

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

Date: _____

Case: _____

FAMILY INFORMATION SHEET

PARTIES IDENTIFYING INFORMATION

Plaintiff/Petitioner 1

Defendant/Petitioner 2

Name (*First Middle Last*)

Name (*First Middle Last*)

Address

Address

City, State and Zip Code

City, State and Zip Code

DOB – i.e. (11/05/2022)

DOB – i.e. (11/05/2022)

Last 4 Digits SSN – i.e. (***-**-9999)

Last 4 Digits SSN – i.e. (***-**-9999)

Telephone – i.e. (111) 222 – 3333

Telephone – i.e. (111) 222 – 3333

Email – i.e. (Username@Gmail.Com)

Email – i.e. (Username@Gmail.Com)

Minor Child(ren) of the Marriage: **Yes** **No**

Child's Name (*First Middle Last*)

DOB – i.e. (11/05/2022)

Last 4 Digits SSN – i.e. (***-**-9999)

Child's Name (*First Middle Last*)

DOB – i.e. (11/05/2022)

Last 4 Digits SSN – i.e. (***-**-9999)

Child's Name (*First Middle Last*)

DOB – i.e. (11/05/2022)

Last 4 Digits SSN – i.e. (***-**-9999)

Child's Name (*First Middle Last*)

DOB – i.e. (11/05/2022)

Last 4 Digits SSN – i.e. (***-**-9999)

Child's Name (*First Middle Last*)

DOB – i.e. (11/05/2022)

Last 4 Digits SSN – i.e. (***-**-9999)

Child's Name (*First Middle Last*)

DOB – i.e. (11/05/2022)

Last 4 Digits SSN – i.e. (***-**-9999)

Child's Name (*First Middle Last*)

DOB – i.e. (11/05/2022)

Last 4 Digits SSN – i.e. (***-**-9999)

Child's Name (*First Middle Last*)

DOB – i.e. (11/05/2022)

Last 4 Digits SSN – i.e. (***-**-9999)

HAS THIS CASE BEEN PREVIOUSLY FILED AND DISMISSED? Yes No

IF **YES**, LIST CASE NUMBER(S) AND ASSIGNED JUDGE IN THE SPACE PROVIDED BELOW.

<u>CASE NUMBER</u>	<u>ASSIGNED JUDGE</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LIST ALL RELATED PENDING OR PREVIOUSLY DISMISSED CASES INCLUDING CASE NUMBER AND ASSIGNED JUDGE IN THE SPACE PROVIDED BELOW.

<u>CASE NUMBER</u>	<u>ASSIGNED JUDGE</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

Name

Address

City, State and Zip Code

Telephone No. – i.e. (111) 222 – 3333

Date of Birth – i.e. (11/05/2022)

Plaintiff

- vs/and -

Case No. (*if applicable*)

Judge (*leave blank unless if known*)

**COMPLAINT FOR DIVORCE
LEGAL SEPARATION ANNULMENT
WITHOUT CHILD(REN)
WITH CHILD(REN)**

Name

Address

City, State and Zip Code

Telephone No. – i.e. (111) 222 – 3333

Date of Birth – i.e. (11/05/2022)

Defendant

NOTE: This form is used to request a divorce. Check to determine if you meet the residency requirement to file in this county.

Now comes Plaintiff and states as follows:

1. Plaintiff has been a resident of the State of Ohio for at least six months immediately before the filing of this Complaint.
2. Butler County resident(s) for at least 90 days (*Select **ONE** of the Following Three Choices*)

3. Plaintiff and Defendant were married on _____ (*Date of Marriage*) in _____ (*Location of Marriage – City or County and State*).

4. Plaintiff and Defendant _____.

5. Plaintiff is entitled to a _____.

(*Check **All** That Apply for **EITHER DIVORCE OR LEGAL SEPARATION***):

Plaintiff and Defendant are incompatible.

Plaintiff and Defendant have lived separate and apart without cohabitation and without interruption for one year.

_____ a Spouse living at the time of the marriage.

Defendant has been willfully absent for one (1) year.

Defendant is guilty of adultery.

Defendant is guilty of extreme cruelty.

Defendant is guilty of fraudulent contract.

Defendant is guilty of gross neglect of duty.

