

**IN THE COURT OF COMMON PLEAS, DELAWARE COUNTY, OHIO  
DOMESTIC RELATIONS RULES**

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## **RULE 1      GENERAL PROVISIONS**

The rules shall apply to the Domestic Relations Division of the Court of Common Pleas, of Delaware County, Ohio. The Rules of the General Division may also be applicable regarding matters that are not addressed herein.

- 1.1 Case Flow Management.** The nature of a domestic relations case requires continual case flow management. The provisions of these rules shall apply to control the case flow management of the cases filed in this Court as required by Sup R. 5. Each case will be individually managed using the various provisions of these rules and individual case management orders to move the dispute to a timely resolution as required. These may include the use of conferences, temporary orders, guardian ad litem appointments, and alternative dispute resolution. Issues of case flow management may be addressed at any and all hearings to address accelerated docketing or placing the case under the status of complex litigation. The case management rules and schedule issued by the Ohio Supreme Court are adopted and incorporated herein.
- 1.2 Equal application.** These rules apply equally to counsel and to individuals representing themselves. Those persons without attorneys are held by law to the same requirements of due process -- all documents submitted to the court must be sent to the other side first and a notation of sending it (service) to the other side must be attached. The court will not consider submissions without a proof of service attached. Communications such as letters, phone calls, or e-mails, regarding a case that is sent jointly or without proper notification to the other side cannot be considered and will not be addressed or acknowledged. All pleadings and motions shall be signed and shall contain the address, telephone number and e-mail address of the person signing.
- 1.3 Correspondence with the Court.** While the Court strives to assist litigants as much as possible, the Law prevents both the Court's staff and the Clerk's staff from providing legal advice, including giving information such as how to serve documents, or how to fill out the forms. The court cannot correspond directly with parties who are represented, and any communication, shall be from and by counsel – not with the party directly. The court's website is used for general purpose inquiries and litigants shall not use the general e-mail to directly access the judges or magistrates on cases.

## **RULE 2      COURT FORMS**

- 2.1 Authorized Forms.** The Court requires the use of the Ohio Supreme Court authorized forms and/or this Court's approved forms (shown in Appendix). Forms not in conformity, forms improperly filled out, or submitted with entries substantially blank or with "unknown" filled in the blank, may be stricken, and the Court may impose other appropriate sanctions. The Court's classification form shall be completed and filed for all new cases and re-openings and is used to assess the complexity of the issues in the case. The court may re-classify the case at any

time for case management purposes.

- 2.2 Delaware County Court Form 1 and 2.** Delaware County Court FORM 1 is entitled AFFIDAVIT IN SUPPORT OF TEMPORARY ORDERS, PRETRIAL STATEMENT. This form shall be filed in all divorce and dissolution cases where there are minor children. Delaware County Court FORM 2 is also entitled AFFIDAVIT IN SUPPORT OF TEMPORARY ORDERS, PRETRIAL STATEMENT. This form shall be filed in all divorce and dissolution cases where there are no minor children.
- 2.3 Supreme Court Form 1 and 2.** If using the Supreme Court forms in lieu of the local Forms 1 or 2, the Court requires the submission of *both* of the standard Supreme Court Forms (1-income; *and* 2-property) for all cases.
- 2.4 The following shall not be filed in the case.**
- A) Requests for Production of Documents
  - B) Interrogatories
  - C) Copies of previous orders, motions, affidavits, exhibits, or other pleadings previously filed in the case.
  - D) Cases cited in any Motion or affidavit. (Copies of relevant cases submitted for the convenience of the Judge or Magistrate may be submitted separately but do not include them as part of the pleading).
  - E) Voluminous biographic narratives; documents containing personal identifiers such as tax returns, bank statements, credit reports, or, documents clearly inadmissible as evidence.

The submissions will be stricken from the file and the litigant may be subject to sanctions as provided for by these Rules and Ohio law, up to and including contempt or dismissal.

### **RULE 3 DIVORCE/ LEGAL SEPARATION/ ANNULMENT CASES**

- 3.1 Required Documents submitted with the Complaint.** In all initial Divorce cases the following forms and pleadings are required:
- A) Classification form**
  - B) Complaint for Divorce, Legal separation, or Annulment**
  - C) Motion and Affidavit for Restraining Orders** (if sought)
  - D) Proposed Magistrate's Order or Entry granting the Restraining Order**
  - E) Uniform Parenting Proceeding Affidavit** - if children (Delaware County Court Form 5 OR Supreme Court Form 3)
  - F) Separate Motion for Temporary Orders** (if sought) (Supreme Court Form 5) A separate Motion shall be filed even if relief is sought in the prayer of the complaint.
  - G) Affidavit regarding temporary orders** Delaware County Court Form 1 or 2 or the applicable Supreme Court Forms 1, 2, 3, 4
  - H) Delaware County Court Form 1 or 2 and/or Supreme Court**

**Forms 1 and 2 regarding Income, Expenses and Property**

- I) Proposed Child Support Worksheet**
- J) Health Insurance Affidavit** – Delaware County Court Form 6 OR Supreme Court Form 4
- K) Instructions for service** - including publication forms and affidavit as applicable
- L) Cost deposit or affidavit of indigency.**

**3.2 Ex-parte Orders.** Ex-parte Orders restraining a Party from committing physical harm will be routinely granted. Ex-parte Orders restraining a Party from disposing of or destroying property, from incurring debt, from changing beneficiaries of life or health insurance, from changing wills or other beneficiaries of assets in case of death, etc., will also be routinely granted. No bond is required.

**3.3 Emergency Situations.** When a motion clearly indicates a need for an emergency temporary order, the Court may consider granting the motion pending the filing of a response.

**3.4 Temporary Orders; Trial Testimony; Rule 75(N).** Temporary Orders with respect to all other issues such as custody, visitation, support, maintenance of medical insurance, the payment of uninsured medical bills, exclusive use of the residence, motor vehicles, other tangible personal property, and intangible personal property, the payment of debts, and temporary spousal support may be issued between 14 and 28 days after service of the complaint.

Temporary Orders may be issued without hearing based on the filing of a separate motion and any response.

Any request for an oral hearing under Civil Rule 75 regarding the Temporary Order shall specifically set forth the objection, the reason for the objection, and shall state the relief requested. A request for oral hearing shall not suspend or delay the commencement of the temporary order until the order is modified by judgment entry or magistrate's order after the oral hearing.

Unless otherwise ordered by the Court, the Rule 75(N) hearing shall be limited to oral argument with a duration of 15 minutes by each Party. If testimony is presented at the oral hearing, the Court reserves the right to consider it as part of the trial testimony in the case and the testimony may not have to be repeated at trial.

**3.5 Discovery.** The Parties shall provide full and complete disclosure of assets and debts on the appropriate Local Court forms Form 1 and 2 and respond in full, complete and timely compliance with the Discovery Requests of the other Party. Failure to respond timely to discovery requests may result in sanctions including, but not limited to, financial sanctions, evidence preclusion, or dismissal.

## **RULE 4      DISSOLUTION CASES**

**4.1 Required documents with the Petition.** In all Dissolution cases the following forms and pleadings are required:

- A) Classification form**
- B) Petition for Dissolution** signed by both parties
- C) Waiver of service; waiver of counsel by a party not represented by an attorney**
- D) Separation Agreement** addressing all issues of property and debt/children with specific terms (i.e. list debts - it is insufficient to state husband/wife pays all debts)
- E) Uniform Parenting Proceeding Affidavit - if children** (Delaware County Court Form 5 OR Supreme Court Form 3)
- F) Shared Parenting Plan** (if seeking Shared Parenting.)
- G) Child Support Calculation Worksheet** – as applicable
- H) Proposed Deviation Findings of Fact** - if child support deviation is requested
- I) Health Insurance Affidavit** – Delaware County Court Form 6 or Supreme Court Form 4
- J) Proposed Decree of Dissolution and as applicable a Proposed Shared Parenting Decree** – plus copies of each for certification.
- K) Cost deposit or affidavit of indigency**

**4.2 Review.** After a Petition for dissolution is filed and before the final hearing, the Court shall review the documents for approval. Failure to provide the required documents or appropriately address the provisions of Ohio law may cause dismissal of the Petition. The Court may schedule an informal conference with the Parties before the Judge or Magistrate to review the filings.

