

COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
HAMILTON COUNTY, OHIO

Plaintiff

Date: _____

-vs-

Case No. _____

File No. _____

Defendant

CSEA No. _____

Judge _____

**MOTION AND AFFIDAVIT FOR TEMPORARY
PARENTING ORDERS, SUPPORT, PARENTING TIME
SPOUSAL SUPPORT WITHOUT ORAL HEARING**

_____ moves the Court for a temporary order granting him/her () residential parenting rights; () support; () parenting time; () spousal support, household expenses upon his/her affidavit and without oral hearing, pursuant to Rule 75(N) of the Ohio Rules of Civil Procedure. The opposing party has 14 days from the date of service to file a counter motion and/or affidavits. **THE COURT WILL NOT AWARD SHARED PARENTING ON A TEMPORARY BASIS IN A 75(N) ORDER.**

For cause and upon being duly sworn, _____ states as follows:

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. _____ Plaintiff and Defendant are residing separate and apart.
_____ Parties are residing together and request an order for allocation of household expenses only.
3. _____ There are no minor children (Skip to No. 12)
4. _____ I have filed a 3127.23 Affidavit and have specifically addressed therein the child abuse/neglect, domestic violence, physical harm provisions of O.R.C.3109.04, 3109.051 and 3109.052 as those statutes pertain to both parents and this case.
- 5.(a) _____ I request to be the residential parent and legal custodian on a temporary basis.
(b) _____ I have no objection to my spouse being the residential parent and legal custodian on a temporary basis.
6. _____ The minor child(ren) has/have resided solely with _____ (Plaintiff/Defendant) since _____.
7. _____ The minor child(ren) attend(s) school at _____, which is the school district of _____ (Plaintiff/Defendant) or other basis _____. Child(ren) has/have been so enrolled since _____.
8. _____ (Plaintiff/Defendant) has been the primary caretaker of the child(ren).
9. _____ The special (i.e. physical, mental, educational disability) needs of the child(ren) are _____ and _____ and _____ Plaintiff/Defendant (circle one) is best able to meet those needs.
10. _____ I request the following parenting time order (No supervised parenting time order will be granted unless the reasons therefore are stated with specificity).
(a) _____ Court Standard Parenting Order.
(b) _____ Specific parenting time as follows: _____

11. _____ Recognizing that the 75(N) Order is temporary only, my position on further parenting allocation is as follows: (Please circle): () I have/have not requested shared parenting; () I object/do not object to shared parenting; () I have/have not filed a shared parenting plan; () I will/will not unless ordered file a shared parenting plan. Estimated date of filing _____ . () I request/do not request a mediation order at the present time. (If requested, complete mediation assessment form.); () I request/do not request a mediation assessment at the present time; () I am willing/am not willing to attend mediation; () I request/do not request family counseling. If requested, state subject area and reason: _____; () I request/do not request parenting time counseling with a parenting specialist; () I request/do not request an immediate referral to a parenting specialist for a () full; () modified investigation. The reasons why an immediate referral is necessary are: Attach affidavit (required). State reasons with specificity.
12. _____ I have no other income except as set forth in my Affidavit of Income, Expenses and Financial Disclosure. (Attach at least two most recent pay stubs and W-2 for previous year.
13. (a) _____ There is no reason known to me why I cannot continue my employment.
 (b) _____ The reason I cannot work or continue to work is: _____
14. _____ I believe my spouse's income to be approximately \$ _____ gross per week based upon _____ (Attach verification of spouse's income)
15. _____ There was no previous filing in this Court which left an arrearage on records of the CSEA.
16. (a) _____ This affidavit is being filed only on conjunction with a complaint.
 (b) _____ This counter affidavit is being filed in response to an affidavit filed by _____
 Plaintiff or Defendant
17. _____ I request the Court to make the following order:
 Support: \$ _____ per month, per child and/or spousal support \$ _____ per month. If there is a deviation between the requested amount and the worksheet amount state the reason why on a separate sheet of paper.
18. _____ OTHER: (attach additional pages as necessary): _____

STATE OF OHIO)
 COUNTY OF HAMILTON) SS:
 _____ herein, being first duly sworn, says that the facts stated herein are true as she/he verily believes.
 Plaintiff/Defendant

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

 Plaintiff/Defendant

 NOTARY PUBLIC

Respectfully submitted,

 Attorney/Party

 Address

 Phone Number

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Motion has this _____ day of _____, 20____ has been served by _____ upon _____.