Defendant is guilty of habitual drunkenness.

Defendant was imprisoned in a state or federal correctional institution at the time the Complaint was filed.

Defendant procured a divorce outside this state by virtue of which the Defendant has been released from the obligations of the marriage, while those obligations remain binding on me.

6. Plaintiff is entitled to an **annulment** from Defendant based on the following grounds

(**Check All That Apply for ONLY ANNULMENT**):

Plaintiff was under the age at which persons may be joined in marriage as established by Section 3101.01 of the Revised Code, and this action is being commenced within two (2) years after arriving at such age, unless after arriving attaining such age, Plaintiff cohabitated with the other party as husband or wife.

The former spouse of either party was living and the marriage with such former spouse was then and still is in force.

Either party has been adjudicated to be mentally incompetent, unless such party after being restored to competency cohabited with the other as husband or wife.

The consent to the marriage of either party was obtained by fraud, and this action is being commenced within two (2) years after the discovery of the facts constituting such fraud, unless such party afterwards, with full knowledge of the facts constituting the fraud, cohabited with the other as husband or wife.

The consent to the marriage of either party was obtained by force, and this action is being commenced within two (2) years from the date of the marriage, unless such party afterwards cohabited with the other as husband or wife.

The marriage between the parties was never consummated, and this action is being commenced within two (2) years from the date of the marriage.

7. U.S. Military active duty service member. (Select **ONE** of the Following Choice)

8. Plaintiff and Defendant _____.

9. _____ is pregnant. (Select **ONE** of the Following Choices)

10. No Minor Child(ren) involved: (If **YES**, then Select **ONE** of the Following Below)

If NO minor child(ren) involved, please GO TO Number 13 and SKIP Number 11-12

11. Minor child(ren) involved: (Check All That Apply)

(If more space is needed, attach Addendum pages and check this box)

The parties have (a) minor child(ren) who was/were born of the parties' relationship prior to the marriage.

<u>Name Child(ren)</u>	<u>Date of Birth</u>	<u>Living with</u>

The parties have (a) minor child(ren) who was/were born from or adopted during this marriage.

<u>Name Child(ren)</u>	<u>Date of Birth</u>	<u>Living with</u>

The parties have (a) minor child(ren) who was/were born from or adopted during this relationship and is/are mentally or physically disabled and will be incapable of supporting or maintaining themselves:

<u>Name Child(ren)</u>	<u>Date of Birth</u>	<u>Living with</u>

_____ County Juvenile Court, Case No. _____ has jurisdiction of the following minor children:

(Attached a Copy of the most recent Order Addressing Custody)

<u>Name Child(ren)</u>	<u>Date of Birth</u>	<u>Living with</u>

This Court has issued parenting orders in case number _____ concerning the following minor children. (*Attach a Copy of the most recent Orders*)

<u>Name Child(ren)</u>	<u>Date of Birth</u>	<u>Living with</u>

One party is not the parent of the following child(ren) who was/were born during the marriage.

<u>Name Child(ren)</u>	<u>Date of Birth</u>	<u>Living with</u>

Any child(ren) born from or adopted during marriage or relationship is/are now adults and none are mentally or physically disabled and incapable of supporting or maintaining themselves.

12. Plaintiff further requests the following as it pertains to the minor child(ren): (*Check All That Apply*)

Plaintiff be designated the residential parent and legal custodian of the following minor children:

(*If more space is needed, attach Addendum pages and check this box*)

<u>Name Child(ren)</u>	<u>Date of Birth</u>

Defendant be designated the residential parent and legal custodian of the following minor children:

<u>Name Child(ren)</u>	<u>Date of Birth</u>

_____	_____
_____	_____
_____	_____
_____	_____

Non-Residential parent be granted specific parenting time
 Plaintiff and Defendant be granted shared parenting of the following minor children pursuant to a
 Shared Parent Plan which plaintiff will prepare and file with the Court:

<u>Name Child(ren)</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

13. Plaintiff requests that _____ be granted from Defendant.
 Plaintiff further requests that the Court determine an equitable division of property and debts and order
 the following: (*Check **All** That Apply*)
- Defendant pay Plaintiff's attorney fees.
 - Defendant pay child support, cash medical support, and health care expenses.
 - Defendant pay spousal support.
 - Plaintiff restored to former name _____.
 - Defendant pay court costs.

