

How to File an Answer to a Divorce Complaint (With Children)

It is best to hire an attorney to help you if you can afford it. If you cannot afford an attorney, this packet can provide you with information on how to answer the divorce Complaint so that you will have an opportunity to tell your side in Court. **It is very important that you file an Answer to the Complaint, that you attend every hearing, and that you keep the Court and your spouse's attorney aware of your current address.**

I. You must answer the complaint within 28 days of the date you were served:

- A. The Summons is often the first page of the papers you received from the Court. It demands that you Answer the Complaint within **28 days after you are served with the Summons**. You must file your Answer within 28 days after you received the Summons and Complaint.
- B. The Divorce Complaint against you should be immediately after the Summons. Read the Complaint carefully. If you do not Answer the Complaint **in writing within 28 days** after you receive it, the Court may believe what the Complaint says is true, and your spouse could get a divorce from you and get everything he or she has asked for from the Court. If you do not answer the Complaint in writing, you may not be notified of the final divorce hearing.
- C. If you do not file an Answer and do not appear at the final hearing, then you will not get your day in Court. Also, if you do not file an Answer to the Complaint, you may not receive any further notice from the Court about what is happening in your case until after the judge has made a final decision. **It is very important that you keep the Court and the opposing attorney informed regarding your current address so you will receive notification of all Court hearings. If your spouse is not represented by an attorney, then keep your spouse informed of any address changes.**

II. How to prepare your Answer:

- A. Prepare a written Answer to the Complaint by typing or neatly writing your Answer. Your Answer tells the Court what you believe is wrong in the Complaint and what you would like the Court to do for you in the

divorce. Blank lines have been provided in the attached Answer form for you to use.

- B. Go through the Complaint paragraph by paragraph to see if the Complaint says anything you believe is wrong. For example, if the Complaint has the wrong marriage date or the children's names or birth dates are wrong, you should state in your Answer the correct information. Or if the Complaint says there are no debts from the marriage and you do not believe this is true, you should type or write in the blank lines of your Answer that there are debts from the marriage and list them.

- C. The names and dates of birth of the minor children born from the marriage should be in the Complaint. If this information is not in the Complaint or it is incorrect, you should state the children's names and their dates of birth in your Answer.

- D. Finally you should also write or type in your Answer what you would like the Court to do for you. Below are some things you may ask the Court to do for you:
 - 1. Parental Rights and Responsibility (Custody) and Parenting Time (visitation) of any child of the marriage and order your spouse to provide child support and health insurance;
 - 2. Spousal support for yourself;
 - 3. Division of your marital property and debts;
 - 4. Order your spouse to pay some or all of the debts of the marriage;
 - 5. Division of any pension or retirement benefits;
 - 6. Change your name to a former name or maiden name.

You can also ask the Court to consider the following:

- 1. Tax dependency exemptions;
- 2. Appointment of a guardian ad litem (an independent person appointed by the Court to represent the best interests of the children);
- 3. Talking to the children in the Court's office about which parent they would like to live with.

- E. At the end of the Answer, **sign your name.**

- F. Complete the Certificate of Service by filling in the name and address of your spouse's lawyer (or your spouse's name and address if your spouse filed the divorce him/herself).
- G. **Please note:** You must also complete and file other forms in addition to the Answer. These forms include: Affidavit of Property, Affidavit of Income and Expenses, Private Health Insurance Questionnaire and a Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA). You should complete these documents, and if they are required to be notarized, you must sign them in front of a notary. You will be copying, serving and filing those documents in the same way and at the same time as your Answer.

