

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

Name

Case No. _____

Street Address

Judge: _____

City, State and Zip Code

Telephone No. with Area Code

Date of Birth

Plaintiff

vs.

Name

Street Address

City, State and Zip Code

Telephone No. with Area Code

Date of Birth

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:

1. 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.

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 Civ.R. 75(N) and/or under R.C. 3109.043 to request the temporary orders checked here.

- Check only those that apply.
- | | | |
|--------------------------|--|--|
| <input type="checkbox"/> | | Residential parenting rights (custody) |
| <input type="checkbox"/> | | Parenting time |
| <input type="checkbox"/> | | Child support |
| <input type="checkbox"/> | | Spousal support |
| <input type="checkbox"/> | | Payment of debts and/or expenses |
| <input type="checkbox"/> | | 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)*) _____

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 \$ _____
 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:

List the debts and/or expenses with the amount

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 of Filing Party

Supreme Court Registration No. (If
Applicable)

Address

City, State, Zip Code

Telephone No.

Email

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

DR301- Amended Supreme Court of Ohio
Uniform Domestic Relations Form – Affidavit 5

STATE OF _____)
) SS
COUNTY OF _____)

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

Signature of 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) _____, 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:
- 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