

**IN THE COURT OF COMMON PLEAS**  
**DOMESTIC RELATIONS**      **Division**  


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**MONTGOMERY**                      **COUNTY, OHIO**

Name	:	
	:	Case No. _____
Street Address	:	
	:	Judge _____
City, State and Zip Code	:	
Plaintiff	:	
vs.	:	
	:	
Name	:	
Street Address	:	
City, State and Zip Code	:	
Defendant	:	

**Instructions:** This form is used to request an Annulment if you and your spouse do not have (a) child(ren), adult child(ren) attending high school, or child(ren) with disabilities. 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.

**COMPLAINT FOR ANNULMENT**

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):  
 No party is currently pregnant.  
 No children were born or adopted during the marriage.
5. I state the following grounds for Annulment exist (check all that apply):  
 The party was underage.  
 The Defendant has a spouse still living and the marriage is still in force (bigamy).  
 One of the party's has been adjudged mentally incompetent.  
 Fraud.  
 Consent of Marriage was obtained by force (duress).  
 Marriage was never consummated.
6. The Defendant and I  are  are not joint owners of  real estate and/or  personal property.

I request that an annulment 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 ordered to pay me spousal 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:

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

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Your Signature

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

DR-10 (12/18)

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

CASE NO. \_\_\_\_\_

PLAINTIFF/PETITIONER (1)

Address: \_\_\_\_\_

SETS NO. \_\_\_\_\_

**JUDGE: CROSS / WOOD**

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

-vs- / -and-

**AFFIDAVIT OF FINANCIAL DISCLOSURE**  
(MONT. D. R. RULE 4.10)

DEFENDANT/PETITIONER (2)

Address: \_\_\_\_\_

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

STATE OF OHIO, SS:

Now comes \_\_\_\_\_, affiant herein, and having been duly cautioned and sworn, states that he/she has been advised that this affidavit may be used for any or all of the following purposes: (1) to make complete disclosure of affiant's income, liabilities and expenses; (2) to assist in determining orders of support when applicable.

**I. TEMPORARY ORDERS/OTHER ACTIVE CASES:**

- \_\_\_\_\_ **I do not** request a temporary order.
- \_\_\_\_\_ **I request** a temporary order for  custody,  child support, and/or  spousal support.
- \_\_\_\_\_ A Domestic Violence Order under Case No. \_\_\_\_\_ currently is in effect.
- \_\_\_\_\_ A UIFSA or Juvenile Court Case under Case No. \_\_\_\_\_ currently is in effect.
- \_\_\_\_\_ A Bankruptcy action under Case No. \_\_\_\_\_ was filed \_\_\_\_\_.

**DATE OF SEPARATION (NEW CASES)** \_\_\_\_\_

**II. MINOR AND/OR DEPENDENT CHILDREN ONLY OF THIS MARRIAGE:**

\_\_\_\_\_ DOB: \_\_\_\_\_ Residing with \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_ Residing with \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_ Residing with \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_ Residing with \_\_\_\_\_

EMPLOYMENT OR SCHOOL RELATED CHILD CARE EXPENSES FOR THESE CHILDREN: \$ \_\_\_\_\_ per year.

**III. TOTAL INCOME FROM ALL SOURCES (A, plus B, plus Average of C):**

PLAINTIFF \$ \_\_\_\_\_ DEFENDANT \$ \_\_\_\_\_

**A. GROSS YEARLY INCOME FROM EMPLOYMENT**

PLAINTIFF/PETITIONER (1)

DEFENDANT/PETITIONER (2)

\_\_\_\_ YES \_\_\_\_ NO..... Employed? ..... YES \_\_\_\_ NO

\$ \_\_\_\_\_ (Actual or Estimate)..... **Base Yearly Wages**.....(Actual or Estimate) .... \$ \_\_\_\_\_  
**or Gross Receipts if Self-Employed**

.....Employer .....

.....Payroll Address .....

.....City, State, Zip.....