III. How to serve and to file your Answer and any other documents:

- A. After you have prepared, signed and notarized your Answer **and any other documents included**, you need to immediately make two copies of all documents. That same day, mail one set of these copies to the attorney who signed the Divorce Complaint. Although you do not have to mail the Answer by certified mail, you may want to ask the post office to provide you with a Certificate of Mailing, which proves you mailed the copy of your Answer and other documents on the date that they were mailed, to the person to whom it was addressed.
- B. **Within 3 days** of mailing one copy of all documents to the attorney (or the other person who filed the Complaint against you), take the original of your Answer and your remaining copies to the Clerk of the Common Pleas Court that served the divorce papers on you. Be sure that you go to the Common Pleas Court where the Divorce Complaint was filed. Take the Complaint with you to the Clerk's office and show it to the Clerk to confirm that you are in the right place. Then give the Clerk **both** your original Answer (and all other documents) and **your copy**. Ask the Clerk to file-stamp the original(s) and the copies and to give you your copies back.
- C. The Clerk will then keep the original(s), which will go into the Court file so that the Court can read them. The file-stamped copies will be returned to you. Keep your filed-stamped copies in a safe place because it is your proof that you filed your Answer in the place and on the date shown in the file stamp. It is like a receipt.

- D. Be prepared to pay a filing fee. This is to be paid in cash or by money order. The Clerk's office will not accept your personal check. The amount of the filing fee can be obtained at <http://www.co.tuscarawas.oh.us/Courts/media/1130/deposit-schedule-2016.pdf> or by calling the Clerk of Court's office at 330-365-3243. If you do not have the money to pay the filing fee, you may complete and file the Petition for Waiver of Filing Fee and Court Cost Deposit and Affidavit in Support available on the Court website. You still may have to pay court costs after the action is decided.

IV. And then what?

- A. After you are done with all this, the Court will have your Answer, the person who filed the Complaint against you will have a copy of your Answer, and you will have a copy of your Answer with proof that you have filed the original with the Court. Everyone will know where you stand and what you want from the divorce. The Court will then keep you updated on what happens in your case, and the person who filed the Complaint against you will know where to send any additional papers that he or she may file.
- B. You must keep the Court and the other side up-to-date on what your current address is and what your telephone number is if you have a phone number. This is so the Court and the other side can continue to communicate with you. If you move and do not tell the Court or the other side, they will not look for you. If any of the information you gave the Court in your Answer changes, send another letter with the new information to the Clerk with the case number and parties' names. Make sure you include your old address and send a copy to your spouse's attorney.

V. **Important! If you are sent any documents from the Court to complete, you must do so by the time specified. You may be required to complete child support information at the local Child Support Enforcement Agency. You must cooperate with all Court requests. If you receive any document with a Notice of Hearing, you should go to that hearing.**

- A. The Court may schedule your case for what is called a pretrial hearing. This is a meeting with the Court and the people involved in the case to see what issues in the divorce are contested and which are not. The Court

will also discuss how long the final hearing will take and what issues need to be decided.

- B. Eventually, the Court will schedule your case for a final divorce hearing. At the hearing, you will have the opportunity to present witnesses (including yourself) and other evidence against the statements in the Complaint and what you want from the divorce. After hearing evidence from both sides and deciding what evidence is properly admissible and what is not, the Court will make a decision. Sometimes the Court gives its decision “from the bench” immediately after the hearing, or the Court gives the decision later, after having an opportunity to think about the case.

**In the Court of Common Pleas
Tuscarawas County, Ohio**

_____ :
Plaintiff : Case No. _____
Address: _____ : Judge _____
_____ :
Phone: _____ :
: **Defendant's Answer**
Plaintiff, :
vs. :
: :
_____ :
Defendant :
Address: _____ :
_____ :
Phone: _____ :
: :
Defendant. :
:

I, the Defendant, deny or disagree with the following statements made in the
Complaint: _____

I, the Defendant, agree with the following statements made in the Complaint:

I ask the Court to:

- Grant me a divorce.
- Equitably divide our debts and property.
- Change my name to _____.
- Grant me custody of our children.
- Other requests:

I swear that the information contained in this Answer is true and correct to the best of my information and belief.