 Attorney/Party

COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
HAMILTON COUNTY, OHIO

Plaintiff
Address: _____

-vs/and-

Defendant
Address: _____

Date: _____
Case No. _____
File No. _____
CSEA No. _____
Judge _____

**AFFIDAVIT OF INCOME, EXPENSES
AND FINANCIAL DISCLOSURE**

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 child support or spousal support when applicable or any changes thereto; and (3) to provide for the issuance of the appropriate deduction order for support.
Minor and/or Dependent Children of this Marriage:

_____ age _____ is residing with _____
_____ age _____ is residing with _____
_____ age _____ is residing with _____

GROSS YEARLY INCOME

SECTION I

Husband	(1) _____ Yes _____ No	Employed	_____ Yes _____ No	Wife (2)	Wife
\$ _____	Actual or Estimate	Base Yearly Wages	Actual or Estimated	\$ _____	
\$ _____	Yearly Averages Overtime, Commission & Bonus Income			\$ _____	
_____	Employer	_____			
_____	Payroll Address	_____			
_____	City, State, Zip	_____			
12 24 26 52	Scheduled Paychecks Per Year		12 24 26 52		
\$ _____	Unemployment Benefits		\$ _____		
\$ _____	Workers' Compensation		\$ _____		
\$ _____	Social Security or Other Disability Benefits		\$ _____		
\$ _____	List Sources in Section D-2		\$ _____		
\$ _____	Spousal Support Received		\$ _____		
\$ _____	Interest / Dividend Income		\$ _____		
\$ _____	List Source in Section D-2		\$ _____		
(\$ _____)	Public Assistance or Income Supplement Security		(\$ _____)		
\$ _____	Other Income Received		\$ _____		
\$ _____	List Source in Section III-B		\$ _____		
\$ _____	TOTAL YEARLY INCOME		\$ _____		

Husband (1)

Wife (2)

ANNUAL INCOME, OVERTIME AND BUSES EARNED
(Past Three Years)

	Base Income	Overtime, and/or Bonuses		Base Income	Overtime and/or Bonuses
_____ year 3	\$ _____	\$ _____		_____ year 3	\$ _____
_____ year 2	\$ _____	\$ _____	MOST RECENT YEAR	_____ year 2	\$ _____
_____ year 1	\$ _____	\$ _____		_____ year 1	\$ _____

ADJUSTMENTS

\$ _____ per year Court Ordered Support Paid for other child(ren) \$ _____ per year

\$ _____ per year Court Ordered Spousal Support Paid to a Former Spouse \$ _____ per year

_____ Number of Other Dependent Children living with the Party (Excluding Unadopted Step Children)

\$ _____ per year Child Support Received for Other Dependent Children Indicated Immediately Above \$ _____ per year

\$ _____ per year Health Insurance Premium Paid by Party if Children Included \$ _____ per year

\$ _____ per year **For Post Decree Modifications Only** Gross Income of Current Spouse or Other Contributor in Household \$ _____ per year

SECTION II AFFIANT'S MONTHLY EXPENSES

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,C, plus D (optional))			\$

SECTION III FINANCIAL DISCLOSURE

A. 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 ("IRA"), stock option, etc. Attach additional pages if needed.

Name & Address of Financial Institution	Account No.	Name(s) on Account	Balance Date of this Affidavit
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

B. Other income source listed in Section I (i.e., retirement / pension benefits, disability income, interests dividend income, rentals, annuities, etc. not listed in Section III-A). Attach additional pages if needed, Need not complete pre-decree.

Name & Address of Source	Identifying Description (Account No., Claim No., etc.)	Income or Benefits
_____	_____	\$ _____ per _____

SECTION IV OTHER ASSETS AND LUMP SUM INCOME

1. Describe assets of more than \$1,000 in value not otherwise listed in this affidavit (equity in real estate, stocks, bonds, other investments, etc.) . Attach additional pages if needed.