**B. OTHER YEARLY INCOME**

PLAINTIFF/PETITIONER (1)

DEFENDANT/PETITIONER (2)

YEARLY AMOUNT	SOURCE/ADDRESS		YEARLY AMOUNT	SOURCE/ADDRESS
\$		Interest/ Dividend Income	\$	
\$		Unemployment Compensation	\$	
\$		Workers' Compensation, Social Security or Other Disability Benefits	\$	
\$		Social Security & Pension Income	\$	
\$		Gross Self-Employment Income	\$	
\$		Ordinary & Necessary Business Expenses	\$	
\$		Expected lump sum income or benefits (within 6 months)	\$	

**C. OVERTIME, COMMISSION AND BONUSES EARNED:**

[Past Three Year History - Year 3 Is Most Recent Year]

**Overtime, Commission, Bonuses**

**Overtime, Commission, Bonuses**

20\_\_ Year 1 \$ \_\_\_\_\_

20\_\_ Year 1 \$ \_\_\_\_\_

20\_\_ Year 2 \$ \_\_\_\_\_

20\_\_ Year 2 \$ \_\_\_\_\_

20\_\_ Year 3 \$ \_\_\_\_\_

20\_\_ Year 3 \$ \_\_\_\_\_

**IV. OTHER SUPPORT INFORMATION:**

PLAINTIFF/PETITIONER (1)			DEFENDANT/PETITIONER (2)	
\$	per year	Court Ordered Child Support Payable for Other Child(ren) Who Are Not of this Marriage	\$	per year
\$	per year	Court Ordered Spousal Support Payable to a Spouse(s)	\$	per year
Number of Other Minor Child(ren) Living With You ( <b>not children of this marriage or step-children</b> )				
\$	per year	Child Support You Receive for the Minor Child(ren) You Indicated on Line Above	\$	per year

**V. OTHER ASSETS:**

List all funds on deposit in any and all accounts in any bank, savings & loan, credit union, regulated investment company, mutual fund or other financial institution. Account includes any of the following: checking, certificate of deposit ("CD"), investment, savings, individual retirement account ("IRA"), stock option, etc. Attach additional pages if needed.

<i>Name &amp; Address of Financial Institution</i>	<i>Name(s) on Account</i>	<i>Balance</i>
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**VI. AFFIANT'S MONTHLY EXPENSES:**

List your ACTUAL expenses for your **present household**. If you expect changes in your expenses soon, attach a separate sheet with your ESTIMATED expenses. **If you are living with your parents or someone is helping you with your living expenses, please identify that party \_\_\_\_\_ and the amount of support provided \_\_\_\_\_.**

**A. MONTHLY EXPENSES**

**1. Housing**

- Rent or Mortgage (including taxes and insurance) ..... \$ \_\_\_\_\_
- Utilities
- a. Gas & Electric (level billing or average per month) ..... \$ \_\_\_\_\_
- b. Water & Sewer ..... \$ \_\_\_\_\_
- c. Telephone/Cell Phone (excluding long distance) ..... \$ \_\_\_\_\_
- d. Trash Collection: ..... \$ \_\_\_\_\_
- Other: \_\_\_\_\_ ..... \$ \_\_\_\_\_

**HOUSING TOTAL** ..... \$  (I)

**2. Other**

- Grocery (include food, laundry & cleaning products/toiletries etc) ..... \$ \_\_\_\_\_
- Gasoline & Oil ..... \$ \_\_\_\_\_
- Car Repairs ..... \$ \_\_\_\_\_
- Insurance: (life/auto/renter's) \_\_\_\_\_ ..... \$ \_\_\_\_\_
- Medical (not covered by insurance) ..... \$ \_\_\_\_\_
- Clothing ..... \$ \_\_\_\_\_
- Internet ..... \$ \_\_\_\_\_
- Other \_\_\_\_\_ ..... \$ \_\_\_\_\_

**OTHER MONTHLY EXPENSES TOTAL** ..... \$  (II)

**B. MONTHLY DEBT PAYMENTS**

Do not list expenses previously listed in Section A (Monthly Expenses). Attach additional pages if needed.

<u>TO WHOM PAID</u> (ALSO INDICATE NAME ACCOUNT IS IN OR JOINT ACCOUNT)	<u>PURPOSE/SECURITY</u> (IF CAR LOAN, STATE MODEL & WHO DRIVES IT)	<u>MONTHLY PAYMENT</u>	<u>TOTAL BALANCE DUE</u>
		\$	\$
		\$	\$
MONTHLY DEBT PAYMENTS TOTAL .....		\$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>	(III)
GRAND TOTAL MONTHLY EXPENSES (I + II + III) .....		\$ <span style="border: 3px double black; display: inline-block; width: 200px; height: 40px;"></span>	

**VII. HEALTH INSURANCE:**

GROUP HEALTH INSURANCE COVERAGE AVAILABLE FOR DEPENDENT CHILDREN  
(This section to be filled in **ONLY** when there are dependent children of the parties.)