(Signature)

Certificate of Service

A copy of the this document was served upon Plaintiff or Plaintiff's attorney at the following address: _____
by ordinary U.S. Mail, postage pre-paid, the _____ day of _____, 20 _____.

(Signature)

COURT OF COMMON PLEAS
TUSCARAWAS COUNTY, OHIO

Plaintiff	Case No. _____
Address	Judge _____
Phone	Magistrate _____

v./and

Defendant _____

Address _____

Phone _____

Instructions: Check local court rules to determine when this form must be filed.
List ALL OF YOUR PROPERTY AND DEBTS, the property and debts of your spouse, and any joint property or debts. Do not leave any category blank. For each item, if none, put "NONE." If you do not know exact figures for any item, give your best estimate, and put "EST." **If more space is needed, add additional pages.**

AFFIDAVIT OF PROPERTY

Affidavit of _____
(Print Your Name)

I. REAL ESTATE INTERESTS

	<u>Address</u>	<u>Present Fair Market Value</u>	<u>Titled To</u>	<u>Mortgage Balance</u>	<u>Equity (as of date)</u>
1.	_____	\$ _____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____	\$ _____
2.	_____	\$ _____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____	\$ _____
TOTAL SECTION I: REAL ESTATE INTERESTS					\$ _____

II. OTHER ASSETS

<u>Category</u>	<u>Description</u> (List who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
A. Vehicles and Other Certificate of Title Property			
	(Include model and year of automobiles, trucks, motorcycles, boats, motors, motor homes, etc.)		
1.	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____
2.	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____
3.	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____
4.	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____
5.	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____
6.	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____
B. Financial Accounts			
	(Include checking, savings, CDs, POD accounts, money market accounts, etc.)		
1.	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____
2.	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____
3.	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____
4.	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____

<u>Category</u>	<u>Description</u> (List who has possession) (Include profit-sharing, IRAs, 401k plans, etc.; Describe each type of plan)	<u>Titled To</u>	<u>Value/Date of Value</u>
C. Pensions & Retirement plans			
1.	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____
2.	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____
3.	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____
4.	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____

D. Publicly Held Stocks, Bonds, Securities & Mutual Funds			
1.	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____
2.	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____
3.	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____
4.	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____

<u>Category</u>	<u>Description</u> (List who has possession) (Type of ownership and number)	<u>Titled To</u>	<u>Value/Date of Value</u>
E. Closely Held Stocks & Other Business Interests and Name of Company			
1.	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____
2.	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____

**F. Life Insurance Type
(Term/Whole Life)**

(Any cash value or loans)

(Insured party
& value upon death)

1.	<hr/>		<input type="checkbox"/> Plaintiff	\$	<hr/>
	<hr/>		<input type="checkbox"/> Defendant		<hr/>
			<input type="checkbox"/> Both		
2.	<hr/>		<input type="checkbox"/> Plaintiff	\$	<hr/>
	<hr/>		<input type="checkbox"/> Defendant		<hr/>
			<input type="checkbox"/> Both		
3.	<hr/>		<input type="checkbox"/> Plaintiff	\$	<hr/>
	<hr/>		<input type="checkbox"/> Defendant		<hr/>
			<input type="checkbox"/> Both		
4.	<hr/>		<input type="checkbox"/> Plaintiff	\$	<hr/>
	<hr/>		<input type="checkbox"/> Defendant		<hr/>
			<input type="checkbox"/> Both		

Category

Description

Who Has Possession

Value/Date of Value

G. Furniture & Appliances

(Estimate value of those in your possession, and value of those in your spouse's possession)