**4.3 Decree.** The parties shall provide an original and enough copies for each party of the final decree, Shared Parenting Decree (if applicable), child support worksheet, and deviation with Findings of fact (if sought). The parties shall notify the Court of any address change immediately. Failure to provide the necessary Decree or prepare the documents with sufficient detail may cause the case to be re-set or dismissed.

## **RULE 5      POST-DECREE CASES**

**5.1 Required documents with the Motion.** In all Post Decree cases the following forms and pleadings are required:

- A) Classification form**
- B) Post Decree Motion and appropriate Summons -- with the addresses of both parties.**
- C) Affidavit and/or Memorandum in support of Motion**

- D) **Waiver of service; waiver of counsel for any party, if applicable for any joint/agreed motions**
- E) **Uniform Parenting Proceeding Affidavit - if motion pertains to parental rights (Delaware County Court Form 5 OR Supreme Court Form 3 )**
- F) **Shared Parenting Plan ( if applicable)**
- G) **Proposed Child Support Calculation Worksheet (if applicable)**
- H) **Judgment Entry or Magistrate's Order granting the requested relief (in appropriate instances where further hearing is not necessary)**
- I) **Instructions for service - including publication forms and affidavit**
- J) **Cost deposit or affidavit of indigency**

**The Court reserves the right to limit filings, deny relief, or impose sanctions when the previous court costs and/or Guardian *ad Litem* fees remain unpaid or in collection.**

**5.2 Contents.** The first line of the Motion shall state specifically all the relief that is requested. The body of the Motion shall state succinctly by separate numbered paragraphs the relief requested. If an oral hearing is requested the caption shall so state and the amount of time necessary for the hearing.

## **RULE 6 PARENTING CLASSES**

**6.1 Requirement.** In all Divorce, Legal Separation, Annulment, or Dissolution cases in which there are minor children, and in all cases seeking post-Decree relief concerning the allocation of parental rights and responsibilities with respect to minor children, both parents shall attend an educational seminar for separating parents sponsored or approved by the Court. This seminar should be attended by the Plaintiff or Movant within 45 days after the filing of the case or the motion and by the Defendant or Respondent within 45 days after the service of process. Comparable classes may be allowed by prior approval of the Court.

**6.2 Sanctions.** No case shall proceed to final dispositional hearing until there has been compliance with the seminar requirement. However, noncompliance by a parent who does not enter an appearance in the case and does not contest the action shall not delay the final hearing.

The Court reserves the right to delay the final hearing, to delay filing the final decree, to delay making a custody and/or parenting time order, to bar testimony regarding custody and/or parenting time, and/or to refuse to enforce custody or parenting time orders. The provisions of this rule may be modified by further order for good cause shown on a case by case basis.

**6.3 Current Course Registration.** The current classes are being conducted by the OSU Extension Service. Each parent shall be responsible for registering at least one week prior to the seminar. The fee shall be paid by each parent at the time of

registration. Registration may be made by calling the OSU Extension Office at 740-368-1925 or 740-548-7373, extension 1925.

## **RULE 7 GUARDIAN AD LITEM**

- 7.1 APPLICATION.** The Common Pleas Court shall utilize one *Guardian ad Litem* Coordinator for all courts in both the juvenile and domestic divisions. An attorney seeking to serve as a *guardian ad litem* in the domestic division of the court of common pleas shall complete the application process through the Delaware County Juvenile Court and designate a willingness to serve as a domestic division *guardian ad litem*. The application shall include a statement regarding the applicant's hourly rate and fee policies as well as a statement that the applicant has an appropriate trust account for segregation of fees.
- 7.2 APPOINTMENT/DUTIES OF GUARDIAN AD LITEM.** The Supreme Court Sup. R. 48 shall apply as if rewritten.
- 7.3 FEES.** The Court may fix and adjust compensation rates for the services of a *guardian ad litem*. The Court may require the parties to post a deposit to secure the fees of the *guardian ad litem* and shall apportion additional fees incurred for the services of the *guardian ad litem* between the respective parties. The Court shall retain jurisdiction to reallocate the payment responsibility for the *guardian ad litem's* fees at any time.

If any party has filed an Affidavit of Indigency, the Court, in its discretion, may not require that the party pay an initial deposit. In indigent cases only, the Court may provide that the *guardian ad litem* be paid in full or in part from the Indigent Guardian Fund. The hourly rate for all fees paid from the fund shall be limited to the amount of \$100.00 per hour, or such other lesser amount, subject to the Court's discretion and as specified by the Court in the Order of Appointment.

To be considered as an indigent case, the income of the litigant applying for payment must be below one hundred twenty-five per cent or less of the current federally established poverty levels, pursuant to the "Federal Poverty Guidelines" published in the Federal Register by the U.S. Department of Health and Human Services.

If the litigant's income is in excess of the poverty guideline standard, the Court may consider an advance of the *guardian ad litem* fees from the indigent fund. These fees may be subject to reimbursement, recoupment, contribution, or a partial payment program from one or both of the litigants.

## **RULE 8 MEDIATION**

Sup. R. 16 shall apply as if rewritten. Voluntary mediation is encouraged for all disputed issues. In addition, each Judge or Magistrate shall order mediation at anytime during the pendency of the case as is deemed necessary and appropriate.

The terms of the Mediation appointment shall govern the case management and discovery of the ordered case. Each appointed mediator shall issue a progress report to the court as to the ongoing status of the case, no later than at the next scheduled hearing or status call and a final report upon conclusion of the mediator's services.

## **RULE 9 HEARING OFFICER; MAGISTRATE'S ORDERS/DECISIONS**

Civil Rule 53 shall apply to govern the hearings held by the magistrate.

Any objection to a finding of fact shall be supported by a transcript of all the evidence submitted to the magistrate relevant to that fact or an affidavit of that evidence if a transcript is not available. It is the responsibility of the attorney or party to assure that the transcript is timely filed or an extension is obtained.

The request for a transcript shall be filed with the Clerk of Court at the time of the filing of the objections. A copy of the request shall be submitted to the proper court reporter or the Court's administrative staff. The costs of original Court transcripts and copies shall be determined by the Court. At the time of ordering the transcript, the ordering counsel or party shall arrange for payment. An advance deposit shall be posted by the ordering counsel or party, with the balance due prior to delivery of a copy or the filing of an original with the Court.

Any Motion for an extension of the time to file a transcript or file supplemental objections for the reason that a transcript of the proceedings needs to be procured, shall be accompanied by a letter from the court reporter who is preparing the transcript stating when the transcript was requested, by whom, when the funds for preparing the transcript were paid to the reporter, and an expected date when the transcript will be available to objector for review.

Failure to timely request, to pay for, or to file a transcript when one is required by this Rule or Civ. R 53 may be a basis for the denial of the objection.

## **RULE 10 CONTINUANCES**

**10.1** All motions for continuance shall state the reason for the request. If the request is made due to a conflict with another case, a copy of the scheduling notice showing the date of filing and the date of the hearing of the other case shall be attached. Continuances shall be made as soon as possible after the movant learns of a conflict. The earlier the request is made the more likely a continuance will be granted.

