

APPENDIX 4

D.R. FORMS

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

Case No. _____

Plaintiff/Petitioner
____ Husband ____ Wife

JUDGE TIM OLIVER

-vs- / -and-

**Affidavit of __ Husband __ Wife
Income & Expenses
and Financial Disclosure**

Defendant/Petitioner
____ Husband ____ Wife

Date of Marriage: _____
Date of Separation: _____

State of Ohio, County of _____ SS:

I, _____, (Name) being first duly cautioned and sworn state as follows (attach additional sheets if necessary):

I. Minor Children of this Marriage: _____ (number of children)

_____ Name	_____ DOB	_____ lives with
_____ Name	_____ DOB	_____ lives with
_____ Name	_____ DOB	_____ lives with
_____ Name	_____ DOB	_____ lives with

II. Wages, Earnings and Income

A. Gross Yearly Income from employment (includes self employment, overtime & bonuses)

<u>Husband</u>	<u>Wife</u>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Employed?.....Yes <input type="checkbox"/> No <input type="checkbox"/>
\$ _____	Yearly Income.....\$ _____
_____	Name of employer?..... _____

B. Other Yearly Income (interest divided income, unemployment, worker's compensation, social security, other disability income, pension income, etc.)

<u>Husband</u>		<u>Wife</u>	
Source of Income	Yearly Amount	Source of Income	Yearly Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

C. Last 3 Year's Total Income

<u>Husband</u>		<u>Wife</u>	
Year	Amount	Year	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

III. Assets and Liabilities – attach additional sheets if necessary

A. Real Estate:

Address	Name on Deed	Present Value	Balance of Mortgage
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

B. Vehicles: List cars, trucks, boats, motor homes, motorcycle, etc.

Make & Model	Primary Driver	Present Value	Balance Due
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

C. Retirement Benefits:

Name & Type of Plan (401K, IRA, Pension, etc.)	Husband, Wife or Joint	Present Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

D. Financial Accounts: List all bank, savings and loan, credit union, investment account, mutual funds, bonds, securities, stocks, certificate of deposit, etc.

Financial Institution	Husband, Wife or Joint	Present Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

E. **Businesses:** List any businesses you own or in which you have any type of interest.

Name of Business	Ownership Type	Present Value
_____	_____	\$ _____
_____	_____	\$ _____

F. **Liabilities/Debts:** List all monthly installment payments, credit cards, car payments, loans etc.

Creditor	Husband, Wife or Joint	Total Balance	Payment
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

IV. Separate Property Claims:

Describe Property	How Acquired (inheritance, gift, premarital, other)	Present Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

V. Bankruptcy:

Have you or your spouse ever filed for bankruptcy protection? Yes No

If so, who filed? Husband Wife Joint

When: _____ Chapter 7 Chapter 13

Date of Discharge _____

VI. Monthly Expenses: List actual expenses for your household only.

Household: Number of Adults _____; Number of children _____

Rent or Mortgage (including taxes and insurance).....	\$ _____
Real Estate Taxes & Real Estate Insurance if not included above	\$ _____
Gas or Propane (level billing or average per month).....	\$ _____
Electric (level billing or average per month).....	\$ _____
Water & Sewer.....	\$ _____
Telephone: landline (excluding long distance).....	\$ _____
cell phone.....	\$ _____
Cable.....	\$ _____
Groceries.....	\$ _____

Restaurants\$ _____
 Gas & Oil for car/truck\$ _____
 Insurance (auto, life, home if not included above)\$ _____
 Medical (not covered by insurance).....\$ _____
 Union dues\$ _____
 Uniform Fees\$ _____
 Daycare\$ _____
 Court ordered support for children not of this marriage.....\$ _____
 Clothing.....\$ _____
 Entertainment.....\$ _____
 Other (specify)\$ _____
TOTAL:\$ _____

VII. Health Insurance

Husband

Wife

Yes No

Available through employment

Yes No

Yes No

Other Group Plan

Yes No

Name of Insurance Company
 Employee Cost/Individual Plan
 Employee Cost/Family Plan

VIII. Signature & Notary:

I state that the information contained above is complete and accurate to the best of my knowledge and belief under penalty of law.