(a) _____	Value \$ _____
(b) _____	\$ _____
(c) _____	\$ _____

2. List any lump sum income (bonus), gifts, inheritance, etc.) in excess of \$500, expected to be received within the next six months, not otherwise listed in this affidavit. Attach additional pages if needed.

Source _____	Value \$ _____
Address _____	

Affiant state that the information contained herein is complete and accurate to the best of his/her information, knowledge or belief under penalty of law.

Attorney for _____ Affiant Plaintiff / Petitioner (1)
 Defendant / Petitioner (2)

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

Notary Public
 My commission expires _____

D. OPTIONAL

(Additional Monthly Expenses)

Complete if an award of spousal support is at issue or in the event that you are seeking a significant deviation form the child support schedule.

- 1. Special and Unusual Needs of the Children, Specify _____ \$ _____
- 2. Extraordinary Parenting Time-Related Travel Expenses _____
- 3. Extraordinary Obligations to other children, minor and handicapped, not step-children _____
- 4. Mandatory Deduction from Wages (Not taxes, Social Security) _____
- 5. Hair Care, Dry Cleaning _____
- 6. Newspapers, Periodicals, and Books _____
- 7. Child Care (not employment related) _____
- 8. Children's School Lunch Program _____
- 9. Children's Allowances, Activities _____
- 10. Tuition (for Minor Children or Self) _____
- 11. Entertainment _____
- 12. Contributions _____
- 13. Additional Taxes Paid (not from wages) _____
- 14. Memberships (Associations, Clubs) _____
- 15. Travel, Vacations _____
- 16. Water Softener _____
- 17. House Repairs _____
- 18. Housekeeping _____
- 19. Lawn Service _____
- 20. Other (Specify) _____

TOTAL OTHER EXPENSES (D)

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COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
HAMILTON COUNTY, OHIO

Plaintiff/Petitioner : Date _____
: Case No _____
-vs/and- : File No _____
: CSEA No _____
Defendant/Petitioner : Judge _____

AFFIDAVIT IN COMPLIANCE WITH
3127.23 OF THE OHIO REVISED CODE

_____ discloses the following information under oath and represents that it is true to the best of his/her knowledge and belief based upon what is reasonably ascertainable:

1. [] I am requesting the court to not disclose my address or that of the children named below. I am claiming that my address is confidential pursuant to Ohio Revised Code 3127.23(D) and should be placed under seal in that the health, safety, or liberty of myself and/or the children would be jeopardized by the disclosure of the identifying information. I understand that a hearing will be held to determine whether the information can be disclosed based on my claim.

2. The name(s) and the present address(es), or the whereabouts, of the children involved are:

1. _____ DOB _____ Present Address _____
2. _____ DOB _____ Present Address _____
3. _____ DOB _____ Present Address _____
4. _____ DOB _____ Present Address _____

3. The children have lived at the following address(es) during the last 5 years:

Prior Addresses: _____

4. The name(s) and present address(es) of all persons with whom the children have lived during the past 5 years are:

Names	Address(es)
_____	_____
_____	_____

5. I have/have not participated as a party, witness, or in any way in some court action in this or another state concerning the custody, support, care of or visitation or parenting time with these same children.

If I circled that I participated, I have listed below the court, the case number and kind of case:

<u>Case Number</u>	<u>Name of Court</u>	<u>Kind of Case</u>
_____	_____	_____
_____	_____	_____

6. I do/do not know of any proceedings that could affect this proceeding, including proceedings for enforcement of child custody determinations, relating to domestic violence or protection orders, to adjudicate the children as an abused, neglected or dependent children, seeking termination of parental rights or adoptions. If I do know, I have listed the information here: _____

7. The following person(s) are not parties to this case and (A) have physical custody of the children or (B) claim to be a parent of the children or (C) claim to have custody, visitation or parenting time rights regarding the children. (If none, write "None" on a line below)

<u>Name</u>	<u>Address</u>	<u>State reason: A, B or C from above</u>
_____	_____	_____
_____	_____	_____

8. By signing below, I understand that I have a duty to inform the court if I get any information about any parenting proceeding or court case filed in another court about these same children that may affect this proceeding.