**10.2** Any motion to continue or modify a trial date shall include dates of availability of counsel and parties accompanied by a proposed Order/Entry. Counsel shall first seek approval from opposing counsel. The proposed Order/Entry shall contain alternative language for granting, denying, and setting the motion or oral hearing. Failure to comply with this rule may result in denial of the motion. The failure of the other side to proffer a list of available dates may preclude that



attorney or party from seeking their own continuance should the court grant the movant's request. Providing dates of availability to opposing counsel does not mean counsel consents to the continuance.

- 10.3** Unless otherwise provided in these Rules, when a continuance is requested for the reason that counsel is scheduled to appear in another case assigned for trial on the same date in the same or another trial court of this state, the case which was first set for trial shall have priority and shall be tried on the date assigned. The court will not consider any motion for continuance due to conflict of a trial assignment date if the motion is filed less than thirty days prior to trial or within ten days of receiving this Courts hearing notice even if the other case has already been set.
- 10.4** Criminal (either Common Pleas or Municipal) cases assigned for trial have priority over civil cases assigned for trial. Appellate proceedings take precedence over trial court proceedings. Cases that have already commenced and are set for additional time have priority. Domestic Violence cases have priority. The trial judge or magistrate may change the trial assignment date on reasonable notice to all counsel and parties.
- 10.5** If a party seeking affirmative relief fails to appear for trial, the trial judge or magistrate will enter an order dismissing the claim for relief for want of prosecution. If a Defendant, either in person or by counsel, fails to appear for trial, and the party seeking affirmative relief does appear, the Court may order the party to proceed with the case and decide and determine all matters.
- 10.6** Without good cause shown, if a party or counsel fails to timely appear and/or be prepared for trial, or fails to comply with these rules and/or any Pretrial/Case Management Orders, the Court may impose sanctions, including but not limited to, orders precluding evidence or participation, and award of attorneys' fees, a contempt citation, and/or the dismissal of the motion or case under Civil Rule 41.

## **RULE 11 JUDGMENT ENTRIES; OTHER PLEADINGS; FORMS; CLAUSES**

- 11.1 Routing list.** After the Magistrate's and/or Judge's signature line in a Magistrate's Order or Judgment Entry, a list of persons to whom the order or entry should be sent shall be included. This list shall include the name, address, telephone number, fax number, and e-mail address of the attorney(s) for all parties represented by counsel, and the names of any other relevant person or Agency. All parties not represented by counsel shall include his or her address, telephone number, fax number, e-mail address, and the names of any other relevant person or Agency. The Court will attempt to route all non-final appealable orders via electronic means - including e-mail. The e-mail or fax time /date notation is not to be considered as the official time stamp; the parties/counsel may request that the clerk send out a time-stamped "hard copy" charged to costs.

**11.2 Settlement.** As soon as the parties have reached a settlement agreement prior to the trial date, counsel, or one of the unrepresented parties if there is no attorney, shall immediately notify the Court by telephone and file written notice of the settlement with the court.

If settlement is reached by mediation, the mediator shall provide written notice to the Court.

**11.3 Dismissal.** Notice must be provided to the Court of a partial or full dismissal. If partial notice, it must indicate which issues the parties have settled and which claims are still pending. The Court requires that in addition to the Notice of Dismissal, a proposed Entry be submitted that addresses the apportionment of the Costs.

**11.4 Entries.** If the Court orders counsel or a self represented litigant to prepare the Judgment Entry, it shall be submitted to the Court within a reasonable time, not to exceed twenty-one (21) days after the date of the hearing or the filing of the Order adopting or modifying the Magistrate's Decision.

**11.5 Signatures.** Prior to submission to the Court, the Judgment Entry shall be submitted to opposing counsel or the non-represented party for signature. Entries will not be considered without either the signatures or evidence of submission. It is the responsibility of all counsel of record or the self represented party to sign the Judgment Entry, if accurate. Appropriate sanctions may be considered if counsel of record or the self represented party unreasonably withholds his/her signature.

If any Judgment Entry is presented to the Court without the signatures of all counsel or any self represented party, a Certificate of Service to the Court documenting the date that the proposed Judgment Entry was served on that opposing counsel or self represented litigant must accompany the Judgment Entry. The Entry shall not be submitted to the Court until seven (7) business days have passed from the date on the certificate of service. **The fact that the other side either ignores or refuses to sign the Entry does not absolve the attorney or party responsible for submission from proffering the Entry to the Court under this Rule**

**11.6 Rejection of Judgment Entry.** In the event of a rejection of the Judgment Entry, opposing counsel or self represented litigant shall file objections within five (5) business days of receipt of the proposed Judgment Entry and shall serve copies on opposing counsel or self represented litigant. The Court reserves the right to sign the Entry as submitted or modify the submission(s) to be in conformity with the proceedings or set the matter for hearing.

**11.7 Sanctions.** Failure to submit a Judgment Entry in accordance with the above stated Rule may subject counsel or self represented litigant to sanctions, including dismissal for failure of prosecution.

## 11. 8 Required clauses / attachments

A child support calculation worksheet shall be filed and referenced regarding all orders of support even “zero” orders. A Deviation Findings of Fact Entry listing the specific amount and statutory reasons for the deviation must be submitted for the Court to consider a deviation.

Entries regarding support/medical matters shall contain the following language or similar: *“Both Parents shall contact the other in case of illness or injury to the child that requires emergency medical attention. The parent who receives a medical bill for the child shall forward a copy of that medical bill to the other parent within 10 days of receipt. The parents shall cooperate in coordinating insurance benefits for the payment of medical bills for the child.”*

All Entries regarding parenting or child support orders shall contain the required relocation and/or support notices required by Ohio law. The notices are set forth in the Appendix.

## RULE 12 COURT COSTS, AFFIDAVIT OF INDIGENCY

**12.1 Deposits.** The current court cost deposit charges are posted by the clerk and are subject to revision. Any person seeking to file pleadings without posting a deposit or security for costs shall complete an Affidavit of Indigency. Upon approval of the Court or the Clerk, the deposit shall be deferred and the Clerk shall receive and file the documents without deposit or security. The filing of an Affidavit of Indigency does not relieve a party from liability for the payment of the costs. At any time the Court determines that the affiant is able to post the deposit for costs, the Court may order the party to pay the deposit within a reasonable time.

**12.2 Application.** Final judgment entries shall contain a provision for payment of costs as ordered by the Court. The Clerk of Courts shall apply the deposit for costs in the case, regardless of the party against whom the costs are assessed.

**12.3 Collection.** At any time during the course of a proceeding, the Court may order either party or both parties to pay further security for costs, and/or the past due balance on unpaid costs, as may be necessary and appropriate. In addition to all of the collection remedies available to the Clerk and the Court, the court may sanction a party for failure to pay the deposit or the balance due of the costs of the case. When appropriate and authorized, sanctions may include, but are not limited to, preventing that party from going forward with his or her case; and or dismissal or a contempt citation.

**RULE 13 PARENTING TIME**

***THE COURT STRONGLY ENCOURAGES PARENTS TO CREATE COOPERATIVE and FLEXIBLE PARENTING TIME SCHEDULES TAILORED TO THE SPECIFIC NEEDS OF THEIR CHILDREN, THE PARENTS' RESPECTIVE WORK SCHEDULES , AND TO THE COLLECTIVE NEEDS OF EACH HOUSEHOLD.***

For parents who are unable to agree on a parenting schedule, the Court sets forth in this Rule plans to ensure the minor children have frequent and consistent contact with both parents. Because of the unique and diverse nature of this county's population and needs, no single specific plan, is set forth.