 Signature

Sworn to and subscribed in my presence this _____ day of _____, 20____.

 Notary

My commission expires on _____

CERTIFICATE OF SERVICE

(unless filed with initial Complaint for divorce or initial post-decree motion)

I certify that a copy of the foregoing was served upon _____ (name) by
 _____ (ordinary mail or hand delivered) on this _____ day of _____, 20____.

 Attorney or Unrepresented Party

**WARREN COUNTY COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION**

CASE NO. _____

Plaintiff/Petitioner

vs.

**PERSONAL HISTORY OF PARTIES
TO DIVORCE, DISSOLUTION
OR LEGAL SEPARATION**

Defendant/Petitioner

Date of Marriage _____ Date _____ of
Separation _____

Place of Marriage _____ Which Party remains in home _____

Type of Marriage ___ Ceremonial ___ Common Law

The number of this marriage Husband 1 2 3 4 5 Wife 1 2 3 4 5

Have there been actions previously filed to end this marriage?

___ No ___ Yes If so, where? _____ When? _____

By Whom? _____ Disposition _____

Has either party to this action been convicted of a criminal offense while an adult?

Husband: ___ No ___ Yes If so, state
particulars: _____

Wife: ___ No ___ Yes If so, state particulars _____

Is either party in the Military Service? Husband _____ Wife _____

Signature

**WARREN COUNTY COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION**

_____))
Plaintiff/Petitioner (1)

DOB _____))

_____))
Address

_____))

-vs-

_____))
Defendant/Petitioner (2)

DOB _____))

_____))
Address

_____))

Case No. _____

**INFORMATION FOR PARENTING
PROCEEDING AFFIDAVIT (O.R.C. 3127.23)**

By law, this affidavit must be filed and served with the first pleading filed **by each party** in every parenting [custody/visitation (now known as parenting time)] proceeding in this court. Each party has a continuing duty while this case is pending to inform the court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. If more space is needed, attach an additional page.

I, _____, state as follows:
(name)

1. List all minor children of the parties:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

2. Children listed in #1 above are currently living at what address?

Since when? _____

3. Complete the following information for each adult living at the address in #2 above.

Name _____ Relationship to Child(ren) _____
 Name _____ Relationship to Child(ren) _____
 Name _____ Relationship to Child(ren) _____

4. Children listed in #1 above have been enrolled in the _____ school district since _____ (month and year of enrollment).

5. List all addresses for the children in #1 for the last 5 years.

From (date) to (date)	Address	Name of Adults in Household

6. List the name and address of any person who is not a party to this proceeding: (A) who has physical custody of the child(ren); or (B) who claims to be a parent of the child(ren) and who is designated the residential parent and legal custodian; (C) claims to have parenting time rights with the child(ren); or (D) who is a person other than a parent of the child(ren) who has custody or visitation rights with the child(ren).

Name	Address

7. Have you ever been a party, witness or otherwise involved in any case involving the custody, parenting time rights, or visitation of any child listed in #1? Yes _____ No _____ If yes, complete the following:

Court or Agency	Address of Court or Agency	Case Number	Date(s) of custody determination, if any

8. Do you know of any proceedings that could affect the current proceeding, including proceedings for enforcement of child custody determinations, proceedings relating to domestic violence or protection orders, proceedings to adjudicate the child as an abused, neglected, or dependent child, proceedings

seeking termination of parental rights, and adoptions, and, if so, the court, the case number, and the nature of the proceeding.

Court	Case Number	Nature of Proceeding

9. Complete the following information for any civil or criminal case or investigation concerning child abuse, or child neglect to which you have ever been a party.

Court or Agency Name	Case Number	Outcome of Case or Investigation

10. List all of the criminal convictions including guilty pleas for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

Name	Case Number	Court/State/County	Charge

11. Do you have any domestic violence protection orders or any other restraining orders issued against you, or on your behalf against any other person? If so, complete the following:

Name of Court	Name of Case/Case Number	Date of Filing	Nature & Outcome of Case

STATE OF _____

SS:

COUNTY OF _____

I hereby swear or affirm that the answers above are true, complete and accurate. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and

fine, and that falsification of this document may also subject me to criminal penalties for perjury. (ORC 2921.11)

Signature

Sworn to and subscribed in my presence this _____ day of _____, 20____.

