

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

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

COMPLAINT FOR LEGAL SEPARATION

WITHOUT CHILDREN

I, the Plaintiff, for this Complaint say:

1. I have been a resident of the State of Ohio for at least six months.
2. ☐ I have been a resident of _____ County for at least 90 days immediately before the filing of this Complaint.
☐ 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

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

PLAINTIFF/PETITIONER (1)

Address:

DOB: _____

-vs- / -and-

CASE NO. _____

SETS NO. _____

JUDGE: PETRELLA / WOOD

DEFENDANT/PETITIONER (2)

Address:

DOB: _____

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

STATE OF OHIO, SS:

Now comes _____, affiant herein, and having been duly cautioned and sworn, states that they have 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 CHILDCARE 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

20__ Year 1 \$ _____

20__ Year 2 \$ _____

20__ Year 3 \$ _____

Overtime, Commission, Bonuses

20__ Year 1 \$ _____

20__ Year 2 \$ _____

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.

Name & Address of Financial Institution

Name(s) on Account

Balance

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

LIST ONLY THE EXPENSES YOU PAY

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 (A1) \$

2. OTHER MONTHLY EXPENSES:

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 (A2) \$

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 (B) \$

GRAND TOTAL MONTHLY EXPENSES(A1 + A2 + B) \$

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:	<div></div>	<div></div>	<div></div>
Sex:	<div></div>	<div></div>	<div></div>
Race:	<div></div>	<div></div>	<div></div>
Social Security #:	<div></div>	<div></div>	<div></div>
Date of Birth:	<div></div>	<div></div>	<div></div>
Home Address:	<div></div>	<div></div>	<div></div>
Location of Birth:	<div></div>	<div></div>	<div></div>

(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: _____

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: _____

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**

<hr/>	:	
Name	:	Case No. <hr/>
	:	
<hr/>	:	
Street Address	:	Judge <hr/>
	:	
<hr/>	:	
City, State and Zip Code	:	
	:	
Plaintiff/Petitioner	:	Magistrate <hr/>
	:	
vs./and	:	
	:	
<hr/>	:	
Name	:	
	:	
<hr/>	:	
Street Address	:	
	:	
<hr/>	:	
City, State and Zip Code	:	
	:	
Defendant/Petitioner	:	

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

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

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

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) _____

TO BE SERVED: (List all documents to be served.)

Your Signature

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

DOB: _____

PLAINTIFF

vs.

DOB: _____

DEFENDANT

CASE NO. _____

JUDGE: _____

POVERTY AFFIDAVIT
[R.C. 2323.30, 2323.31 and
Mont. D.R. Rule 4.04(B)]

I, _____, being duly sworn, says:

1. I am a party in the foregoing action;
2. I am without the funds or assets to give security or a cash deposit to secure costs at this time;
3. I understand that I must inform the court if my financial situation should change before the disposition of my case;
4. I understand that I am subject to criminal charges for providing false information;
5. I understand that if it is determined by the court, that I was not entitled to the suspended deposit/costs that were provided to me, I may be required to reimburse the county for the costs.

6. I understand that the court will ultimately determine which party will be responsible for the payment of costs in this case, unless costs are waived.

SIGNATURE OF AFFIANT

Sworn before me and subscribed in my presence this ____ day of _____, _____.

Notary Public

ATTORNEY CERTIFICATION (required if affiant is represented by counsel):

I, _____, Attorney at Law, certify that based on my inquiry and the information available to me, that the foregoing statements are true

I further certify that I am/am not being paid by the affiant for my services in the above-mentioned case in the amount of \$_____.

I further understand that I am under a continuing obligation to advise the court of any change in the financial status of my client.

COURT OF COMMON PLEAS
MONTGOMERY COUNTY, OHIO

Plaintiff	v.	Case No. _____
Defendant		Judge _____
		Magistrate _____

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

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

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

☐ **(1) Motion and Affidavit**

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

Check only those that apply.

	Residential parenting rights (custody)
	Parenting time (visitation)
	Child support
	Spousal support (alimony)
	Payment of debts and/or expenses
	Other: _____

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

☐ **(2) Counter Affidavit**

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

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

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

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

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

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

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

3. ☐ I request to be named the temporary residential parent and legal custodian of the child(ren).
(Specify child(ren) if request is not for all children.) _____
- ☐ I do not object to my spouse being named the temporary residential parent of the child(ren).
- ☐ I request the following parenting time order:
- ☐ The Court's standard parenting order (See county's local rules of court.)
- ☐ A specific parenting time order as follows:

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

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

Name of an appropriate supervisor _____

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

Name of Court/Agency _____

Date of Order _____

SETS No. _____

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

☐ \$ _____ child support per month

☐ \$ _____ spousal support per month

☐ \$ _____ attorney fees, expert fees, court costs

☐ The following debts and/or expenses:

☐ Other _____

6. ☐ I am willing to attend mediation.

☐ I am not willing to attend mediation.

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

State specific reasons why court services are required.

OATH

(Do not sign until notary is present.)

I, (print name) _____, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

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

Notary Public

My Commission Expires:

CERTIFICATE OF SERVICE

Check the boxes that apply.

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

On: (Date) _____, 20 ____

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

At: (Print address or fax number.) _____.

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

Your Signature