The Court's Standard Parenting Time Schedules are attached to these Rules in the Appendix as Schedule A or Schedule B.

Should the parties be unable or unwilling to decide which schedule best fits their child's needs, the Magistrate or Judge will issue the appropriate schedule based on the needs of that case.

**EFFECTIVE DATE \_\_\_\_\_**

**APPENDIX TO DOMESTIC RELATIONS RULES**

## APPENDIX

Rule 13 Parenting Time A (captioned: RULE 29.03 VISITATION FOR 2010)

Rule 13 Parenting Time B

Delaware County Form 1 – Economic Affidavit – Divorce with Children

Delaware County Form 2 – Economic Affidavit – Divorce without Children

Delaware County Form 3 – Affidavit – Agreed Support

Delaware County Form 4 – Affidavit – Motions to Modify

Delaware County Form 5 – Affidavit Parenting Proceeding/Liabilities Affidavit

Delaware County Form 6 – Affidavit – Health Insurance Affidavit

Delaware County Form 7 – Required Support and Relocation Forms

## SCHEDULE A - VISITATION FOR 2010

**WEEKENDS** The Parties shall alternate weekends. Weekends shall be from Friday at 6:00 p.m. until Sunday at 6:00 p.m. Father shall have the first weekend after Christmas break (which commences on Friday, January 1, 2010). Mother shall have the second weekend after Christmas break. This patten shall continue throughout the year (until Christmas Day).

**SPRING BREAK** Mother shall have spring break.

**MEMORIAL DAY** Father shall have Memorial Day. Memorial Day shall be from Sunday, May 30 at 6:00 p.m. until Memorial Day at 8:00 p.m.

**SUMMERS** The Parties shall alternate weeks during the summer from Friday at 6:00 p.m. until the following Friday at 6:00 p.m. Father shall have the first week commencing Friday, June 4. Mother's first alternating week shall commence on Friday, June 11. Summer visitation ends on Friday, August 20 at 6:00 p.m.

**INDEPENDENCE DAY** Mother shall have Independence Day. Independence Day shall be from 9:00 a.m. until 11:00 p.m.

**LABOR DAY** Father shall have Labor Day. Labor Day shall be from Monday, September 6 from 9:00 a.m. until 11:00 p.m.

**THANKSGIVING BREAK** Father shall have Thanksgiving Break. Thanksgiving break shall be from Tuesday, November 23 at 6:00 p.m. until Friday, November 26 at 6:00 p.m.

**FIRST HALF OF CHRISTMAS BREAK AND CHRISTMAS EVE** Mother shall have the first half of Christmas break and Christmas Eve. Christmas Eve is from noon on December 24 until 9:00 a.m. on Christmas Day.

**CHRISTMAS DAY AND THE SECOND HALF OF CHRISTMAS BREAK** Father shall have Christmas Day and the second half of Christmas break. Christmas Day is from 9:00 a.m. until 10:00 p.m. on Christmas Day.

**WEEKNIGHTS** Each parent shall have companionship with the children who would otherwise be in the possession of the other parent every Wednesday from 6:00 p.m. until 8:00 p.m. The Wednesday night visitation shall not take precedence over other days specifically allocated to either parent such as spring break, weeks during the summer during which the other parent is out of the area on vacation with the child, Thanksgiving break, Christmas break, and Christmas Day.

**MARTIN LUTHER KING DAY, PRESIDENTS' DAY, EASTER, MOTHER'S DAY, FATHER'S DAY, AND OTHER DAYS OFF SCHOOL.**

Martin Luther King Day, Presidents' Day and Easter are allocated to the parent whose weekend adjoins that day.

Under the alternating weekend schedule, Mother's Day would be allocated to the Father. In order that the children can spend some time with the Mother on Mother's Day, the Father's weekend shall end at 1:00 p.m. Mother's Day. The remainder of the day until 8:00 p.m. shall be spent with the Mother.

Other days off from school are allocated to the parent whose weekend adjoins that day.

**TRANSPORTATION** On all visitation the parent exercising the visitation shall pick up the children at the commencement of the visitation and the other parent shall pick up the children at the termination of visitation.

**EQUAL ACCESS, PHONE CONTACT, NOTICE OF ILLNESS, INJURY, ACTIVITIES, GRADE CARDS.** Both parents shall have equal access to any day-care providers and day-care records, any educational providers and educational records. Both parents shall have the right to contact the child by phone at reasonable times when the child is with the other parent. Both parents shall contact the other in case of illness or injury to the child that requires medical attention. Both parents shall be notified of any special school functions, teacher conferences, or other special activities of the child. The parent first receiving any grade card shall give a copy thereof to the other parent.

**CALENDAR-REVISION DATE** Attached is a calendar that sets forth the days allocated to the Father in cyan and the days allocated to the Mother in magenta. In the event of any conflict of calendars or rules, the calendar or rule with the latest revision date controls.

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

**SCHEDULE 13 B – PARENTING TIME**

Reasonable rights of parenting time shall mean at such times and at such places as the Parties may agree. In the event of disagreement, parenting time for the non-residential parent shall be at least equal to the following:

- 1) Every other weekend from Friday at 6:00 P.M. until Sunday at 6:00 P.M. during the school year and 8:00 P.M. during the summer.
- 2) On one evening per week from 6:00 P.M. until 8:00 P.M. during the school year and 10:00 P.M. during the summer
- 3) Either Christmas Eve from Noon to 9:00 A.M. Christmas Day or Christmas Day from 9:00 A.M. until 10:00 P.M., in the discretion of the custodial parent.
- 4) From December 28<sup>th</sup> at 6:00 P.M. until 6:00 P.M. on the day before school starts after Christmas vacation.
- 5) From the day school stops for Spring break at 6:00 P.M. until 6:00 P.M. on the day before school starts after Spring vacation in odd numbered years.
- 6) Memorial Day weekend from the Friday before Memorial Day at 6:00 P.M. until Memorial Day at 10:00 P.M. in even numbered years.
- 7) For two weeks in each of June, July, and August of each year.
- 8) Independence Day from 9:00 A.M. to 11:00 P.M. in odd numbered years.
- 9) Labor Day weekend from Friday before Labor Day at 6:00 P.M. until Labor Day at 10:00 P.M. in even numbered years.
- 10) Thanksgiving Day weekend from the Wednesday before Thanksgiving Day at 6:00 P.M. until the Sunday after Thanksgiving Day at 6:00 P.M. in even numbered years.
- 11) Regardless of with whom the child would be under the above schedule, each Parent should have a reasonable time with the child based on the circumstances on the birthday of the child, the parent, the child's grandparents, Mother's Day, Father's Day, and Easter.
- 12) Both Parents have the right to contact the child by phone at reasonable times when the child is with the other Parent. Both Parents shall be notified of any special school functions, teacher conferences, or other



special activities of the child. Both Parents shall have equal access to any school or medical information about the child. The Parent first receiving any grade card shall give a copy thereof to the other parent.



## II. INCOME INFORMATION

(NOTE: Self-Employed persons shall complete Page 2-a of this Form.)

### 7. Employer's Name and address:

Wife:

Husband:

Employee ID#, if any:

Position:

Shift hours worked:

Length of employment:

Pay period:

Amount of hourly rate or  
other manner of payment:

Gross pay per pay period:

Net pay per pay period:

Deductions per pay other than  
those required by law for taxes,  
social security, etc.

Annual Gross Income:

Monthly net income:

### 8. Other sources of income and amount:

Wife:

Husband:

Attach copies of a recent pay stub and also W-2's for the most recent year available.