And any further relief deemed proper.

 Signature – Filing Party
 Plaintiff Defendant Other

 Party Name (*if Attorney, Supreme Court Reg. No.*)

 Address

 City, State, and Zip Code

 Telephone No. – i.e. (111) 222 – 3333

 Email – i.e. (Username@Gmail.Com)

13. Plaintiff requests that an annulment be granted from Defendant.

INSTRUCTIONS TO THE CLERK

To the Clerk of Courts:

Please serve the foregoing upon the following

Plaintiff Defendant Other

by:

Certified Mail, Return Receipt Requested
Issuance to Sheriff for

Personal

Residence service

Other: *(specify)* _____

Name

Address

City, State and Zip Code

Telephone No. – i.e. (111) 222 – 3333

Email – i.e. (Username@Gmail.Com)

Signature – Filing Party

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

Name

Address

Case No.

City, State and Zip Code

Judge

Telephone No. – i.e. (111) 222 – 3333

Date of Birth – i.e. (11/05/2022)

Plaintiff

- vs/and -

Name

Address

City, State and Zip Code

Telephone No. – i.e. (111) 222 – 3333

Date of Birth – i.e. (11/05/2022)

Defendant

**T01- MOTION AND AFFIDAVIT OR COUNTER AFFIDAVIT FOR TEMPORARY ORDERS
WITHOUT ORAL HEARING**

WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.

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.

Additional Forms/Documents Required:

- Two Most Recent Paystubs

If you have minor children, then the following forms are required to complete in full as applicable and submitted with the motion.

AMENDED

Supreme Court of Ohio

Uniform Domestic Relations Form – Affidavit 5

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

Approved under Ohio Civil Rule 84

Amended: June 1, 2021

Butler County Amended May 16, 2022

DR 301

1. Health Insurance Affidavit of Supreme Court Affidavit 4
2. Withholding Order/Qualified Medical Child Support Order Information Sheet (DR201)
3. Title IV-D Application (Form ODHS 7076)
4. Parenting Proceeding Affidavit (DR616) or Supreme Court Affidavit 3
5. Complete Child Support Worksheet

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

(A) Motion and Affidavit

_____, (Name), the Movant, files this Motion and Affidavit under Ohio Civil Rule 75(N) and/or under R.C. 3109.043 to request the temporary orders checked here.

Check only those that apply.

Residential Parenting Rights (Custody)

Parenting Time

Child Support

Spousal Support

Payment of Debts and/or Expenses

Other: _____

THE OTHER PARTY HAS FOURTEEN (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)

(B) Counter Affidavit

Movant 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. If Defendant has an out of state address and the parties were not married in the State of Ohio, please complete. The basis of personal jurisdiction is: _____
2. The parties are living separately. Date of separation is _____.
The parties are living together.
The parties have no minor children. **(Skip to number 7)**
The parties have (a) minor child(ren) who was/were born from or adopted during this relationship.

List child(ren) here:

Name	Date of Birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ County Juvenile Court, Case No. _____ has jurisdiction of
the following minor children: (*Attached a copy of the most recent Order addressing custody*)

Name	Date of Birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This Court has issued parenting orders in case number _____ concerning the following minor children.
(*Attach a copy of the most recent Orders*)

Name	Date of Birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to the above child(ren),

- Movant has other biological or adopted minor child (ren).
- Other party has other biological or adopted minor child (ren).
- There is/are adult(s) in Movant's household.

3. Movant's child(ren) attend(s) school in:

public school district

Other: (*Explain*) _____

All children do not attend school in the same district. (*Explain*) _____

4. Movant requests to be named the temporary residential parent and/or legal custodian of the
child(ren): (*Specify child(ren) if request is not for all child(ren)*)

Movant does not object to the other parent or party being named the temporary residential parent
and/or legal custodian of the child(ren): (*Specify child(ren) if request is not for all child(ren)*)

5. Movant has reached an agreement regarding parenting time (companionship or visitation) with the other parent or party as follows:

Movant wishes to exercise the following parenting time (companionship or visitation):

Movant wishes for the other parent or party to exercise the following parenting time (companionship or visitation):

Movant requests that the other parent or party's parenting time (companionship or visitation) be supervised: (**Explain the reason for request.**)

Name of an appropriate supervisor _____

6. A Court or agency has made a child support order concerning the child (ren).

Name of Court/Agency _____

Date of Order _____

SETS No. _____

7. Movant believes spouse's income to be approximately \$_____ gross pay per week based upon _____ (**Attach verification of Spouse's income if available to movant**)

8. Movant's Monthly Expenses are as follows:

List expenses below for your **Present Household**. There are _____ adults and _____ children in my household.