Signature

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

Notary Public

COURT OF DOMESTIC RELATIONS

NEW ACCT	NEW EMPLOYER	NEW ADDRESS
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Case # _____ Judge _____ Magistrate _____ CSEA # _____
 Court File E # _____ Hearing Date _____

Defendant/Petitioner Name Last _____ [] Obligor/AP F [] Oblige/CP M

SSN _____ D.O.B. _____ Sex _____ Race _____

MAILING ADDRESS

C/O _____ Street _____ City _____ State _____ Zip _____
 Phone _____ Eyes _____ Hair _____ Height _____
 Driver's License _____

RESIDENTIAL ADDRESS

C/O _____ Street _____ City _____ State _____ Zip _____
 Phone _____ FIPS Code _____ Marital Status _____

Plaintiff/Petitioner Name Last _____ [] Obligor/AP F [] Oblige/CP M

SSN _____ D.O.B. _____ Sex _____ Race _____

MAILING ADDRESS

C/O _____ Street _____ City _____ State _____ Zip _____
 Phone _____ Eyes _____ Hair _____ Height _____
 Driver's License _____

RESIDENTIAL ADDRESS

C/O _____ Street _____ City _____ State _____ Zip _____
 Phone _____ FIPS Code _____ Marital Status _____

EMPLOYER HEADQUARTERS MAILING ADDRESS

Co. Name _____ Phone _____
 C/O _____ Street _____ City _____ Zip _____

EMPLOYEE WORK ADDRESS

Co. Name _____ State _____ Zip _____
 Street _____ City _____ State _____ Zip _____
 Emp. Beg Date _____ Phone _____

HEALTH CARE INFORMATION

Health Care Name _____ Eff. Date _____
 Policy # _____

EMPLOYER HEADQUARTERS MAILING ADDRESS

Co. Name _____ Phone _____
 C/O _____ Street _____ City _____ Zip _____

EMPLOYEE WORK ADDRESS

Co. Name _____ State _____ Zip _____
 Street _____ City _____ State _____ Zip _____
 Emp. Beg Date _____ Phone _____

HEALTH CARE INFORMATION

Health Care Name _____ Eff. Date _____
 Policy # _____

CHILDREN INFORMATION				HEALTH CARE INFORMATION								
Last Name	First	Middle	Sex	SSN	DOB	Relationship to Oblige	Emancipation Date	Code	Pat. Estab.	Paternity. Estab.	JCT Doc #	Out Of Wedlock

COURT ORDER WORK SHEET

New Acct _____

Chg Info _____

No Chg _____

Chg Custody _____

Case # _____ Order # _____

Court File # _____ Ref. Source: CDR ___ JCT ___ PAT ___ OTH ___ CSEA File _____

CSEA # _____ Date: _____ Prepared By: _____ Update in Computer By _____

ORDER SECTION

- 1. _____ This is Spousal Support ONLY.
- 2. _____ Mediation entry to be arranged before 75(N) is mailed
- 3. _____ There is NO Child / Spousal support to be considered.
- 4. _____ Adjustment in support is involved. SEND COPIES to CSEA.

Entry Date _____ / _____ / _____
 75(N) Order _____ Interim Ord _____ Decree _____
 New Order _____ Order Mod. _____
 Payment Frequency **Monthly**

CURRENT Order Child Support Amount
 Effective Date: _____ / _____ / _____
 Child (1) Amount: \$ _____
 Child (2) Amount: \$ _____
 Child (3) Amount: \$ _____
 Child (4) Amount: \$ _____
 Spousal Amount \$ _____
 Cash Medical Order \$ _____
Subtotal Current Amount : \$ _____
Current Processing Fee \$ _____

- 5. _____ Issue a deduction Order (3121.03):
 - a. _____ Already prepared, process it.
 - b. _____ JFS Office of Unemployment Comp.
 - c. _____ Entry Terminating Deduction
 - d. _____ Bond Order: Amount: _____
 - e. _____ Work Comp.
 - f. _____ Deduction Order to be sent to other than employer:
 - g. _____ Unemployment / Notice

