

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

Name : Case No. _____

Street Address :

City, State and Zip Code : Judge _____
Plaintiff :
vs. : Magistrate _____

Name :

Street Address : **COMPLAINT FOR LEGAL SEPARATION**

City, State and Zip Code : **WITHOUT CHILDREN**
Defendant :

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.
 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: _____.
5. There is/are no child(ren) from this marriage or relationship.
6. I state the following grounds for legal separation 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.
7. The Defendant and I are owners of real estate and/or personal property.

I request that a legal separation 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.
- 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.

Signature

Typed or Printed Name

Address Line 1

Address Line 2

Phone Number with Area Code

Email Address

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 Spousal Support Payable to a Spouse(s) \$ _____ per year

Number of Your Other Minor Child(ren)
(not children of this marriage or step children)

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 & 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 \$ _____ **(1)**

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>
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MONTHLY DEBT PAYMENTS TOTAL \$ (III)

GRAND TOTAL MONTHLY EXPENSES (I + II + III) \$

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.)

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

PLAINTIFF/PETITIONER (1)

YES NO
YES NO

Available through employment
Other Group Plan

Insurance Company Name

Address

Policy Number

Employee Cost

(Indicate "0" if no cost to party)

DEFENDANT/PETITIONER (2)

YES NO
YES NO

_____ per month
\$ _____

_____ per month
\$ _____

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 _____

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: _____

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:

Primary Party Holdings:

Secondary Party Holdings:

CHILDREN

Child #1

Child of Parties? _____

First Name: _____

Last Name: _____

DOB: _____

Sex: _____

Residing With Parent of this Marriage? _____

Child Support Paid? _____

Child Support Received? _____

Child #2

Child of Parties? _____

First Name: _____

Last Name: _____

DOB: _____

Sex: _____

Residing With Parent of this Marriage? _____

Child Support Paid? _____

Child Support Received? _____

Child #3

Child of Parties? _____

First Name: _____

Last Name: _____

DOB: _____

Sex: _____

Residing With Parent of this Marriage? _____

Child Support Paid? _____

Child Support Received? _____

Child #4

Child of Parties? _____

First Name: _____

Last Name: _____

DOB: _____

Sex: _____

Residing With Parent of this Marriage? _____

Child Support Paid? _____

Child Support Received? _____

Child #5

Child of Parties? _____

First Name: _____

Last Name: _____

DOB: _____

Sex: _____

Residing With Parent of this Marriage? _____

Child Support Paid? _____

Child Support Received? _____

Child #6

Child of Parties? _____

First Name: _____

Last Name: _____

DOB: _____

Sex: _____

Residing With Parent of this Marriage? _____

Child Support Paid? _____

Child Support Received? _____

Child #7

Child of Parties? _____

First Name: _____

Last Name: _____

DOB: _____

Sex: _____

Residing With Parent of this Marriage? _____

Child Support Paid? _____

Child Support Received? _____

Child #8

Child of Parties? _____

First Name: _____

Last Name: _____

DOB: _____

Sex: _____

Residing With Parent of this Marriage? _____

Child Support Paid? _____

Child Support Received? _____

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

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