1.	<hr/>		<input type="checkbox"/> Plaintiff	\$	<hr/>
	<hr/>		<input type="checkbox"/> Defendant		<hr/>
			<input type="checkbox"/> Both		
2.	<hr/>		<input type="checkbox"/> Plaintiff	\$	<hr/>
	<hr/>		<input type="checkbox"/> Defendant		<hr/>
			<input type="checkbox"/> Both		
3.	<hr/>		<input type="checkbox"/> Plaintiff	\$	<hr/>
	<hr/>		<input type="checkbox"/> Defendant		<hr/>
			<input type="checkbox"/> Both		
4.	<hr/>		<input type="checkbox"/> Plaintiff	\$	<hr/>
	<hr/>		<input type="checkbox"/> Defendant		<hr/>
			<input type="checkbox"/> Both		

H. Safe Deposit Box

(Give location and describe contents)

Titled To

1.	<hr/>		<input type="checkbox"/> Plaintiff	\$	<hr/>
	<hr/>		<input type="checkbox"/> Defendant		<hr/>
			<input type="checkbox"/> Both		
2.	<hr/>		<input type="checkbox"/> Plaintiff	\$	<hr/>
	<hr/>		<input type="checkbox"/> Defendant		<hr/>
			<input type="checkbox"/> Both		

I. Transfer of Assets

Explanation: List the name and address of any person (other than creditors listed on your Affidavit) who has received money or property from you exceeding \$300 in value in the past 12 months and the reason for each transfer.

1.	_____	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____
2.	_____	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____
3.	_____	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____
4.	_____	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____

<u>Category</u>	<u>Description</u> (Also list who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
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J. All Other Assets Not Listed Above **Explanation:** List any item you have not listed above that is considered an asset.

1.	_____	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____
2.	_____	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	\$ _____

TOTAL SECTION II: OTHER ASSETS \$ _____

III. SEPARATE PROPERTY CLAIMS: Pre-marital assets, gifts to one spouse only, inheritances

If you are making any claims in any of the categories below, explain the nature and amount of your claim. **This includes, but is not limited to, inheritances, property owned before marriage, and any pre-marital agreements.**

<u>Category</u> (Pre-marital Gift, Inheritance, etc., acquired after separation)	<u>Description</u>	<u>Why do you claim this as a separate property?</u>	<u>Present Fair Market Value</u>
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. _____	_____	_____	\$ _____

TOTAL SECTION III: SEPARATE PROPERTY CLAIMS \$ _____

IV. DEBT

List ALL OF YOUR DEBTS, the debts of your spouse, and any joint debts. Do not leave any category blank. For each item, if none, put "NONE." If you don't know exact figures for any item, give your best estimate, and put "EST." **If more space is needed to explain, please attach an additional page with the explanation and identify which question you are answering.**

<u>Type</u>	<u>Name of Creditor/Purpose of Debt</u>	<u>Account Name</u>	<u>Name(s) on Account</u>	<u>Total Debt Due</u>	<u>Monthly Payment</u>
A. Secured Debt (Mortgages, Car, etc.)					
1.	_____	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Joint	\$ _____	\$ _____
2.	_____	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Joint	\$ _____	\$ _____
3.	_____	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Joint	\$ _____	\$ _____
4.	_____	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Joint	\$ _____	\$ _____
5.	_____	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Joint	\$ _____	\$ _____
B. Unsecured Debt, including credit cards					
1.	_____	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Joint	\$ _____	\$ _____
2.	_____	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Joint	\$ _____	\$ _____
3.	_____	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Joint	\$ _____	\$ _____
4.	_____	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Joint	\$ _____	\$ _____
5.	_____	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Joint	\$ _____	\$ _____
TOTAL SECTION IV: DEBT				\$ _____	_____

V. BANKRUPTCY

Filed by:	<u>Date of Filing:</u> <u>Case Number</u>	<u>Date of Discharge</u> <u>or Relief from Stay</u>	<u>Type of Case</u> <u>(Ch. 7, 11, 12, 13)</u>	<u>Current Monthly</u> <u>Payments</u>
1. <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	_____	_____	_____	\$ _____
2. <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both	_____	_____	_____	\$ _____
TOTAL SECTION V: BANKRUPTCY				\$ _____

OATH

(Do Not Sign Until Notary is Present)

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

Your Signature

Sworn before me and signed in my presence this ____ day of _____, _____.

