIAL AFFIDAVIT OF _____

(Instructions: This form must be executed in full by each party. All blanks must be filled in as the testimony of the affiant. Values are to be verified or in the opinion of the affiant. The Affidavit must be filed with the first pleading of each party in every case or at any hearing requesting spousal support, child support, or division of property - whichever first occurs. If additional space is needed, please attach extra pages.)

1. Date of marriage: _____

2. Date Separated: _____

3. Number of prior marriages, if any: _____

4. List of adults living in your household:

Names	Relationship to you	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. List children of this marriage:

Names	Date of Birth	With whom are they living?
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. ASSETS OF THE PARTIES

Item	Ownership (H, W, JT)	Fair Market Value	Mtg./Loan Balance	Monthly Payment
1. Residence at				
2. Other Real Estate				
_____	_____	_____	_____	_____
3. Automobiles and motor vehicles				
_____	_____	_____	_____	_____
4. Number of rooms of furniture				
_____	_____	_____	_____	_____
5. Personal effects (jewelry, etc.) and collectibles				
_____	_____	_____	_____	_____
6. Tools				
_____	_____	_____	_____	_____
7. Bank Accounts (including Certificates of Deposit)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
8. Stocks, Bonds				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
9. Life Insurance, cash surrender value				
_____	_____	_____	_____	_____
10. Trusts				
_____	_____	_____	_____	_____
11. Pension or other retirement benefits, including 401(K) or like				
_____	_____	_____	_____	_____
12. Miscellaneous				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
		Total	Total	Total

D. OTHER EXPENSES (List Monthly)

1.	Rent or mortgage payment per month	_____		
2.	Real estate taxes and house insurance per month (if not included in mortgage)	_____		
3.	Federal income tax, social security and medicare tax	_____		
4.	State income tax	_____		
5.	City income tax	_____		
6.	Other taxes	_____		
7.	Other deductions (include and itemize)_____	_____		
8.	Utilities:	_____		
	Electric	_____		
	Gas	_____		
	Garbage	_____		
	Water & Sewer	_____		
	TV-Cable	_____		
	Satellite/Dish	_____		
	Telephone	_____		
	Cell Phone	_____		
	_____	_____		
	_____	_____		
9.	Automobile maintenance (license, insurance, gas, etc.)	_____		
10.	Food for _____ persons per month	_____		
11.	Clothing: Self	_____		
	Dependents	_____		
12.	School: Self	_____		
	Dependents	_____		
13.	Daycare expenses (attach written verification):	_____		
14.	Health insurance premium paid	_____		
15.	Union dues	_____		
16.	Child support paid	_____		
17.	Spousal support paid to another spouse	_____		
18.	Medical/dental expenses: Self	_____		
	Dependents	_____		
19.	Insurance premiums not included above	_____		
20.	Credit card accounts and other loans and/or debts:			
	<u>Type</u>	<u>Balance</u>	<u>Monthly Payment</u>	<u>Account in Whose Name</u>
	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____

21. Other miscellaneous expenses not listed above.

<u>Type</u>	Monthly Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL MONTHLY EXPENSES \$ _____

I hereby certify that the above is a full and complete statement to the best of my knowledge and belief. Executed at _____, Ohio, this _____ day of _____, 20_____.

Plaintiff/Defendant

STATE OF OHIO, TUSCARAWAS COUNTY, SS:

Before me personally appeared the above party who, being duly sworn, acknowledges that the allegations contained therein are full, complete, and true and he/she verily believes.

Notary Public/Clerk

IN THE COURT OF COMMON PLEAS
GENERAL TRIAL DIVISION
TUSCARAWAS COUNTY, OHIO

DOMESTIC CASE

_____	:	
_____	:	
Plaintiff(s),	:	Case Number: _____
	:	
vs.	:	
	:	Judge: _____
_____	:	
_____	:	
Defendant(s).	:	

Has this case been previously filed and dismissed? Check One: Yes No
If yes, list case number and judge: _____

List all related pending case(s), including case number and judge: _____

DOMESTIC CATEGORIES: PLACE (X) IN ONE CATEGORY ONLY

- | | |
|--|--|
| <input type="checkbox"/> A. Termination of Marriage w/children (Divorce) | <input type="checkbox"/> G. Support Enforcement/Modification |
| <input type="checkbox"/> B. Termination of Marriage w/o children | <input type="checkbox"/> H. Domestic Violence |
| <input type="checkbox"/> C. Dissolution of Marriage w/children | <input type="checkbox"/> I. U.I.F.S.A. |
| <input type="checkbox"/> D. Dissolution of Marriage w/o children | <input type="checkbox"/> J. Parentage |
| <input type="checkbox"/> E. Change of Custody | <input type="checkbox"/> K. Other |
| <input type="checkbox"/> F. Visitation Enforcement/Modification | (i.e., Foreign Support Enforcement, Warrants, Spousal Support Enforcement) |

Mediation: Is this case appropriate for mediation? Check One: Yes No

Name (Print or Type)

Address

Telephone

**IN THE COURT OF COMMON PLEAS
GENERAL TRIAL DIVISION
TUSCARAWAS COUNTY, OHIO**

(Your Name)

Plaintiff,

vs.

(Your Spouse's Name)

Defendant.

Case No. _____
(Court will complete)

Judge/Magistrate _____
(Court will complete)

AFFIDAVIT FOR SERVICE
PURSUANT TO O.R.C.P. 4.4(A)(2)

I, _____, being first duly sworn and cautioned, depose and
(Your Name)
state as follows:

1. I have filed for a divorce and am not able to prepay the filing fees;
2. I do not know the current address of the defendant, my spouse;
3. I have made efforts to determine the defendant's current address but have been unable to do so;
4. The defendant's residence cannot be learned with reasonable effort;
5. The defendant's last known mailing address is:

(Your Spouse's Last Known Address)

Affiant (Sign Here in Front of Notary)

STATE OF OHIO, COUNTY OF _____, SS:

Sworn to before me and signed in my presence this _____ day of _____,
20____.