**II (a) . SELF- EMPLOYMENT INCOME INFORMATION:**

**7(a). Name and address of place of self-employment:**

Wife:

Husband:

Title:

Length of self-employment:

Pay Period:

Nature of Compensation:

(Fixed salary,  
commissions,  
salary/commissions, etc.)

Gross Pay Per Pay Period:

Net Pay Per Pay Period:

Annual Gross Income:

Annual Net Income:

Monthly Gross Income:

Monthly Net Income:

**8(a). Other Sources of Income, Frequency of Receipt and Amount:**

COPIES OF THE FOLLOWING SHALL BE ATTACHED TO THIS FORM, IF AVAILABLE:

Most recent pay stub; monthly gross income figures for the past six (6) months; monthly itemized expenses for the past six (6) months; income and itemized expenses for the prior calendar year, with verification thereof, or, complete copy of Federal Tax Return for the prior calendar year.

**III. ASSETS**

**9. Real Estate - [Marital residence \(other real estate listed on page 3-a\)](#):**

Address:

Brief description:

Date and price of acquisition:

Current value:

Balance Due on Mortgage/Mortgages:

**10. Motor Vehicles:**

| <u>Year and Make<br/>of Vehicle</u> | <u>Whose<br/>Possession</u> | <u>Title In<br/>Name of</u> | <u>Value</u> |
|-------------------------------------|-----------------------------|-----------------------------|--------------|
|-------------------------------------|-----------------------------|-----------------------------|--------------|

**11. Other Tangible Personal Property:**

**12. Checking Accounts:**

| <u>Name of Bank</u> | <u>Name(s) on account</u> | <u>Approximate /<br/>Estimated Balance</u> |
|---------------------|---------------------------|--|
|---------------------|---------------------------|--|

**13. Savings Accounts:**

| <u>Name of Bank</u> | <u>Name(s) on account</u> | <u>Approximate /<br/>Estimated Balance</u> |
|---------------------|---------------------------|--|
|---------------------|---------------------------|--|

**14. Other banking assets, certificates of deposit, etc.**

**9. Real Estate: Other Real Estate / Investment Properties:**

a) [Address:](#)

[Brief description:](#)

Date and price of acquisition:

Current value:

Balance due on mortgage(s):

Rental income:

b) Address:

Brief description:

Date and price of acquisition:

Current value:

Balance due on mortgage(s):

Rental income:

c) Address:

Brief description:

Date and price of acquisition:

Current value:

Balance due on mortgage(s):

Rental income:

d) Address:

Brief description:

Date and price of acquisition:

Current value:

Balance due on mortgage(s):

Rental income:

**15. Stocks and bonds:**

**16. Other investment assets:**

**17. Debtors:**

**18. Life insurance:**

**19. Retirement assets: Profit sharing, pension, IRA, 401(k), etc.:**

| <u>Type of asset</u> | <u>Whose Name</u> | <u>Benefit</u> | <u>Value</u> |
|----------------------|-------------------|----------------|--------------|
|----------------------|-------------------|----------------|--------------|

**20. Health insurance: Briefly describe the type of coverage, who is covered, and the cost of any health, dental, optical, prescription drug, etc. insurance.**

**21. Other employment benefits:**

22. Other: Briefly describe any possible inheritances, assets of the child(ren), etc., or provide any other information that you feel is relevant to the court with respect to property:

**IV. DEBTS and EXPENSES**

23. Complete for each debt of the parties:

| <u>Creditor's Name</u> | <u>Purpose of Debt<br/>Or Collateral</u> | <u>Balance</u> | <u>Monthly<br/>Payment</u> | <u>Being Paid<br/>By</u> |
|------------------------|--|----------------|----------------------------|--------------------------|
|------------------------|--|----------------|----------------------------|--------------------------|

24. Expenses (Do not list any debt payments covered above, list amounts on a monthly basis):

|   | <u>Wife:</u> | <u>Husband:</u> |
|---|--------------|-----------------|
| Rent / Mortgage                         |              |                 |
| Real estate taxes Real estate insurance |              |                 |
| Gas, fuel oil (heat)                    |              |                 |
| Electric                                |              |                 |
| Water, sewer                            |              |                 |
| Phone - base rate & long distance       |              |                 |
| Cable TV                                |              |                 |
| Garbage collection                      |              |                 |
| Auto operating expense                  |              |                 |



Auto maintenance  
Auto insurance  
Food and groceries / meals out  
Clothing  
Dry cleaning, laundry  
Medical expenses  
Life insurance  
Professional fees  
Travel – business and family  
Entertainment  
Personal  
Household / Supplies  
Gifts  
Other

TOTAL DEBTS and EXPENSES:

**V. CHILD SUPPORT CALCULATION INFORMATION**

**25. Alimony paid to a former spouse:**

Paid by Wife:                      Paid by Husband:

**26. Child Support Paid for Other Children:**

Paid by Wife:                      Paid by Husband:

**27. Number of Other Children of the Party Living With the Party:**

Wife: Husband:

**28. Amount of Support Received for Said Children**

Wife:                      Husband:

**29. Cost of Health Insurance That Covers the Children Involved in This Case:**

Wife: Husband:

**30. Amount of Work-Related Child Care Spent:**

Wife:            Husband:

**31. Amount of Tax Credit for Work-Related Child Care:**

Wife:            Husband:

\_\_\_\_\_  
AFFIANT –

Sworn to and subscribed by            before me this            day of            , 20\_\_.

\_\_\_\_\_  
Notary Public

**VI. CHILD SUPPORT CALCULATION: (SEE ATTACHED)**

(Complete Parts 32 and 33, or 32, 33 and 34 as applicable)

Wife:

Husband:

Gross Annual Income:

Less Child Support Paid:

Less Support for Other Dependents:

Less Health Insurance:

Less Alimony Paid:

Adjusted Annual Income:

Total Combined Adjusted Annual Incomes:

**32. Support for child(ren) in Wife's Custody:**

Basic Child Support Obligation (from table):

Plus Child Care Expenses Net of Tax Credit:

Total Support Obligation:

Husband's Percentage:

Husband's Share Per Year  
(Multiply Above Two Lines):

Husband's Share Per Year Per Child:

Husband's Share Per Week Per Child:

**33. Support for Child(ren) in Husband's Custody:**

Basic Child Support Obligation (from table):

Plus Child Care Expenses Net of Tax Credit:

Total Support Obligation:

Wife's Percentage:

Wife's Share Per Year (multiply above two lines):

Wife's Share Per Year Per Child:

Wife's Share Per Week Per Child:

**34. Split Custody Calculation:**

Husband's Share of Support Per Year (from above):

Wife's Share of Support Per Year (from above):

Net Support to be Paid Per Year By:

Net Support to be Paid Per Year Per Child:

Net Support to be Paid Per Week Per Child:



**II. INCOME INFORMATION**

(NOTE: Self-Employed persons shall complete Page 3 of this Form.)

**7. Employer's Name and Address:**

Wife:

Husband:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee ID Number, if any:

\_\_\_\_\_

Position:

\_\_\_\_\_

Shift Hours Worked:

\_\_\_\_\_

Length of Employment:

\_\_\_\_\_

Pay Period:

\_\_\_\_\_

Amount of Hourly Rate or  
Other Manner of Payment:

\_\_\_\_\_

Gross Pay Per Pay Period:

\_\_\_\_\_

Net Pay Per Pay Period:

\_\_\_\_\_

Deductions Per Pay other than  
those required by law for taxes,  
Social Security, etc.

\_\_\_\_\_  
\_\_\_\_\_

Annual Gross Income:

\_\_\_\_\_

Monthly Net Income:

\_\_\_\_\_

**7. Other Sources of Income and Amount:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach copies of a recent pay stub and also W-2's for the most recent year available.