**PLAINTIFF/PETITIONER (1)**

YES NO  
YES NO

Available through employment  
Other Group Plan  
Insurance Company Name

**DEFENDANT/PETITIONER (2)**

YES NO  
YES NO

_____	Address	_____
_____	Policy Number	_____
\$ _____ per year / month (individual)	Employee Cost	\$ _____ per year / month (individual)
\$ _____ per year / month (family)	(Indicate "0" if no cost to party)	\$ _____ per year / month (family)

CHECK IF CHILDREN ARE CURRENTLY ENROLLED:  FAMILY PLAN or  INDIVIDUAL PLAN

Affiant states that the information contained herein and attached hereto, is complete and accurate to the best of his/her information, knowledge or belief under penalty of law.

\_\_\_\_\_  
Attorney for Plaintiff/Defendant/Petitioner

\_\_\_\_\_  
Affiant Plaintiff/Petitioner (1)  
Defendant/Petitioner (2)

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires \_\_\_\_\_

## PRIMARY PARTY

### Demographics / Social History

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Interpreter needed? \_\_\_\_\_

Language / Dialect: \_\_\_\_\_

Currently pregnant? \_\_\_\_\_

Due Date: \_\_\_\_\_

Number of Marriages: \_\_\_\_\_

### Birthplace

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

### Education

Education Level: \_\_\_\_\_

Years of College: \_\_\_\_\_

Degree: \_\_\_\_\_

### Physical Address

Confidential address? \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Zip / Postal Code: \_\_\_\_\_

Resident of Ohio for 6 months? \_\_\_\_\_

Resident of Montgomery

County for 90 days? \_\_\_\_\_

### Contact Information

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Current Court Cases

Bankruptcy Case #: \_\_\_\_\_

Location: \_\_\_\_\_

Domestic Violence Case #: \_\_\_\_\_

Location: \_\_\_\_\_

Other Legal Cases: \_\_\_\_\_

### Aliases or Former Names

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

### Physical Description

Race: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

### Financial Information

Do you receive public assistance? \_\_\_\_\_

Are you retired? \_\_\_\_\_

Are you currently enlisted in the military? \_\_\_\_\_

Duty Station: \_\_\_\_\_

### Occupation / Employer

Currently employed? \_\_\_\_\_

#### Employer #1

Employer Name: \_\_\_\_\_

Work Position: \_\_\_\_\_

Employer Street: \_\_\_\_\_

Employer City: \_\_\_\_\_

Employer State: \_\_\_\_\_

Employer Zip: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Work Hours: \_\_\_\_\_

#### Employer #2

Employer Name: \_\_\_\_\_

Work Position: \_\_\_\_\_

Employer Street: \_\_\_\_\_

Employer City: \_\_\_\_\_

Employer State: \_\_\_\_\_

Employer Zip: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Work Hours: \_\_\_\_\_

#### Employer #3

Employer Name: \_\_\_\_\_

Work Position: \_\_\_\_\_

Employer Street: \_\_\_\_\_

Employer City: \_\_\_\_\_  
Employer State: \_\_\_\_\_  
Employer Zip: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_  
Work Hours: \_\_\_\_\_

Employer #4  
Employer Name: \_\_\_\_\_  
Work Position: \_\_\_\_\_  
Employer Street: \_\_\_\_\_

Employer City: \_\_\_\_\_  
Employer State: \_\_\_\_\_  
Employer Zip: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_  
Work Hours: \_\_\_\_\_

Gross Annual Earnings: \_\_\_\_\_  
Pension: \_\_\_\_\_

## SECONDARY PARTY

### Demographics / Social History

First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Age: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Interpreter needed? \_\_\_\_\_  
Language / Dialect: \_\_\_\_\_  
Currently pregnant? \_\_\_\_\_  
Due Date: \_\_\_\_\_  
Number of Marriages: \_\_\_\_\_