Notary Public

**IN THE COURT OF COMMON PLEAS
GENERAL TRIAL DIVISION
TUSCARAWAS COUNTY, OHIO**

(Your Name)

Plaintiff,

vs.

(Your Spouse's Name)

Defendant.

Case No. _____
(Court will complete)

Judge/Magistrate _____
(Court will complete)

INSTRUCTIONS FOR SERVICE

TO THE CLERK:

Please serve the Defendant with the Summons and the following documents: **(Check all that you filed.)**

- _____ Complaint for Divorce
- _____ Motion for Temporary Orders
- _____ Affidavit of Plaintiff
- _____ Parental Affidavit
- _____ Affidavit of Indigency

_____ by CERTIFIED MAIL, ADDRESSEE ONLY at the following address: **(Check if you know your spouse's address)**

(Your Spouse's Address)

_____ Pursuant to O.R.C.P. 4.4(A)(2) so that notice is posted in the courthouse and two additional public places. Additionally, the complaint and summons will be mailed by ordinary mail, address correction requested to the defendant's last known address. **(Check if you do not know your spouse's address. Also complete Form)**

Plaintiff Signature (Your Signature)

Print Name (Your Name)

Street Address (Your Address)

City, State, Zip

Telephone

IN THE COURT OF COMMON PLEAS
_____ COUNTY, OHIO

DECLARATION UNDER UNIFORM CHILD CUSTODYCase No. _____

JURISDICTION AND ENFORCEMENT ACT (UCCJEA) Division: Domestic Relations/Juvenile

I, (full legal name) _____, being sworn according to law, certify that these proceedings involve the custody of a child, or children and the following statements are true:

1. [] I am requesting the court to not disclose my address or that of the child(ren). My address is confidential pursuant to ORC 3127.23(D) and should be placed under seal in that the health, safety, or liberty of myself and/or the child(ren) would be jeopardized by the disclosure of the identifying information.

2. **(Number):** _____ **Minor Child(ren) are subject to this proceeding as follows:**
 (Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name		Place of birth	
Date of birth		Sex	
Period of residence To Present	Address <input type="checkbox"/> Confidential	Person child lived with (name & address)	Relationship
to			
to			
to			
to			

a. Child's name		Place of birth	
Date of birth		Sex	
Period of residence To Present	Address <input type="checkbox"/> Confidential	Person child lived with (name & address)	Relationship
to			
to			
to			
to			

a. Child's name		Place of birth	
Date of birth		Sex	
Period of residence To Present	Address <input type="checkbox"/> Confidential	Person child lived with (name & address)	Relationship
to			
to			
to			
to			

Additional children are listed on Attachment 2e. (Provide requested information for additional children on an attachment.)

3. Participation in custody proceeding(s): (only one)

___ **I HAVE NOT** participated as a party, witness, or in any capacity in any other litigation, in this or another state, concerning the custody of or visitation (parenting time) with any child subject to this proceeding.

___ **I HAVE** participated as a party, witness, or in any capacity in any other litigation, in this or any other state, concerning the custody of or visitation (parenting time) with any child subject to this proceeding.

Explain:

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

4. Information about custody proceeding(s): (only one)

___ **I HAVE NO INFORMATION** of any proceedings that could affect the current proceeding, including any proceedings relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this proceeding .

___ **I HAVE THE FOLLOWING INFORMATION** concerning proceedings that could affect the current proceeding, including any proceedings relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this proceeding, other than set out in item 3. Explain:

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

5. Persons not a party to this proceeding: (only one)

___ **I DO NOT KNOW OF ANY PERSON** not a party to this proceeding who has physical custody or claims to have custody or visitation rights with respect to any child subject to this proceeding.

___ **I KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this proceeding has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this proceeding:
(See next page)

a. Name and address of person _____
() has physical custody () claims custody rights () claims visitation rights
Name of each child _____

b. Name and address of person _____
() has physical custody () claims custody rights () claims visitation rights
Name of each child _____

c. Name and address of person _____
() has physical custody () claims custody rights () claims visitation rights
Name of each child _____

6. Knowledge of prior child support proceedings: (only one)

____ The child(ren) described in this affidavit are **NOT** subject to existing child support order(s) in this or any state or territory.

____ The child(ren) described in this affidavit **ARE** subject to the following existing child support order(s):

- a. Name of each child _____
- b. Type of proceeding _____
- c. Court and address _____
- d. Date of court order or judgment (if any): _____
- e. Amount of child support paid and by whom: _____

7. I acknowledge that I have a continuing duty to advise this Court of any custody, visitation, child support, or guardianship proceeding (including dissolution of marriage, child neglect, or dependency) concerning the child(ren) in this state or any other state about which information is obtained during this proceeding.

I certify that a copy of this document was (only one) () mailed () faxed and mailed
() hand delivered to the person(s) listed below on (date) _____

Other party or his/her attorney:

Name: _____ Address: _____
City, State, Zip: _____ Fax Number: _____

I understand that I am swearing or affirming under oath to the truthfulness of the statements made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____
_____ Signature of Party

Printed name: _____ Address: _____
City, State, Zip: _____ Phone: _____
Fax: _____

STATE OF OHIO
COUNTY OF _____

Sworn to or affirmed and signed before me on this _____ day of _____ 20____

Notary Public

My commission expires _____