**II (a). SELF-EMPLOYMENT INCOME INFORMATION:**

**6(a). Name and Address of Place of Self-Employment:**

Wife's:

Husband's:

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Title:

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---

Length of self-employment:

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---

Pay Period:

---

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Amount of Hourly Rate or  
Other Manner of Payment:

---

---

Gross Pay Per Pay Period:

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---

Net Pay Per Pay Period:

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---

Annual Gross Income:

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Monthly Net Income:

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**7(a). Other Sources of Income, Frequency of Receipt and Amount:**

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COPIES OF THE FOLLOWING SHALL BE ATTACHED TO THIS FORM, IF AVAILABLE:

Most recent pay stub; monthly gross income figures for the past six (6) months; monthly itemized expenses for the past six (6) months; income and itemized expenses for the prior calendar year, with verification thereof, or, complete copy of Federal Tax Return for the prior calendar year.

**III. ASSETS**

**8. Real Estate:**

Address: \_\_\_\_\_  
Brief description: \_\_\_\_\_  
Date and price of acquisition: \_\_\_\_\_  
Current value: \_\_\_\_\_  
Balance Due on Mortgage/Mortgages: \_\_\_\_\_

**9. Motor Vehicles:**

| <u>Year and Make of Vehicle</u> | <u>Whose Possession</u> | <u>Title In Name of</u> | <u>Value</u> |
|---------------------------------|-------------------------|-------------------------|--------------|
| _____                           | _____                   | _____                   | _____        |
| _____                           | _____                   | _____                   | _____        |
| _____                           | _____                   | _____                   | _____        |

**10. Other Tangible Personal Property:**

\_\_\_\_\_  
\_\_\_\_\_

NOTE: Before the pretrial, exchange with the other party a list of items in the possession of the other party which you want or for which you want a credit and state the amount of the credit. Bring those lists with you to Pretrial.

**11. Checking Accounts:**

| <u>Name of Bank</u> | <u>Name(s) on account</u> | <u>Approximate / Estimated Balance</u> |
|---------------------|---------------------------|--|
| _____               | _____                     | \$ _____                               |
| _____               | _____                     | \$ _____                               |
| _____               | _____                     | \$ _____                               |
| _____               | _____                     | \$ _____                               |

**12. Savings Accounts:**

| <u>Name of Bank</u> | <u>Name(s) on account</u> | <u>Approximate / Estimated Balance</u> |
|---------------------|---------------------------|--|
| _____               | _____                     | \$ _____                               |
| _____               | _____                     | \$ _____                               |
| _____               | _____                     | \$ _____                               |



**13. Other Banking Assets, Certificates of Deposit, etc.**

| <u>Name of Bank</u> | <u>Name(s) on account</u> | <u>Approximate / Estimated Balance</u> |
|---------------------|---------------------------|--|
| _____               | _____                     | \$ _____                               |
| _____               | _____                     | \$ _____                               |

**14. Stocks and Bonds:**

|       |       |          |
|-------|-------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

**15. Other Investment Assets:**

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**16. Debtors:**

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**17. Life Insurance:**

| <u>Issuing Company</u> | <u>Insured</u> | <u>Face Amount</u> | <u>Cash Value</u> |
|------------------------|----------------|--------------------|-------------------|
| _____                  | _____          | _____              | _____             |
| _____                  | _____          | _____              | _____             |
| _____                  | _____          | _____              | _____             |

**18. Retirement Assets: Profit Sharing, Pension, IRA, 401(k), etc.:**

| <u>Type of asset</u> | <u>Whose Name</u> | <u>Benefit</u> | <u>Value</u> |
|----------------------|-------------------|----------------|--------------|
| _____                | _____             | _____          | _____        |
| _____                | _____             | _____          | _____        |

**19. Health Insurance:** Briefly describe the type of coverage, who is covered, and the cost of any health, dental, optical, prescription drug, etc. insurance.

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**20. Other Employment Benefits:**

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**21. Other:** Briefly describe any possible inheritances, assets of the child(ren), etc., or provide any other information that you feel is relevant to the court with respect to property:

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**IV. DEBTS and EXPENSES**

**22. Complete for each debt of the parties:**

| <u>Creditor's Name</u> | <u>Purpose of Debt or Collateral</u> | <u>Approximate Balance</u> | <u>Monthly Payment</u> |
|------------------------|--------------------------------------|----------------------------|------------------------|
| _____                  | _____                                | _____                      | _____                  |
| _____                  | _____                                | _____                      | _____                  |
| _____                  | _____                                | _____                      | _____                  |
| _____                  | _____                                | _____                      | _____                  |
| _____                  | _____                                | _____                      | _____                  |
| _____                  | _____                                | _____                      | _____                  |
| _____                  | _____                                | _____                      | _____                  |
| _____                  | _____                                | _____                      | _____                  |
| _____                  | _____                                | _____                      | _____                  |
| _____                  | _____                                | _____                      | _____                  |
| _____                  | _____                                | _____                      | _____                  |

**23. Expenses (Do not list any debt payments covered above, list amounts on a monthly basis):**

|                                  | <u>Wife:</u> | <u>Husband:</u> |
|----------------------------------|--------------|-----------------|
| Rent/Mortgage                    | _____        | _____           |
| Real estate taxes                | _____        | _____           |
| Real estate insurance            | _____        | _____           |
| Gas, fuel oil (heat)             | _____        | _____           |
| Electric                         | _____        | _____           |
| Water, sewer                     | _____        | _____           |
| Phone - base rate                | _____        | _____           |
| Phone - long distance            | _____        | _____           |
| Cable TV                         | _____        | _____           |
| Garbage collection               | _____        | _____           |
| Auto operating expense           | _____        | _____           |
| Auto maintenance                 | _____        | _____           |
| Auto insurance                   | _____        | _____           |
| Food and groceries               | _____        | _____           |
| Clothing                         | _____        | _____           |
| Dry cleaning, laundry            | _____        | _____           |
| Medical Insurance                | _____        | _____           |
| Life insurance                   | _____        | _____           |
| Newspapers/magazines             | _____        | _____           |
| Gifts                            | _____        | _____           |
| Church                           | _____        | _____           |
| Barber                           | _____        | _____           |
| Meals out                        | _____        | _____           |
| Repairs / Upkeep                 | _____        | _____           |
| Pet food, supplies, vet          | _____        | _____           |
| Entertainment                    | _____        | _____           |
| Other _____                      | _____        | _____           |
| Other _____                      | _____        | _____           |
| Other _____                      | _____        | _____           |
| <b>TOTAL DEBTS AND EXPENSES:</b> | _____        | _____           |

Affiant –

Sworn to and subscribed by \_\_\_\_\_ before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

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

\_\_\_\_\_ :  
and : Case Number \_\_\_\_\_  
\_\_\_\_\_ : **DELAWARE COUNTY COURT FORM 3:**  
: **AFFIDAVIT IN SUPPORT OF AGREED**  
: **CHILD SUPPORT ORDERS**

(FORM 3: FOR USE IN ALL INITIAL DISSOLUTION CASES WITH AT LEAST ONE CHILD AND IN ALL AGREED POST DECREE MATTERS DETERMINING SUPPORT. LIST WIFE'S INFORMATION FIRST, (EX)-HUSBAND'S SECOND, WHENEVER TWO LINES PER QUESTION)

\*\*\*\*\*

STATE OF OHIO  
COUNTY OF DELAWARE, ss:

Now comes \_\_\_\_\_ and \_\_\_\_\_ the parties hereto, and  
being duly sworn under penalty of perjury states as follows:

**I. PERSONAL INFORMATION**

1. **Date of Marriage:** \_\_\_\_\_

2. **Date Separation:** \_\_\_\_\_

3. **Minor Children of this marriage:**

| <u>Name</u> | <u>Age</u> | <u>Date of Birth</u> | <u>Year in School</u> |
|-------------|------------|----------------------|-----------------------|
| _____       | _____      | _____                | _____                 |
| _____       | _____      | _____                | _____                 |
| _____       | _____      | _____                | _____                 |

4. **Age and date of birth:** Wife: \_\_\_\_\_ Husband: \_\_\_\_\_

5. **Social Security Number:** Wife: \_\_\_\_\_ Husband: \_\_\_\_\_

6. **Address of Wife:** \_\_\_\_\_ **Address of Husband:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. INCOME INFORMATION**

(NOTE: Self-Employed persons shall complete Page 2-a of this Form.)