Notary Public

My Commission Expires:

**COURT OF COMMON PLEAS
TUSCARAWAS COUNTY, OHIO**

Plaintiff		Case No.
Address		Judge
Phone		Magistrate

v.

Defendant
Address
Phone

Instructions: Check local court rules to determine when this form must be filed. This affidavit is used to make complete disclosure of income, expenses and money owed. It is used to determine child and spousal support amounts. Do not leave any category blank. Write "none" where appropriate. If you do not know exact figures for any item, give your best estimate, and put "EST." **If you need more space, add additional pages.**

AFFIDAVIT OF INCOME AND EXPENSES

Affidavit of _____
(Print Your Name)

Date of marriage _____ Date of separation _____

SECTION I - INCOME

	<u>Plaintiff</u>	<u>Defendant</u>
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer		
Payroll address		
Payroll city, state, zip		
Scheduled paychecks per year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52

A. YEARLY INCOME, OVERTIME, COMMISSIONS AND BONUSES FOR PAST THREE YEARS

	<u>Plaintiff</u>	<u>Defendant</u>
Base yearly income	\$ _____ 3 years ago	\$ _____ 20 _____
	\$ _____ 2 years ago	\$ _____ 20 _____
	\$ _____ Last year	\$ _____ 20 _____
Yearly overtime, commissions	\$ _____ 3 years ago	\$ _____ 20 _____

and/or bonuses

\$		2 years ago	20	\$	
\$		Last year	20	\$	

B. COMPUTATION OF CURRENT INCOME

	Plaintiff	Defendant
Base yearly income	\$	\$
Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)	\$	\$
Unemployment compensation	\$	\$
Disability benefits		
<input type="checkbox"/> Workers' Compensation		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$	\$
Retirement benefits		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$	\$
Spousal support received	\$	\$
Interest and dividend income (source)		
_____	\$	\$
_____	\$	\$
Other income (type and source)		
_____	\$	\$
_____	\$	\$
TOTAL YEARLY INCOME	\$	\$
Supplemental Security Income (SSI) or public assistance	\$	\$
Court-ordered child support that you receive for minor and/or dependent child(ren) not of the marriage or relationship	\$	\$

SECTION II – CHILDREN AND HOUSEHOLD RESIDENTS

Minor and/or dependent child(ren) who are adopted or born of this marriage or relationship:

Name	Date of birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to the above children there is/are in your household:

_____ adult(s)
 _____ other minor and/or dependent child(ren).

SECTION III – EXPENSES

List monthly expenses below for your present household.

A. MONTHLY HOUSING EXPENSES

Rent or first mortgage (including taxes and insurance)	\$	_____
Real estate taxes (if not included above)	\$	_____
Real estate/homeowner’s insurance (if not included above)	\$	_____
Second mortgage/equity line of credit	\$	_____
Utilities		
o Electric	\$	_____
o Gas, fuel oil, propane	\$	_____
o Water and sewer	\$	_____
o Telephone	\$	_____
o Trash collection	\$	_____
o Cable/satellite television	\$	_____
Cleaning, maintenance, repair	\$	_____
Lawn service, snow removal	\$	_____
Other: _____	\$	_____
	\$	_____
TOTAL MONTHLY :		\$ _____

B. OTHER MONTHLY LIVING EXPENSES

Food	
○ Groceries (including food, paper, cleaning products, toiletries, other)	\$ _____
○ Restaurant	\$ _____
Transportation	
○ Vehicle loans, leases	\$ _____
○ Vehicle maintenance (oil, repair, license)	\$ _____
○ Gasoline	\$ _____
○ Parking, public transportation	\$ _____
Clothing	
○ Clothes (other than children's)	\$ _____
○ Dry cleaning, laundry	\$ _____
Personal grooming	
○ Hair, nail care	\$ _____
○ Other	\$ _____
Cell phone	\$ _____
Internet (if not included elsewhere)	\$ _____
Other	\$ _____
TOTAL MONTHLY	
	\$ _____