### Birthplace

City: \_\_\_\_\_  
State: \_\_\_\_\_  
Country: \_\_\_\_\_

### Education

Education Level: \_\_\_\_\_  
Years of College: \_\_\_\_\_  
Degree: \_\_\_\_\_

### Physical Address

Confidential Address? \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_  
County: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip / Postal Code: \_\_\_\_\_  
Resident of Ohio for 6 months? \_\_\_\_\_  
Resident of Montgomery  
County for 90 days? \_\_\_\_\_

Email: \_\_\_\_\_

### Contact Information

Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

### Current Court Cases

Bankruptcy Case #: \_\_\_\_\_  
Location: \_\_\_\_\_  
Domestic Violence Case #: \_\_\_\_\_  
Location: \_\_\_\_\_  
Other Legal Cases: \_\_\_\_\_

### Aliases or Former Names

First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_

### Physical Description

Race: \_\_\_\_\_  
Height: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Hair Color: \_\_\_\_\_  
Eye Color: \_\_\_\_\_

### Financial Information

Do you receive public assistance? \_\_\_\_\_  
Are you retired? \_\_\_\_\_  
Are you currently enlisted in the military? \_\_\_\_\_  
Duty Station: \_\_\_\_\_

### Occupation / Employer

Currently employed? \_\_\_\_\_

Employer #1  
Employer Name: \_\_\_\_\_



Work Position: \_\_\_\_\_  
Employer Street: \_\_\_\_\_  
Employer City: \_\_\_\_\_  
Employer State: \_\_\_\_\_  
Employer Zip: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_  
Work Hours: \_\_\_\_\_

Work Position: \_\_\_\_\_  
Employer Street: \_\_\_\_\_  
Employer City: \_\_\_\_\_  
Employer State: \_\_\_\_\_  
Employer Zip: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_  
Work Hours: \_\_\_\_\_

Employer #2  
Employer Name: \_\_\_\_\_  
Work Position: \_\_\_\_\_  
Employer Street: \_\_\_\_\_  
Employer City: \_\_\_\_\_  
Employer State: \_\_\_\_\_  
Employer Zip: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_  
Work Hours: \_\_\_\_\_

Employer #4  
Employer Name: \_\_\_\_\_  
Work Position: \_\_\_\_\_  
Employer Street: \_\_\_\_\_  
Employer City: \_\_\_\_\_  
Employer State: \_\_\_\_\_  
Employer Zip: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_  
Work Hours: \_\_\_\_\_

Employer #3  
Employer Name: \_\_\_\_\_

Gross Annual Earnings: \_\_\_\_\_  
Pension: \_\_\_\_\_

### MARRIAGE INFORMATION

Marriage Date: \_\_\_\_\_  
Place of Marriage: \_\_\_\_\_

Cohabiting at present? \_\_\_\_\_  
Date Separated: \_\_\_\_\_  
Who left first? \_\_\_\_\_

Real Estate

Does the Primary Party or Secondary Party own any real estate? \_\_\_\_\_

Joint Holdings:

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Primary Party Holdings:

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Secondary Party Holdings:

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## CHILDREN

Child #1

**Child of Parties?** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

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

**SSN:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Living With:** \_\_\_\_\_

Child #2

**Child of Parties?** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

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

**SSN:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Living With:** \_\_\_\_\_

Child #3

**Child of Parties?** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

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

**SSN:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Living With:** \_\_\_\_\_

Child #4

**Child of Parties?** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

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

**SSN:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Living With:** \_\_\_\_\_

Child #5

**Child of Parties?** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

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

**SSN:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Living With:** \_\_\_\_\_

Child #6

**Child of Parties?** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

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

**SSN:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Living With:** \_\_\_\_\_

Child #7

**Child of Parties?** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

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

**SSN:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Living With:** \_\_\_\_\_

Child #8

**Child of Parties?** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

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

**SSN:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Living With:** \_\_\_\_\_

Child #9

Child of Parties? \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Residing With Parent of this Marriage? \_\_\_\_\_  
Child Support Paid? \_\_\_\_\_  
Child Support Received? \_\_\_\_\_

Child #10

Child of Parties? \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Residing With Parent of this Marriage? \_\_\_\_\_  
Child Support Paid? \_\_\_\_\_  
Child Support Received? \_\_\_\_\_

Child #11

Child of Parties? \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Residing With Parent of this Marriage? \_\_\_\_\_  
Child Support Paid? \_\_\_\_\_  
Child Support Received? \_\_\_\_\_