Notary Public

**WARREN COUNTY COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS**

_____))
Plaintiff/Petitioner 1

-vs-

_____))
Defendant/Petitioner 2/Respondent

Case No. _____

PRAECIPE FOR TRANSCRIPT

TO THE CLERK:

The undersigned herewith requests that a transcript of the hearing before Magistrate/Judge _____ held on _____ be prepared.

Signature

Print Name

Address

Address

Phone No.

**WARREN COUNTY COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS**

PLAINTIFF)	CASE NO. _____
vs.)	
DEFENDANT)	MUTUAL RESTRAINING ORDER

IT IS ORDERED PURSUANT TO LOCAL RULE, EFFECTIVE ON THE DATE A COMPLAINT IS FILED, THAT EACH SPOUSE IS ENJOINED FROM COMMITTING ANY OF THE FOLLOWING ACTS:

1. Threatening, abusing, stalking, annoying, or interfering with the other party or the parties' child(ren);
2. Incurring credit in the name of the other party or in the parties' joint names, except for necessary food, housing, utilities, medical care and necessary transportation, or allowing a lien or loan to be placed against their real or personal property;
3. Selling, disposing of, or dissipating any of their real or personal property, including money (other than regular income), of either party, or removing household goods and furniture from the marital residence;
4. Changing or failing to renew the present health, life, home, automobile, or other insurance coverage; removing the other party as a beneficiary on any life insurance or retirement benefits without further order of this Court;
5. Removing the minor children of the parties from Ohio except for holidays or vacations (not to exceed ten days);
6. Claiming the children as dependents on any income tax return without prior Court order.

Nothing in the above restraining order prevents a spouse from using his or her property to pay necessary and reasonable attorney fees, litigation and court costs in this action.

DATE _____

JUDGE/MAGISTRATE

WARNING

This is an official Court Order. If you disobey any order of Court, you may be found in contempt of Court, sentenced to jail, fined, and ordered to pay costs and attorney fees, in addition to any other legal remedy available to the spouse, child or other dependent affected. This order is in effect until (1) the Court issues an order which modifies or terminates the same; or (2) a judgment for divorce or legal separation is filed with the Clerk of Courts.

IF YOU ARE IN DISAGREEMENT WITH ANY OF THE ABOVE ORDERS,
you or your attorney must file a written motion with the:

Clerk of Courts
Warren County Courthouse
P.O. Box 238
Lebanon OH 45036-0238

A hearing date must be obtained from this Court's Assignment Commissioner prior to filing any motion.

**WARREN COUNTY COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION**

CASE NO. _____

Plaintiff/Petitioner DOB

vs/and

Defendant/Petitioner DOB

**NOTICE OF INTENT
TO RELOCATE**

If you are a residential parent or participate in a shared parenting plan and intend to move, you **MUST** file this notice of your intent to relocate with the Clerk of Courts, P.O. Box 238, Lebanon, OH 45036 at least **30 days** prior to a move within Warren County and **60 days** prior to a move out of Warren County.

ADDRESS CHANGE

My name is: _____

Other Parent's Name: _____

New Address: _____

Other Parent's Address: _____

I intend to move on or about _____ (Date)

Fill out this section to request a hearing **only** if you do not want the other parent to know where you are moving. You may ask for a hearing **only** if domestic violence against you or abuse of a child is involved.

I request a hearing and an Order that the non-residential parent **not** be given a copy of the notice of relocation because the other parent has been convicted of or pled guilty to:

Check the applicable section:

- _____ 1. A violation of §2919.25 O.R.C. (domestic violence) involving a victim who at the time of the commission of the offense was a member of this family or household;
- _____ 2. Any other offense involving a household member which resulted in physical harm to the household member, or;
- _____ 3. A Juvenile Court has found a child/children to be an abused child/children because of something the other parent did.

Provide:

Name of Court: _____ Location of Court: _____

Date of conviction: _____ Case Number: _____

Signature: _____

Parent

Telephone No.