A. Housing:

1. Rent or Mortgage (including taxes and insurance)\$ _____

2. Utilities

a. Gas & Electric\$ _____

b. Water & Sewer\$ _____

c. Telephone (excluding long distance)\$ _____

d. Trash Collection\$ _____

e. Cable Television\$ _____

AMENDED

Supreme Court of Ohio

Uniform Domestic Relations Form – Affidavit 5

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

Approved under Ohio Civil Rule 84

Amended: June 1, 2021

Butler County Amended May 16, 2022

DR 301

3. Other _____ \$ _____
_____ \$ _____

TOTAL HOUSING..... \$ _____ **(A)**

B. Other

1. Car Repairs and License \$ _____
2. Insurance: _____ \$ _____
3. Medical Expenses (not covered by insurance) \$ _____
4. Clothing \$ _____
5. Grocery Items (to include food, laundry and cleaning products/toiletries, etc.)
\$ _____
6. Child Related Expenses \$ _____
 - a. Employment Related only) \$ _____
 - b. Other _____ \$ _____
7. Gasoline & Oil \$ _____
8. Other: _____
_____ \$ _____

MONTHLY TOTAL \$ _____ **(B)**

C. MONTHLY INSTALLMENT PAYMENTS

(Do not list expenses previously listed in Section B)

To Whom Paid	Purpose	Balance Due	Monthly Payment
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

MONTHLY TOTAL \$ _____ **(C)**

GRAND TOTAL MONTHLY EXPENSE (Sum A, B, plus C) \$ _____

9. Movant requests the Court to order the other parent or party to pay: **(Attach at least two of movant's most recent pay stubs as well as completed child support worksheet)**

\$ _____ Child Support Per Month

\$ _____ Spousal Support Per Month (*only if married and living separate and apart*)

\$ _____ Attorney Fees, Expert Fees, Court Costs

The following debts and/or expenses:

10. Movant requests the Court order the following other relief: (**attach any additional pages as necessary**)

11. Movant is willing to attend mediation.

Movant is not willing to attend mediation.

12. Movant requests the following Court services.

State specific reasons why Court services are required. (**attach any additional pages as necessary**)

Signature – Filing Party

Supreme Court Registration No. (If Applicable)

Address

City, State, Zip Code

Telephone No. – i.e. (111) 222 – 3333

Email – i.e. (Username@Gmail.Com)

OATH OR AFFIRMATION

(Do not sign until Notary Public is present)

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

Signature - Affirmation

STATE OF _____)
) SS
COUNTY OF _____)

Sworn to or affirmed before me by _____ this _____ day of _____,
_____.

Signature – Notary Public

Printed Name of Notary Public

Commission Expiration Date:

(Affix Seal Here)

CERTIFICATE OF SERVICE

(Check the boxes that apply)

I delivered a copy of the: Motion and Affidavit or Counter Affidavit

On: (Date) _____

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)**

Address

Telephone No. – i.e. (111) 222 – 3333

City, State and Zip Code

Email – i.e. (Username@Gmail.Com)

By: As instructed in the Request for Service filed with the Clerk of Courts with Complaint or
 Answer/Counterclaim

Regular U.S. Mail

Fax

Hand Delivery

Other: _____

Signature

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

**WITHHOLDING ORDER/QUALIFIED MEDICAL CHILD SUPPORT ORDER
INFORMATION SHEET**

Note: PLEASE COMPLETE BOTH SIDES OF THIS FORM. FORM MAY NOT BE
ACCEPTED IF NOT COMPLETED IN FULL AND LEGIBLY TYPED OR WRITTEN.
A COPY OF ALL AVAILABLE INSURANCE CARDS SHALL BE ATTACHED.

