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**Divorce W/Children & S. A. (H949)**

- \_\_\_ Case number, names (Judge/Magistrate, Petitioners, Child(ren)) and date of hearing.
- \_\_\_ Appearance on Complaint, Answer and/or Counterclaim
- \_\_\_ Residency requirement of parties: Ohio/6 months; County/90 days
- \_\_\_ The name's of children and d.o.b. are completed.
- \_\_\_ Check cause for divorce
- \_\_\_ Separation Agreement attached as Exhibit A
- \_\_\_ Check language that the divorce is hereby granted and the marriage contract is dissolved.
- \_\_\_ Spousal support per Separation Agreement, is it modifiable / jurisdiction reserved? Should be paid via CSEA (if direct please leave a note for the Judge).
- \_\_\_ Parenting Plan: Shared Parenting Plan [or] Parental Rights Allocated to Residential Parent with Standard Parenting Time Guidelines for parent who is not the residential parent.
- \_\_\_ Complete notice of intent to relocate, federal income tax exemption, and children's health care sections
- \_\_\_ Medical support of child(ren): fill-in the blanks for percentages of payment for cost of health care needs per line 16 of the child support worksheet unless parties agree to different percentages.
- \_\_\_ Parent's name, address, and telephone completed for reimbursement of out-of pocket expenses.
- \_\_\_ Private Health Insurance Findings: appropriate boxes are checked. Alternative 1: box is checked if there is no private health insurance. OR Alternative 2: box is checked if there is private health insurance and information is complete as for the employment information of the parent w/insurance.
- \_\_\_ Monthly child support and cash medical order...effective date
- \_\_\_ Is there a CSEA Administrative support order?
- \_\_\_ If there is a CSEA Administrative support order check the box and fill in the blanks for the SETS# and other pertinent information.
- \_\_\_ If there is a deviation in child support, check the box and/or

- make sure it is spelled out in the entry and the guidelines worksheet. Also, put a post-it-note on the file to alert Judge of the deviation.
- \_\_\_ Cash Medical: fill in the monthly amount of child support when private health insurance is provided as well as the amount of child support and cash medical when private health insurance is not provided.
  - \_\_\_ Is there a Juvenile support order involving the parties and child(ren)?
  - \_\_\_ If there is a Juvenile support order...we do not have jurisdiction to establish child support, health insurance, etc. for the child(ren).
  - \_\_\_ Arrears: section usually crossed out unless parties agree to an arrearage figure and choose one of the boxes to collect the arrears.
  - \_\_\_ Make sure the numbers are correct for the monthly order that apply (child support, spousal, cash medical, arrearage payment).
  - \_\_\_ Securing support payments: the appropriate source is checked and completed.
  - \_\_\_ Obligee/Obligor information complete (name, address, phone etc.)
  - \_\_\_ If no pension being divided cross out QDRO paragraphs. If pension being divided complete the QDRO paragraphs.
  - \_\_\_ Division Of Property: If there is property to be divided it should be listed either in the Separation Agreement or Judgment Entry and if there is no property the parties' write-in "*there is no marital property to be divided. Each party shall pay their own debts and hold the other party harmless thereon.*"
  - \_\_\_ If there is real estate make sure that the names are correct and a copy of the legal description is attached.
  - \_\_\_ Maiden name or prior name, if desired by wife, with dob.
  - \_\_\_ Third party dismissed if necessary
  - \_\_\_ Court costs
  - \_\_\_ JE signed by all parties and counsel, if applicable.
  - \_\_\_ CSEA Blue Sheet
  - \_\_\_ Casenote

### **Attachment Checklist**

- \_\_\_ Signed Separation Agreement
- \_\_\_ Shared Parenting Plan: signed by both parents and appropriate boxes are checked, if applicable.
- \_\_\_ Parenting affidavit: signed and notarized
- \_\_\_ Parenting Seminar Certificates: check docket and/or CMS screen
- \_\_\_ Child support order: monthly amounts, including cash medical, are correct. Effective date filled in.
- \_\_\_ Health Insurance Affidavits
- \_\_\_ Guidelines worksheet (signed and attached as an Exhibit)
- \_\_\_ IV-D Application (signed by Obligee)
- \_\_\_ If Parenting affidavit and IV-D application not filed, take to Mary Kay for processing.
- \_\_\_ Review for division of assets/debts and an award of spousal support, if applicable.
- \_\_\_ CSEA administrative order...attach copy to the entry.
- \_\_\_ CSEA Blue Sheet