**C. MONTHLY CHILD-RELATED EXPENSES
(for children of the marriage or relationship)**

Work/education-related child care	\$ _____
Other child care	\$ _____
Unusual parenting time travel	\$ _____
Special and unusual needs of child(ren) (not included elsewhere)	\$ _____
Clothing	\$ _____
School supplies	\$ _____
Child(ren)'s allowances	\$ _____
Extracurricular activities, lessons	\$ _____
School lunches	\$ _____
Other	\$ _____
TOTAL MONTHLY	
	\$ _____

D. INSURANCE PREMIUMS

Life	\$	_____
Auto	\$	_____
Health	\$	_____
Disability	\$	_____
Renters/personal property (if not included in part A above)	\$	_____
Other _____	\$	_____
TOTAL MONTHLY		\$ _____

E. MONTHLY EDUCATION EXPENSES

Tuition		_____
o Self	\$	_____
o Child(ren)	\$	_____
Books, fees, other	\$	_____
College loan repayment	\$	_____
Other _____	\$	_____
	\$	_____
TOTAL MONTHLY:		\$ _____

F. MONTHLY HEALTH CARE EXPENSES
(not covered by insurance)

Physicians	\$	_____
Dentists	\$	_____
Optometrists/opticians	\$	_____
Prescriptions	\$	_____
Other _____	\$	_____
	\$	_____
TOTAL MONTHLY:		\$ _____

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren)	\$	_____
Child support for children who were not born of this marriage or relationship and were not adopted of this marriage	\$	_____
Spousal support paid to former spouse(s)	\$	_____
Subscriptions, books	\$	_____
Entertainment	\$	_____

Charitable contributions	\$	_____
Memberships (associations, clubs)	\$	_____
Travel, vacations	\$	_____
Pets	\$	_____
Gifts	\$	_____
Bankruptcy payments	\$	_____
Attorney fees	\$	_____
Required deductions from wages (excluding taxes, Social Security and Medicare) (type) _____	\$	_____
Additional taxes paid (not deducted from wages) (type) _____	\$	_____
Other _____	\$	_____

TOTAL MONTHLY:		\$ _____

H. MONTHLY INSTALLMENT PAYMENTS
(Do not repeat expenses already listed.)
Examples: car, credit card, rent-to-own, cash advance payments

To whom paid	Purpose	Balance due	Monthly payment
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
		TOTAL MONTHLY:	\$ _____

GRAND TOTAL MONTHLY EXPENSES (Sum of A through H): \$ _____

OATH

(Do not sign until notary is present.)

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

Your Signature

Sworn before me and signed in my presence this ____ day of _____, _____.

Notary Public
My Commission Expires:

Private Health Insurance Questionnaire

Case No.: _____

Sets No.: _____

Section A
Personal Information

Print Name

Street

Home Telephone Number

City

State

Zip Code

Cell Phone Number

Check ALL applicable boxes and fill-in ALL blanks.

My child(ren) is/are covered by low-income government-assisted health care coverage (Healthy Start/Medicaid, etc.)

.....

I have the following **private health insurance** policies, contracts or plans to cover the child(ren) available to me.

Section B
List of Plans

Name of policy, contract or plan

Name of Insurance Company

Entity/group through which policy, contract or plan is available

.....

I DO NOT HAVE the child(ren) enrolled in private health insurance because:

Health insurance **is not available** through my employer or another group policy, contract or plan that will cover the child(ren).

I **declined enrollment** of the child(ren) in health insurance available through my employer or another group policy, contract or plan, but **I am enrolled in a policy, contract or plan for myself.**

I am **not yet eligible** to enroll in private health insurance through employment or another group policy, contract or plan, but I will become eligible on (month/day/year) ____/____/____.