**7. Employer's Name and Address:**

Wife:

Husband:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee ID Number, if any:

\_\_\_\_\_

Position:

\_\_\_\_\_

Shift Hours Worked:

\_\_\_\_\_

Length of Employment:

\_\_\_\_\_

Pay Period:

\_\_\_\_\_

Amount of Hourly Rate or  
Other Manner of Payment:

\_\_\_\_\_

Gross Pay Per Pay Period:

\_\_\_\_\_

Net Pay Per Pay Period:

\_\_\_\_\_

Deductions Per Pay other than  
those required by law for taxes,  
Social Security, etc.

\_\_\_\_\_

\_\_\_\_\_

Annual Gross Income:

\_\_\_\_\_

Monthly Net Income:

\_\_\_\_\_

**8. Other Sources of Income and Amount:**

\_\_\_\_\_  
\_\_\_\_\_

Attach copies of a recent pay stub and also W-2's for the most recent year available.

**II (a). SELF-EMPLOYMENT INCOME INFORMATION:**

**7(a). Name and Address of Place of Self-Employment:**

Wife's:

Husband's:

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---

---

Title:

---

---

Length of self-employment:

---

---

Pay Period:

---

---

Nature of Compensation:  
(Fixed salary, commissions,  
salary/commissions, etc.)

---

---

Gross Pay Per Pay Period:

---

---

Net Pay Per Pay Period:

---

---

Annual Gross Income:

---

---

Annual Net Income:

---

---

Monthly Gross Income:

---

---

Monthly Net Income:

---

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**8(a). Other Sources of Income, Frequency of Receipt and Amount:**

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COPIES OF THE FOLLOWING SHALL BE ATTACHED TO THIS FORM, IF AVAILABLE:

Most recent pay stub; monthly gross income figures for the past six (6) months; monthly itemized expenses for the past six (6) months; income and itemized expenses for the prior calendar year, with verification thereof, or, complete copy of Federal Tax Return for the prior calendar year.

**III. CHILD SUPPORT CALCULATION INFORMATION:**

**9. Alimony Paid to a Former Spouse:**

\_\_\_\_\_

**10. Child Support Paid for Other Children:**

\_\_\_\_\_

**11. Number of Other Children of the Party Living With the Party:**

\_\_\_\_\_

**12. Amount of Support Received for Said Children:**

\_\_\_\_\_

**13. Cost of Health Insurance that Covers the Children Involved in this Case:**

\_\_\_\_\_

**14. Amount of Work-Related Child Care Spent:**

\_\_\_\_\_

**15. Amount of Tax Credit for Work-Related Child Care:**

\_\_\_\_\_

\_\_\_\_\_  
AFFIANT

\_\_\_\_\_  
AFFIANT

Sworn to and subscribed by \_\_\_\_\_ before me this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

Sworn to and subscribed by \_\_\_\_\_ before me this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC



**IV. CHILD SUPPORT CALCULATION:**

(Complete Parts 16 and 17, or 16, 17 and 18 as applicable)

Gross Annual Income: \_\_\_\_\_  
Less Child Support Paid: \_\_\_\_\_  
Less Support for Other Dependents: \_\_\_\_\_  
Less Health Insurance: \_\_\_\_\_  
Less Alimony Paid: \_\_\_\_\_  
Adjusted Annual Income: \_\_\_\_\_

Total Combined Adjusted Annual Incomes: \_\_\_\_\_

16. Support for Child(ren) in Wife's Custody:

Basic Child Support Obligation (from table): Plus \_\_\_\_\_

Child Care Expenses Net of Tax Credit: Total \_\_\_\_\_

Support Obligation: \_\_\_\_\_

Husband's Percentage: \_\_\_\_\_

Husband's Share Per Year (multiply above two lines): \_\_\_\_\_

Husband's Share Per Year Per Child: \_\_\_\_\_

Husband's Share Per Week Per Child: \_\_\_\_\_

17. Support for Child(ren) in Husband's Custody: \_\_\_\_\_

Basic Child Support Obligation (from table): \_\_\_\_\_

Plus Child Care Expenses Net of Tax Credit: \_\_\_\_\_

Total Support Obligation: \_\_\_\_\_

Wife's Percentage: \_\_\_\_\_

Wife's Share Per Year (multiply above two lines): \_\_\_\_\_

Wife's Share Per Year Per Child: \_\_\_\_\_

Wife's Share Per Week Per Child: \_\_\_\_\_

18. Split Custody Calculation:

Husband's Share of Support Per Year (from above): \_\_\_\_\_

Wife's Share of Support Per Year (from above): \_\_\_\_\_

Net Support to be Paid Per Year By: \_\_\_\_\_

Net Support to be Paid Per Year Per Child: \_\_\_\_\_

Net Support to be Paid Per Week Per Child: \_\_\_\_\_

This form was prepared by \_\_\_\_\_, Attorney at Law.

\_\_\_\_\_(SupCt# \_\_\_\_\_)  
Attorney

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

|                      |   |   |
|----------------------|---|---|
| Plaintiff/Petitioner | : | Case Number                                 |
| vs/and               | : | Judge                                       |
| Defendant/Petitioner | : | Magistrate                                  |
|                      | : | <b><u>DELAWARE COUNTY COURT FORM 4:</u></b> |
|                      | : | <b><u>AFFIDAVIT IN SUPPORT OF OR IN</u></b> |
|                      | : | <b><u>OPPOSITION TO MOTION TO</u></b>       |
|                      | : | <b><u>MODIFY ORDERS</u></b>                 |

(FORM 4: FOR USE IN ALL MOTIONS TO MODIFY SUPPORT, MOVING PARTY; AND, BY RESPONDING PARTY AS COUNTER AFFIDAVIT. LIST (EX)-WIFE'S INFORMATION FIRST, (EX)-HUSBAND'S SECOND, WHENEVER TWO LINES PER QUESTION)

\*\*\*\*\*

STATE OF OHIO  
COUNTY OF DELAWARE, ss:

Now comes \_\_\_\_\_, the Petitioner/Plaintiff/Defendant herein, and being duly sworn under penalty of perjury states as follows:

**I. PERSONAL INFORMATION**

- 1. Date of Divorce or Dissolution: \_\_\_\_\_
- 2. Date Support Last Set Herein: \_\_\_\_\_
- 3. Minor Children of this marriage:

| <u>Name</u><br><u>School</u> | <u>Age</u> | <u>Date of Birth</u> | <u>Year in</u> |
|------------------------------|------------|----------------------|----------------|
| _____                        | _____      | _____                | _____          |
| _____                        | _____      | _____                | _____          |
| _____                        | _____      | _____                | _____          |

4. Age and date of birth: Ex-Wife: \_\_\_\_\_ Ex-Husband: \_\_\_\_\_

5. Social Security Number: Ex-Wife: \_\_\_\_\_ Ex-Husband: \_\_\_\_\_

6. Address of Ex-Wife: \_\_\_\_\_ Address of Ex-Husband: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. INCOME INFORMATION**

(NOTE: Self-Employed persons shall complete Page 3 of this Form.)