Child #12

Child of Parties? \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Residing With Parent of this Marriage? \_\_\_\_\_  
Child Support Paid? \_\_\_\_\_  
Child Support Received? \_\_\_\_\_

Child #13

Child of Parties? \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Residing With Parent of this Marriage? \_\_\_\_\_  
Child Support Paid? \_\_\_\_\_  
Child Support Received? \_\_\_\_\_

Child #14

Child of Parties? \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Residing With Parent of this Marriage? \_\_\_\_\_  
Child Support Paid? \_\_\_\_\_  
Child Support Received? \_\_\_\_\_

Child #15

Child of Parties? \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Residing With Parent of this Marriage? \_\_\_\_\_  
Child Support Paid? \_\_\_\_\_  
Child Support Received? \_\_\_\_\_

Child #16

Child of Parties? \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Residing With Parent of this Marriage? \_\_\_\_\_  
Child Support Paid? \_\_\_\_\_  
Child Support Received? \_\_\_\_\_

Montgomery County CSEA  
1111 S. Edwin C. Moses Blvd.  
P. O. Box 8744  
Dayton, OH 45422  
Fax: (937) 496-7461

Applicant Name \_\_\_\_\_

### 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 Montgomery County CSEA (Child Support Enforcement Agency). I understand and agree to the following:

- A. I am a resident of the county in which services are requested and no other Ohio county has jurisdiction over support – OR –I am requesting services from the Ohio county of jurisdiction.
- B. The only fee that can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).
- D. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

The Child Support Enforcement Agency can assist you in providing the following services:

**1. Location of Absent Parents.**

The agency can assist in finding where an absent parent is currently living, in what city, town, or state. The applicant can request 'Location Only Services', if the sole need is to find the whereabouts of the absent parent.

**2. Establishment or Adjustment of Child Support and Medical Support.**

The CSEA can assist you to obtain an order for support if you are separated, have been deserted, or need to establish paternity (fatherhood). The CSEA can also assist you in changing the amount of support orders (adjustment), and to establish a medical support order.

**3. Enforcement of Existing Orders.**

The CSEA can help you collect current and past-due child support.

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

The agency can collect past-due support (arrearages) by intercepting a payor's federal and state income tax refunds in some cases.

**5. Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.**

The agency can help you get payroll deductions for current and past-due child support and can intercept unemployment compensation to collect child support.

**6. Establishment of Paternity.**

The agency can obtain an order for the establishment of paternity (fatherhood), if you were not married to the father of the child. An absent parent may request paternity services.

**7. Collection and Disbursement of Payments.**

The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Past-due support collected will be paid to you until all of the past-due support you are owed is paid.

**8. Interstate Collection of Child Support.**

The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.

## APPLICANT INFORMATION

Name: _____	Date of Birth: _____
Home Address: _____ _____	Mailing Address: _____ _____
Home Phone #: _____	
Social Security #: _____	Sex: _____
Race: _____	<input type="checkbox"/> Single <input type="checkbox"/> Married
Relationship to Children: _____	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Military Service _____	Ever been on _____
(Branch, Dates): _____	Public Assistance? _____
	(When and Where) _____ _____

## EMPLOYER INFORMATION

Employer Name: _____	Employer Phone #: _____
Employer _____	Is Medical Insurance Available? _____
Address: _____ _____	_____

	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**  
**DOMESTIC RELATIONS**      **Division**  


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**MONTGOMERY**              **COUNTY, OHIO**

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 on the following page:

Montgomery County Revised April 2016 Amended June 2, 2017  
 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

**REQUEST FOR SERVICE**

Defendant/Petitioner at the address shown above.  
 Service By Clerk, Return Receipt Requested  
 Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service  
 Other (specify) \_\_\_\_\_

Plaintiff/Petitioner at the address shown above.  
 Service By Clerk, Return Receipt Requested  
 Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service  
 Other (specify) \_\_\_\_\_

\_\_\_\_\_ County Child Support Enforcement Agency (provide address below):  
\_\_\_\_\_  
 Service By Clerk, Return Receipt Requested  
 Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service  
 Other (specify) \_\_\_\_\_

Other (address): \_\_\_\_\_  
 Service By Clerk, Return Receipt Requested  
 Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service  
 Other (specify) \_\_\_\_\_

SPECIAL INSTRUCTIONS TO SHERIFF:

\_\_\_\_\_

\_\_\_\_\_  
Your Signature