TO THE CLERK: Please deliver a copy of this notice upon the Warren County CSEA.

TO THE CSEA: Please serve a copy of this notice upon the non-moving party by ordinary mail.

WARREN COUNTY COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION

Plaintiff,)
)
) CASE NO.
)
-vs-)
) NOTICE OF PRESENTATION
) OF ENTRY
)
Defendant.)

Now comes _____ by and through counsel, and respectfully requests that this Court sign the attached entry as it accurately reflects this Court's decision. The undersigned prepared the attached entry and forwarded it to opposing counsel on _____. On _____ and _____, the undersigned attempted to contact opposing counsel to determine if there were any objections to the attached entry. To date, no response has been received. Therefore, _____ requests that if _____ does not file objections or provide this Court with his/her draft entry within fourteen (14) days of the filing of this notice, that this Court sign the attached entry and file with the Court. In the event that _____ does file an objection or prepare his/her own entry, _____ requests that this matter be set for hearing immediately.

Respectfully submitted,

Attorney for _____

PROOF OF SERVICE

I hereby certify that I have served a copy of the foregoing upon _____, Attorney for _____, at _____ (address), by regular U.S. mail on this _____ day of _____ 20____.

Attorney

HEALTH INSURANCE INFORMATION FORM

Case No. _____

NAME OF PERSON PROVIDING INSURANCE: _____

PROVIDER OF INSURANCE IS: ___ Obligor ___ Obligor's Spouse ___ Other

NAME OF INSURANCE COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

POLICY EFFECTIVE DATE: _____ ___ GROUP PLAN ___ PRIVATE PLAN

POLICY AND/OR GROUP NUMBER: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE: _____

NAME OF PERSON PROVIDING INSURANCE: _____

PROVIDER OF INSURANCE IS: ___ Obligee ___ Obligee's Spouse ___ Other

NAME OF INSURANCE COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

POLICY EFFECTIVE DATE: _____ ___ GROUP PLAN ___ PRIVATE PLAN

POLICY AND/OR GROUP NUMBER: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE: _____

THE FIRST \$100 PER CHILD PER YEAR OF MEDICAL EXPENSES WHICH ARE NOT COVERED BY INSURANCE SHALL BE PAID BY _____. ANY ADDITIONAL EXPENSES NOT COVERED BY INSURANCE SHALL BE PAID _____% BY OBLIGOR AND _____% BY OBLIGEE

ATTACH COPY OF FRONT AND BACK OF INSURANCE CARD

**INFORMATION SHEET FOR
NOTICE TO INCOME PROVIDER
TO WITHHOLD INCOME/ASSETS**

NAME OF OBLIGOR

EMPLOYER/WITHHOLDER/FINANCIAL INSTITUTION

ADDRESS

ADDRESS

CITY/STATE/ZIP

CITY/STATE/ZIP

SSN

BANK ACCOUNT NUMBER (IF APPLICABLE)

DOB

NAME OF OBLIGEE

ADDRESS

CITY/STATE/ZIP

CASE NO. _____

SSN

DOB

\$ _____

**MONTHLY SUPPORT AMOUNT INCLUDING CURRENT
SUPPORT, SPOUSAL SUPPORT, MONTHLY ARREARAGE
PAYMENT, PLUS 2% PROCESSING CHARGE**

TO: WARREN COUNTY CSEA

**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, _____ requests 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 right 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 <i>(Check One)</i> <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 service (IV-D Services).

Signature of Applicant	Date
------------------------	------

Applicants Name (Last, First, Middle)	Telephone Number (Home)
Address (Street/Route, P.O. Box)	(Work)
City, State, and 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 (Yes or No)				

ABSENT PARENT INFORMATION OR PARENT 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 & Branch Entered			
Arrest Record: Give Date & Place of Arrest			
If the absent parent has been on the Public Assistance: Give Date & Place			
Give Name and Address of Current Spouse of Absent Parent			

Have you ever been on public assistance? Yes No

When _____ Date Where _____ City and State _____ County

(Do Not Write In this Space) FOR AGENCY USE ONLY		
Case Name	Date Requested	Date Mailed or Provided
Case Number	Date Returned or File Date	