ARREARAGE Order Effective Date: _____ / _____ / _____
 Arrearage Set as of: _____ / _____ / _____
 Child Support Arrearage \$ _____
 Spousal Support Arrearage \$ _____

Name: _____
 Addr: _____
 City: _____ State: _____ Zip: _____

(\$ _____) Arrearage Set
 Arrearage Payment Amt: \$ _____
 Arrearage Processing Fee: \$ _____
 (\$ _____) Interest Set
 Interest Pmt. Amt: \$ _____
 (\$ _____) Medical Set
 Medical Pmt. Amt: \$ _____
 (\$ _____) Birth Cost Set
 Birth Pmt. Amt: \$ _____
 (\$ _____) Genetic Set
 Genetic Amt: \$ _____

Acct.# _____ Type _____

- 6. _____ Issue Health Care Order:
 - a. _____ Already prepared, process it.
 - b. _____ Obligor,
 - c. _____ Obligeo,
 - d. _____ Both Parties,
 - e. _____ Shared Liability Terms: _____

Comments: _____

TOTAL Monthly Order Amt: \$ _____

Designated to receive reimbursements:
 _____ Obligor _____ Obligeo

PAY CYCLE _____ WAGE (LIEN) AMOUNT: \$ _____

Comments:

COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
HAMILTON COUNTY, OHIO

Plaintiff

-vs-

Defendant

Case No. _____

File No. _____

Date Filed with Docket Office: _____

Initialed By Docket Office: _____

Judge _____

NOTICE OF SERVICE

TO BE FILED WITH THE DOCKET CLERK BY THE INITIATING PARTY IN ALL RULE 75(N) PROCEEDINGS NO SOONER THAN 15 DAYS FOLLOWING COMPLETION OF SERVICE OR SUBSEQUENT TO THE FILING OF A COUNTERAFFIDAVIT - WHICHEVER OCCURS FIRST.

PLEASE COMPLETE FULLY AND ACCURATELY

1. Pleading, motion, affidavit filed on _____.
2. Service was perfected upon the opposing party on _____ (date)
by: ____ personal service, ____ certified mail
____ certified mail returned, regular mail sent (date) _____.
(yes/no returned)
____ certified mail refused, regular mail sent (date) _____.
____ residence service.
____ service upon opposing counsel pursuant to Ohio Civil Rule 5.
____ service by publication
3. A Counteraffidavit has/has not been filed.
4. **THE TEMPORARY ORDER SHALL BE MAILED TO:**
(include NAME, ADDRESS AND TELEPHONE NUMBER).

(Plaintiff) or Counsel

Address

City State Zip

Phone

(Defendant) or Counsel

Address

City State Zip

Phone

Respectfully submitted: _____
Attorney/Party

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, _____, request 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 rights 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 (INFORMATION ABOUT YOU)	
Name	Date of Birth
Social Security Number (SSN)	Current Marital Status (Check One) <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 services (IV-D Services).

Signature of Applicant

Date

Applicants Name (Last, First, Middle)	Telephone Number (Home)
---------------------------------------	-------------------------

Address (Street/Route, P.O. Box)	(Work)
City, State, 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 ORDERED TO PAY CHILD SUPPORT

	Absent Parent #1	Absent Parent #2	Absent Parent #3
Name			
Address, City State, Zip Code			
SSN			
Date of Birth			
Name of Employer			
Address of Employer, City, State Zip Code			
Amount of Support Ordered			
Date of Support Order			
Location Where Order Was Issued, City, County, State			
Military Service - Give Date and Branch Entered			
Arrest Record: Give Date and Place of Arrest			
IF the absent parent has been on Public Assistance: Give Date and 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	

COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
HAMILTON COUNTY, OHIO

RE: MANDATORY DISCLOSURE
PURSUANT TO LOCAL RULE 1.26

Case No. M-090004
ADMINISTRATIVE JUDGE'S ORDER

PURSUANT TO LOCAL RULE 1.26 IT IS HEREBY ORDERED AS FOLLOWS:

Within 45 days of any Complaint for Divorce, Legal Separation or Annulment filed with this Court and being served on the defendant, each party shall disclose to the other all of the following information and documents that is in his or her custody, possession or control:

- (1) Deeds to all real estate that the party owns or claims an interest;
- (2) Titles to all vehicles that the party owns or claims an interest;
- (3) The most recently issued statements on all bank accounts, annuities, stocks, and bonds on which the party's name appears or to which the party claims an interest;
- (4) The most recently issued statements regarding pensions, profit sharing plans, retirement benefits, and IRAs, including the most recent summary plan description, on which the party's name appears or to which the party claims an interest;
- (5) All life insurance policies owned by the party or for which the party or their child(ren) is/are a beneficiary in force now or within the last six months, including the most recent cash value statements;
- (6) The last three years' income tax returns;
- (7) Proof of current income from all sources;
- (8) Health, dental, and vision insurance coverage available to the party along with ALL plan options and costs (i.e. single, family, etc.);
- (9) All COBRA benefits to which either party may be entitled, including cost estimates;
- (10) Childcare expenses incurred for the child(ren);
- (11) The most recently issued statements for all liabilities including, but not limited to, mortgages, lines of credit, loans, and credit card accounts on which the party's name appears or for which a party is responsible;
- (12) Completed Property Statement (Form No. DR 4.1);
- (13) Completed Affidavit of Income, Expenses & Financial Disclosure (Form No. DR 7.3).

The disclosures required herein shall be made by providing copies of documents in one of the following manners:

- (1) Electronic e-mail to the other party's attorney;
- (2) Facsimile to the other party's attorney;
- (3) Mail to the other party's attorney; or
- (4) Hand delivery to the other party's attorney.

If a party is unrepresented, this disclosure shall be as provided herein to the party.

FOR GOOD CAUSE SHOWN, A MOTION OR AN AGREED ENTRY MAY BE FILED TO MODIFY THE MANDATORY DISCLOSURE ORDER OR TO EXTEND THE TIME TO DISCLOSE THE FOREGOING INFORMATION AND DOCUMENTS.

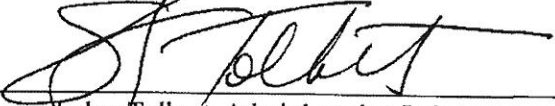
FAILURE TO COMPLY WITH THE MANDATORY DISCLOSURE ORDER MAY RESULT IN SANCTIONS, INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

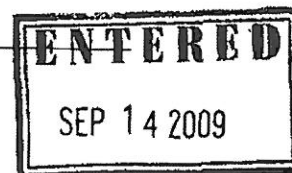
- (1) A FINDING OF CONTEMPT;
- (2) AWARD OF ATTORNEY FEES;
- (3) DISMISSAL OF CLAIMS; AND
- (4) RESTRICTIONS UPON THE SUBMISSION OF EVIDENCE.



D85045134

This Order is effective the date it is journalized with the Clerk of Courts and remains in effect until further Order of the Administrative Judge.


Susan Laker Tolbert, Administrative Judge
Hamilton County Court of Common Pleas
Division of Domestic Relations



ADR
E#
DATE FILED

MUST BE TYPED AND COMPLETED IN FULL

Court of Common Pleas of Hamilton County

Division of Domestic Relations

DIVORCE LEGAL SEPARATION
 DISSOLUTION ANNULMENT

CHECK CAUSE: **COURT USE ONLY**

(A) PREVIOUS UNDISSOLVED MARRIAGE
 (B) WILLFUL ABSENCE FOR 1 YEAR
 (C) ADULTERY
 (D) EXTREME CRUELTY
 (E) FRAUDULENT CONTRACT
 (F) GROSS NEGLECT OF DUTY
 (G) HABITUAL DRUNKENNESS
 (H) IMPRISONMENT IN PENITENTIARY
 (I) DEFENDANT DIVORCED IN OTHER STATE
 (J) LIVING APART FOR 1 YEAR
 (K) INCOMPATIBILITY
 (L) OTHER _____

