

**INSTRUCTIONS FOR FILING AN “ANSWER” TO A COMPLAINT FOR DIVORCE, NO CHILDREN,
REPLY TO COUNTERCLAIM OR COUNTERCLAIM FOR DIVORCE**

You must print clearly or type the information that you fill out for each case. If the forms are not completely filled out, the Court will not accept the forms for filing. If you do not know an answer, you must state “unknown”. Once the clerk has given your case a case number, you will use that case number in all documents that are filed in this case.

The filing fees for court costs for an Answer to a Complaint for Divorce and Reply to Counterclaim are \$0. The filing fees for court costs for a Counterclaim for Divorce are \$225.00.

If you do not have funds to pay the filing fee, you must complete the “Motion to File Without Payment of Costs” papers, **Court Form 1**, which must be signed in front of a notary and then notarized by the notary public, and the Court will then determine whether you qualify to have the filing fee waived. It is possible that you will still have to pay the court costs, in whole or part, at the end of the hearing. The above filing fees are deposits for court costs. Court costs in your case may be more or less than the deposit. The Court will decide who pays the court costs at the end of the case if there is no agreement.

Request for Service

The request for service instructs the clerk of courts how to send the papers that you are filing. The request for service must be completed by you at the time that you file your court documents. A copy of each paper that you are about to file must be served with required court documents on the other party(s). It is your responsibility to provide the clerk with a copy of each document for service and to instruct the Clerk how to serve the documents on the other party. All costs for service will be added to the court costs.

Answer, Reply to Counterclaim or Counterclaim for Divorce

If you are filing an Answer, you must have completed the following:

1. The Answer, Reply to Counterclaim or Counterclaim for Divorce;
2. The Affidavit of Income and Expenses, which must be signed in front of a notary and then notarized by the notary public. **Court form 4**
3. The Health Insurance Affidavit which must be signed in front of a notary and then notarized by the notary public. **Court form 5**
4. The Motion and Affidavit or Counter Affidavit for Temporary Order, if your proposal differs with Plaintiff, **Court form 9**;
5. The Request for Service.

You must provide the Clerk of Courts the original and three copies of all the above at the time you file the Answer, Reply to Counterclaim or Counterclaim for Divorce.

Disclaimer

Please be aware that these forms do not include instructions or legal advice regarding your rights, responsibilities, and legal options.

To be fully informed and get answers to your questions, you should seek the advice of an attorney.

**IN THE COURT OF COMMON PLEAS
Domestic Relations Division
SENECA COUNTY, OHIO**

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

Instructions: This form is used in response to a filing of a Complaint for Divorce without Children. This form is used to agree with or dispute the statements made in the Complaint for Divorce without Children or a Counterclaim to a Divorce without Children.

- ANSWER TO COMPLAINT FOR DIVORCE WITHOUT CHILDREN**
 REPLY TO COUNTERCLAIM

1. I, _____ (name) **ADMIT or DENY** the following allegations, as listed in my Spouse's Complaint or Counterclaim.

ADMIT DENY

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | My Spouse's state of residence |
| <input type="checkbox"/> | <input type="checkbox"/> | My Spouse's length of residence in state |
| <input type="checkbox"/> | <input type="checkbox"/> | My Spouse's county of residence |
| <input type="checkbox"/> | <input type="checkbox"/> | My Spouse's length of residence in county |
| <input type="checkbox"/> | <input type="checkbox"/> | My county of residence |
| <input type="checkbox"/> | <input type="checkbox"/> | The date of our marriage |
| <input type="checkbox"/> | <input type="checkbox"/> | The place of our marriage |
| <input type="checkbox"/> | <input type="checkbox"/> | My Spouse is not pregnant. |
| <input type="checkbox"/> | <input type="checkbox"/> | No children were born from or adopted during the marriage or relationship. |
| <input type="checkbox"/> | <input type="checkbox"/> | All children who were born from or adopted during the marriage or relationship are emancipated adults and not mentally or physically disabled child(ren) incapable of maintaining supporting or maintaining themselves. |

My Spouse and I are owners of real estate and/or personal property.

2. I further **ADMIT or DENY** the following grounds for divorce:

ADMIT DENY

- My Spouse and I are incompatible.
- My Spouse and I have lived separate and apart without cohabitation and without interruption for one year.
- My Spouse or I had a Husband or Wife living at the time of the marriage.
- I have been willfully absent for one year.
- I am guilty of adultery.
- I am guilty of extreme cruelty.
- I am guilty of fraudulent contract.
- I am guilty of gross neglect of duty.
- I am guilty of habitual drunkenness.
- I was imprisoned in a state or federal correctional institution at the time the Complaint was filed.
- I procured a divorce outside this state by virtue of which I have been released from the obligations of the marriage, while those obligations remain binding on my Spouse.

3. Anything not specifically admitted is denied.

4. Other information about the above admissions, denials, or responses: _____

I ask that the request for a divorce be dismissed granted (select one), and I be awarded such other relief as the Court finds fair and equitable, including ordering the cost of this action be paid as the Court may determine.

Your Signature

Address

Typed or printed Name

Telephone number at which the Court may reach you or at which messages may be left for you

CERTIFICATE OF SERVICE

I delivered a copy of my Answer to Complaint for Divorce without Children

On: (date) _____

To: (name of your Spouse's attorney or, if there is no attorney, name of your Spouse)

At: (address or fax number) _____

By: U.S. Mail
 Fax
 Personal delivery
 Other: _____

Your Signature