I expect to enroll the child(ren) when I become eligible.

Other reason the child(ren) is/are not enrolled (explain): _____

.....

Section C
No Private Health Insurance

I **DO HAVE** the child(ren) enrolled in **private health insurance** through:

- An **individual** (non-group) policy, contract or plan.
- A **group** policy, contract or plan.

Date child(ren) was/were enrolled in private health insurance:
(month/day/year) ____/____/____

Provided through: Employer Current Spouse Other: _____

Name of policyholder: _____ Insurance Co. Name: _____
 Policyholder address: _____ Insurance Co. Claims Address: _____

 Policyholder Phone No: _____ Insurance Co. Claims Phone No: _____
 Name of policy, contract or plan: _____ Group Number: _____
 Identification/Subscriber Number: _____

My child(ren) has/have primary care services (health care/laboratory services customarily provided by a general practitioner internal medicine, family medicine physician, or pediatrician) **accessible with this private health insurance:**

- within **30 miles** of the child(ren)'s home.
- because the child(ren) **live(s)** in a geographic area where the residents customarily travel farther than 30 miles for their child(ren)'s primary care services.
- because primary care services are **only accessible by public transportation**. (Primary care services are accessible by public transportation and the person responsible for taking the child(ren) for primary care service is dependent upon public transportation).

The cost for private health insurance benefits that cover me and/or my child(ren) or will cover us when I am eligible is: (Do not include the amount that an employer or other person/entity pays for health insurance.)

Single coverage	\$ _____ per month
Single coverage plus one	\$ _____ per month
Single coverage plus two	\$ _____ per month
Family coverage (unlimited dependents)	\$ _____ per month
Other (explain): _____	\$ _____ per month

I want to enroll/continue to have the child(ren) enrolled in the private health insurance plan in which I am currently enrolled/will become eligible to enroll in **even if the cost exceeds 5% of my TOTAL ANNUAL GROSS INCOME** (Health Insurance Maximum).

Number of Dependents currently enrolled or who will be enrolled when I become eligible: _____

Name of Dependent	Relationship to You
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

In addition to my premium for private health insurance I must pay the following:

Annual Deductible:	\$ _____	Office Visits:	\$ _____
Prescriptions:	\$ _____	Urgent Care:	\$ _____
Emergency Rm.:	\$ _____	Other:	_____ \$ _____

Type of Coverage:
 PPO HMO Traditional (unrestricted providers) Other: _____

My private health insurance covers the following services:

- | | | |
|---|---|--|
| <input type="checkbox"/> Doctor's Office Visits | <input type="checkbox"/> Hospital Room & Board | <input type="checkbox"/> Home Health Care |
| <input type="checkbox"/> Emergency Care | <input type="checkbox"/> Mental Health In-Patient | <input type="checkbox"/> Mental Health Outpatient |
| <input type="checkbox"/> Medical Supplies | <input type="checkbox"/> Substance Abuse Care | <input type="checkbox"/> Durable Medical Equipment |
| <input type="checkbox"/> Prescription Drugs | <input type="checkbox"/> Diagnostic Testing | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> 2 nd Surgical Opinion | <input type="checkbox"/> Skilled Nursing Home |
| | | <input type="checkbox"/> Other: _____ |

Attach a copy of all participant cards, prescription cards, and summary plan descriptions.

I, _____ (print name), certify that the information I have provided on this PRIVATE HEALTH INSURANCE QUESTIONNAIRE is true and accurate to the best of my knowledge.