(CIRCLE ONE) WIFE

PLAINTIFF / DEFENDANT / PETITIONER

NAME: _____ FIRST _____ MIDDLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: _____ HOME _____ WORK _____

SS# _____ PRESENT AGE _____ D.O.B. _____

ATTORNEY'S NAME & PHONE _____

ATTORNEY'S ADDRESS _____

ATTORNEY'S I.D. NUMBER _____

(CIRCLE ONE) HUSBAND

PLAINTIFF / DEFENDANT / PETITIONER

NAME: _____ FIRST _____ MIDDLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: _____ HOME _____ WORK _____

SS# _____ PRESENT AGE _____ D.O.B. _____

ATTORNEY'S NAME & PHONE _____

ATTORNEY'S ADDRESS _____

ATTORNEY'S I.D. NUMBER _____

HUSBAND	WIFE
SOCIAL HISTORY	
RACE: Caucasian Native Am. African Am. Hispanic Asian Other	RACE: Caucasian Native Am. African Am. Hispanic Asian Other
EDUCATION	
High School: _____ Grade Completed: _____	High School: _____ Grade Completed: _____
PRESENT OCCUPATION:	
NAME OF EMPLOYER: _____	NAME OF EMPLOYER: _____
ADDRESS: _____	ADDRESS: _____
POSITION HELD: _____	POSITION HELD: _____
WEEKLY EARNINGS: Gross \$ _____ Net \$ _____	WEEKLY EARNINGS: Gross \$ _____ Net \$ _____
OTHER INCOME (Amount): \$ _____	OTHER INCOME (Amount): \$ _____
PARENTS NAME:	
Mother: _____	Mother: _____
Father: _____	Father: _____
Marriage Date _____ Place _____	Final Hearing Disposition _____ Date _____
Date of Separation _____	Granted _____ To Whom _____

MINOR CHILDREN OF PRESENT MARRIAGE

NAME	SEX	DATE OF BIRTH	SOC. SEC. NO.	LIVING WITH	REMARKS
1.					
2.					
3.					
4.					

HUSBAND'S FORMER MARRIAGES / CHILDREN

NAME	DECEASED	DIVORCED	DECEASED	WIFE'S FORMER MARRIAGES / CHILDREN					
				NAME	NAME	DECEASED			
HUSBAND'S FORMER WIVES	1. _____	_____	_____	WIFE'S FORMER HUSBANDS	1. _____	_____			
	2. _____	_____	_____		2. _____	_____			
	3. _____	_____	_____		3. _____	_____			
NAME	AGE	OTHER PARENT	AGE	NAME	OTHER PARENT	AGE			
							1. _____	_____	_____
							2. _____	_____	_____

WIFE'S FORMER MARRIAGES / CHILDREN

NAME	DECEASED	DIVORCED	DECEASED	HUSBAND'S FORMER MARRIAGES / CHILDREN					
				NAME	NAME	DECEASED			
CHILDREN OF HUSBAND	1. _____	_____	_____	CHILDREN OF WIFE	1. _____	_____			
	2. _____	_____	_____		2. _____	_____			
	3. _____	_____	_____		3. _____	_____			
NAME	AGE	OTHER PARENT	AGE	NAME	OTHER PARENT	AGE			
							1. _____	_____	_____
							2. _____	_____	_____

**COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
HAMILTON COUNTY, OHIO**

Plaintiff / Petitioner	Date: _____
-vs/and-	Case No. _____
Defendant / Petitioner	File No. _____
	CSEA No. _____

	Property Statement

**NOTICE OF SCHEDULING CONFERENCE
A HEARING WILL BE HELD ON**

The _____ day of _____, 20____, at _____M. before
Magistrate _____, Room _____, Domestic Relations Court, 800 Broadway,
Cincinnati, Ohio 45202-1332.

MOTION FOR FINAL DETERMINATION OF ISSUES
(Check and Sign if Applicable)

_____ Plaintiff represents to the Court that the issues to be decided are limited. In the event that Defendant fails to answer or appear for the scheduling conference, Plaintiff requests that the Court make all such final orders including all parenting orders, child support, spousal support, attorney fees and costs, and a division of property as are necessary and appropriate to the resolution of this matter on the above date and time. Plaintiff further represents that all requisite discovery will be completed prior to the hearing date.