Date: _____

Requested By _____ Case No. _____

OBLIGOR (Person Ordered To Pay):

Name

Date of Birth – i.e. (11/05/2022)

Address

Last 4 Digits SSN – i.e. (***-**-9999)

City, State and Zip Code

Email – i.e. (Username@Gmail.Com)

Telephone No. – i.e. (111) 222 – 3333

Employer Information

Business Name

Address

City, State and Zip Code

Telephone No. – i.e. (111) 222 – 3333

Email – i.e. (Username@Gmail.Com)

Payroll Information

Business Name

Address

City, State and Zip Code

Telephone No. – i.e. (111) 222 – 3333

Email – i.e. (Username@Gmail.Com)

DR 201

Eff. 1/1/2015

PAY SCHEDULE: Weekly Bi-weekly Semi-monthly Monthly

MONTHLY OBLIGATION \$ _____ OBLIGATION PER PAY PERIOD \$ _____ - _____

FINANCIAL INSTITUTIONS_____
Institution Name_____
Institution Name_____
Address_____
Address_____
City, State and Zip Code_____
City, State and Zip Code_____
Telephone No. – i.e. (111) 222 – 3333_____
Telephone No. – i.e. (111) 222 – 3333_____
Type of Account Account Number_____
Type of Account Account Number_____
Institution Name_____
Institution Name_____
Address_____
Address_____
City, State and Zip Code_____
City, State and Zip Code_____
Telephone No. – i.e. (111) 222 – 3333_____
Telephone No. – i.e. (111) 222 – 3333_____
Type of Account Account Number_____
Type of Account Account Number

OBLIGEE (Person/Agency To Recive Payment):

Name

Date of Birth – i.e. (11/05/2022)

Address

Last 4 Digits SSN – i.e. (***-**-9999)

City, State and Zip Code

Email – i.e. (Username@Gmail.Com)

Telephone No. – i.e. (111) 222 – 3333

CASE TYPE: IV-D Non-ADC IV-D ADC Non-IV-D

Number of minor children for whom support is paid (Alternate Recipients covered by insurance)

CHILD(REN) INFORMATION & ADDRESS

**RESIDENTIAL PARENT/LEGAL
GUARDIAN**

Child's Name

Parent/Legal Guardian Name

SSN – i.e. (***-**-9999) _____
Date of Birth – i.e. (11/05/2022)

Address

Address

City, State and Zip Code

City, State and Zip Code

Child's Name

Parent/Legal Guardian Name

SSN – i.e. (***-**-9999) _____
Date of Birth – i.e. (11/05/2022)

Address

Address

City, State and Zip Code

City, State and Zip Code

Child's Name

Parent/Legal Guardian Name

SSN – i.e. (***-**-9999) Date of Birth – i.e. (11/05/2022)

Address

City, State and Zip Code

Address

City, State and Zip Code

PARTICIPANT/OBLIGOR

(Person Ordered To Provide Insurance)

EMPLOYER INFORMATION

Name

Provider of Insurance Is:

Obligor

Obligor's Spouse _____

Other _____

Name

Address

City, State and Zip Code

Insurance Under: Group Plan Private Plan

Address

City, State and Zip Code

SSN – i.e. (***-**-9999)

Date of Birth – i.e. (11/0)

Name(s) of Plan(s)

Name(s) of Plan Administrator(s)

Address

City, State and Zip Code

Policy And/Or Group Number

Description of Type of Coverage To Be Provided:

Max 1,000 Characters - if more space is needed, a signed and notarized statement can be attached (Ref. Obligor Coverage)

PARTICIPANT/OBLIGEE

(Person Ordered To Provide Insurance)

Name

Provider of Insurance Is:

Obligee

Obligee's Spouse _____

Other _____

Address

City State Zip

SSN – i.e. (**-**-9999)

Date of Birth – i.e. (01/31/2020)

Description of Type of Coverage To Be Provided:

EMPLOYER INFORMATION

Name

Address

City, State and Zip Code

Insurance Under: Group Plan Private Plan

Name(s) of Plan(s)

Name(s) of Plan Administrator(s)

Address

City, State and Zip Code

Policy And/Or Group Number

Max 1,000 Characters - if more space is needed, a signed and notarized statement can be attached (Ref. Obligee Coverage)