_____ Date Questionnaire completed (month/day/year) Signature

**IN THE COURT OF COMMON PLEAS
TUSCARAWAS COUNTY, OHIO**

DECLARATION UNDER UNIFORM CHILD CUSTODY Case No. _____

JURISDICTION AND ENFORCEMENT ACT (UCCJEA) Division: Domestic Relations/Juvenile

I, (full legal name) _____, being sworn according to law, certify that these proceedings involve the custody of a child, or children and the following statements are true:

1. I am requesting the court to not disclose my address or that of the child(ren). My address is confidential pursuant to ORC 3127.23(D) and should be placed under seal in that the health, safety, or liberty of myself and/or the child(ren) would be jeopardized by the disclosure of the identifying information.

2. **(Number):** _____ **Minor Child(ren) are subject to this proceeding as follows:**
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name		Place of birth	
Date of birth		Sex	
Period of residence To Present	Address <input type="checkbox"/> Confidential	Person child lived with (name & address)	Relationship
to			
to			
to			
to			

a. Child's name		Place of birth	
Date of birth		Sex	
Period of residence To Present	Address <input type="checkbox"/> Confidential	Person child lived with (name & address)	Relationship
to			

to			
to			
to			
a. Child's name		Place of birth	
Date of birth		Sex	
Period of residence To Present	Address <input type="checkbox"/> Confidential	Person child lived with (name & address)	Relationship
to			
to			
to			
to			

Additional children are listed on Attachment 2e. (Provide requested information for additional children on an attachment.)

3. Participation in custody proceeding(s): (only one)

I **HAVE NOT** participated as a party, witness, or in any capacity in any other litigation, in this or another state, concerning the custody of or visitation (parenting time) with any child subject to this proceeding.

I **HAVE** participated as a party, witness, or in any capacity in any other litigation, in this or any other state, concerning the custody of or visitation (parenting time) with any child subject to this proceeding.
Explain:

- a. Name of each child _____
- b. Type of proceeding _____
- c. Court and state _____
- d. Date of court order or judgment (if any): _____

4. Information about custody proceeding(s): (only one)

I **HAVE NO INFORMATION** of any proceedings that could affect the current proceeding, including

any proceedings relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this proceeding .

I HAVE THE FOLLOWING INFORMATION concerning proceedings that could affect the current proceeding, including any proceedings relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this proceeding, other than set out in item 3. Explain:

- a. Name of each child _____
- b. Type of proceeding _____
- c. Court and state _____
- d. Date of court order or judgment (if any): _____

5. Persons not a party to this proceeding: (only one)

I DO NOT KNOW OF ANY PERSON not a party to this proceeding who has physical custody or claims to have custody or visitation rights with respect to any child subject to this proceeding.

I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this proceeding has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this proceeding:

(See next page)

a. Name and address of person _____

has physical custody claims custody rights claims visitation rights

Name of each child _____

b. Name and address of person _____

has physical custody claims custody rights claims visitation rights

Name of each child _____

c. Name and address of person _____

has physical custody claims custody rights claims visitation rights

Name of each child _____

6. Knowledge of prior child support proceedings: (only one)

The child(ren) described in this affidavit are **NOT** subject to existing child support order(s) in this or any state or territory.

The child(ren) described in this affidavit **ARE** subject to the following existing child support order(s):

- a. Name of each child _____
- b. Type of proceeding _____
- c. Court and address _____
- d. Date of court order or judgment (if any): _____

e. Amount of child support paid and by whom: _____

7. I acknowledge that I have a continuing duty to advise this Court of any custody, visitation, child support, or guardianship proceeding (including dissolution of marriage, child neglect, or dependency) concerning the child(ren) in this state or any other state about which information is obtained during this proceeding.

I certify that a copy of this document was (only one) mailed faxed and mailed
 hand delivered to the person(s) listed below on (date) _____

Other party or his/her attorney:
Name: _____ Address: _____
City, State, Zip: _____
Phone Number: _____ Fax: _____

I understand that I am swearing or affirming under oath to the truthfulness of the statements made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Party
Printed name: _____ Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____

STATE OF OHIO
COUNTY OF _____

Sworn to or affirmed and signed before me on this _____ day of _____, 20____.

Notary Public

My commission expires _____