Plaintiff/Attorney for Plaintiff

INSTRUCTIONS

Pursuant to O.R.C. §3105.171 (B) every asset and liability, both marital and separate property, is subject to the jurisdiction of the Court. Therefore, every asset and liability of either party must be listed.

Pursuant to O.R.C. §3105.171 (A) (2) "during the marriage" for purposes of identifying marital property is defined as from the date of marriage to the date of final hearing "unless it would be inequitable to use such dates."

For purpose of this property statement "during the marriage" is defined as the following dates: _____
(date of marriage), _____
(other) to _____ (date of separation), _____ (date of
filing complaint) _____ (date of final hearing) _____ (other
specify) _____.

Date of Valuation used for purpose of this statement _____

1: REAL ESTATE Address/Title	Appraisal/ Market Value	Marital/Separate Mixed	Source of Valuation	Equity

Comment: _____

2: **HOUSEHOLD GOODS** (Please attach inventory of property claimed to be separate as well as marital property for which you request an individual award. If all household goods are to be divided equally, please so indicate.)

Comment: _____

3: AUTOMOBILES

Description/Title	Year & Make	Appraisal or Current Market Price	Marital/Separate Mixed	Source of Valuation	Equity
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Comment: _____

4: FUNDS ON DEPOSIT

Description/Title	Type of Account	Number	Marital/Separate Mixed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comment: _____

5: STOCKS AND BONDS

Location/Title	Description/Number	Appraisal or Current Market Price	Source of Valuation	Marital/Separate Mixed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Comment: _____

6: RETIREMENT SAVINGS PLANS/PENSIONS/PROFIT SHARING

Name of Plan/Employer	Year of Employment	Years in Plan	Vested?	Amount	Marital/Separate Mixed
H: _____	_____	_____	_____	_____	_____
W: _____	_____	_____	_____	_____	_____

Comment: _____

7: TAX REFUNDS

Year	Source	Present Value	Date of Receipt	Marital/Separate Mixed
H: _____	_____	_____	_____	_____
W: _____	_____	_____	_____	_____
J: _____	_____	_____	_____	_____

How many tax exemptions are you presently claiming, including yourself? _____

8: LIFE INSURANCE

Name of Company	Policy No.	Insured	Owner	Beneficiary	Face Amount	Cash Value	Marital/Separate Mixed
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Comment: _____

9: EXPECTANCIES AND INHERITANCES OF THE PARTIES

Location/Titled	Value of Fund	Date of Valuation	Source of Valuation	Marital/Separate Mixed
_____	_____	_____	_____	_____

Comment: _____

10: OTHER ASSETS List location, title, value of item including date and source of valuation, including whether this property is claimed to be marital, separate, or mixed.

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

LIABILITIES

Name of Creditor	Encumbrance	Who is Liable: Husband, Wife	Bal. Due	As of	Marital/Sep/ Mixed
1: _____	_____	_____	_____	_____	_____
2: _____	_____	_____	_____	_____	_____
3: _____	_____	_____	_____	_____	_____
4: _____	_____	_____	_____	_____	_____
5: _____	_____	_____	_____	_____	_____
6: _____	_____	_____	_____	_____	_____
7: _____	_____	_____	_____	_____	_____
8: _____	_____	_____	_____	_____	_____

Comment: _____

Total Asset Value minus Total Liabilities equals Total Equity _____

STATE OF OHIO }
 } S.S.
 COUNTY OF HAMILTON }

_____, being first duly cautioned and sworn, deposes and states that the facts set forth in the foregoing Property Statement are true as he / she verily believes.

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

 Notary Public

PROOF OF SERVICE

_____ I hereby certify that a copy of the foregoing property statement has this _____
 day of _____, 20_____, been served by _____
 upon _____

_____ Service has been requested through the Clerk of Courts.

 Plaintiff / Defendant
 Attorney for Plaintiff / Defendant