7. Employer's Name and Address:

Wife:

Husband:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee ID Number, if any:

\_\_\_\_\_

Position:

\_\_\_\_\_

Shift Hours Worked:

\_\_\_\_\_

Length of Employment:

\_\_\_\_\_

Pay Period:

\_\_\_\_\_

Amount of Hourly Rate or  
Other Manner of Payment:

\_\_\_\_\_

Gross Pay Per Pay Period:

\_\_\_\_\_

Net Pay Per Pay Period:

\_\_\_\_\_

Deductions Per Pay other  
than those required by law  
for taxes, Social Security,  
etc.

\_\_\_\_\_  
\_\_\_\_\_

Annual Gross Income:

\_\_\_\_\_

Monthly Net Income:

\_\_\_\_\_

8. Other Sources of Income and Amount:

\_\_\_\_\_

Attach copies of a recent pay stub and also W-2's for the most recent year available.

**II (a). SELF-EMPLOYMENT INCOME INFORMATION:**

7(a). Name and Address of Place of Self-Employment:

Wife's:

Husband's:

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---

---

---

---

Title:

---

---

Length of self-employment:

---

---

Pay Period:

---

---

Nature of Compensation:  
(Fixed salary, commissions,  
salary/commissions, etc.)

---

---

Gross Pay Per Pay Period:

---

---

Net Pay Per Pay Period:

---

---

Annual Gross Income:

---

---

Annual Net Income:

---

---

Monthly Gross Income:

---

---

Monthly Net Income:

---

---

8(a). Other Sources of Income, Frequency of Receipt and Amount:

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COPIES OF THE FOLLOWING SHALL BE ATTACHED TO THIS FORM, IF AVAILABLE:

Most recent pay stub; monthly gross income figures for the past six (6) months; monthly itemized expenses for the past six (6) months; income and itemized expenses for the prior calendar year, with verification thereof, or, complete copy of Federal Tax Return for the prior calendar year.

**III. DEBTS and EXPENSES**

9. Complete for each debt of the parties:

| <u>Creditor's Name</u> | <u>Purpose of Debt or Collateral</u> | <u>Balance</u> | <u>Monthly Payment</u> |
|------------------------|--------------------------------------|----------------|------------------------|
| _____                  | _____                                | _____          | _____                  |
| _____                  | _____                                | _____          | _____                  |
| _____                  | _____                                | _____          | _____                  |
| _____                  | _____                                | _____          | _____                  |

10. Complete for each debt of the Ex-Husband:

| <u>Creditor's Name</u> | <u>Purpose of Debt or Collateral</u> | <u>Balance</u> | <u>Monthly Payment</u> |
|------------------------|--------------------------------------|----------------|------------------------|
| _____                  | _____                                | _____          | _____                  |
| _____                  | _____                                | _____          | _____                  |
| _____                  | _____                                | _____          | _____                  |

11. Expenses (Do not list any debt payments covered above, list amounts on a monthly basis):

|                        | <u>Wife:</u> | <u>Husband:</u> |
|------------------------|--------------|-----------------|
| Rent/Mortgage          | _____        | _____           |
| Real estate taxes      | _____        | _____           |
| Real estate insurance  | _____        | _____           |
| Gas, fuel oil (heat)   | _____        | _____           |
| Electric               | _____        | _____           |
| Water, sewer           | _____        | _____           |
| Phone – base rate      | _____        | _____           |
| Phone – long distance  | _____        | _____           |
| Cable TV               | _____        | _____           |
| Garbage collection     | _____        | _____           |
| Auto operating expense | _____        | _____           |
| Auto maintenance       | _____        | _____           |
| Auto insurance         | _____        | _____           |

|                                  |              |              |
|----------------------------------|--------------|--------------|
| Food and groceries               | _____        | _____        |
| Clothing                         | _____        | _____        |
| Dry cleaning, laundry            | _____        | _____        |
| Medical Insurance                | _____        | _____        |
| Life insurance                   | _____        | _____        |
| School lunches                   | _____        | _____        |
| School expenses                  | _____        | _____        |
| Newspapers/magazines             | _____        | _____        |
| Gifts                            | _____        | _____        |
| Church                           | _____        | _____        |
| Barber                           | _____        | _____        |
| Meals out                        | _____        | _____        |
| Repairs / Upkeep                 | _____        | _____        |
| Pet food, supplies, vet          | _____        | _____        |
| Other                            | _____        | _____        |
| Other                            | _____        | _____        |
| <b>TOTAL DEBTS AND EXPENSES:</b> | <b>_____</b> | <b>_____</b> |

**V. Child Support Calculation Information:**

12. Alimony paid to a former spouse:

Ex-Wife:

Ex-Husband:

\_\_\_\_\_

13. Child Support Paid for Other Children:

14. Number of Other Children of the Party Living with the Party:

15. Amount of Support Received for Said Children:

\_\_\_\_\_

16. Cost of Health Insurance That Covers the Children Involved in this Case:

\_\_\_\_\_

17. Amount of Work-Related Child Care Spent:

\_\_\_\_\_

18. Amount of Tax Credit for Work-Related Child Care:

\_\_\_\_\_

\_\_\_\_\_  
AFFIANT

Sworn to and subscribed by \_\_\_\_\_ before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

**VI. CHILD SUPPORT CALCULATION:**

(Complete Parts 19 and 20, or 19, 20 and 21 as

applicable) Gross Annual Income: \_\_\_\_\_

Less Child Support Paid: \_\_\_\_\_

Less Support for Other Dependents: \_\_\_\_\_

Less Health Insurance: \_\_\_\_\_

Less Alimony Paid: \_\_\_\_\_

Adjusted Annual Income: \_\_\_\_\_

Total Combined Adjusted Annual Incomes: \_\_\_\_\_



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

**DELAWARE COUNTY COURT FORM 5 – CHILD CUSTODY AFFIDAVIT**

AFFIDAVIT/R.C. §3127.23

CASE NO. \_\_\_\_\_

JUDGE \_\_\_\_\_

\_\_\_\_\_  
PLAINTIFF/PETITIONER

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
DEFENDANT/RESPONDENT

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
ADDRESS

STATE OF OHIO  
DELAWARE COUNTY, SS:

\_\_\_\_\_, being first duly sworn, says that he/she is a party to the child custody proceeding hereinabove set forth, concerning the following named child(ren):

1. \_\_\_\_\_ DOB \_\_\_\_\_ present address \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_ DOB \_\_\_\_\_ present address \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_ DOB \_\_\_\_\_ present address \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_ DOB \_\_\_\_\_ present address \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_ DOB \_\_\_\_\_ present address \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_ DOB \_\_\_\_\_ present address \_\_\_\_\_  
\_\_\_\_\_

Set forth below are the addresses at which said child(ren) resided during the preceding five (5) years, and the name(s) and present address of the person(s) with whom the child resided:

From \_\_\_\_\_ to \_\_\_\_\_ With \_\_\_\_\_

At \_\_\_\_\_

Current address \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ With \_\_\_\_\_

At \_\_\_\_\_

Current address \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ With \_\_\_\_\_

At \_\_\_\_\_

Current address \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ With \_\_\_\_\_

At \_\_\_\_\_

Current address \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ With \_\_\_\_\_

At \_\_\_\_\_

Current address \_\_\_\_\_

1. Said Affiant (circle one) HAS/HAS NOT participated as a party, witness or in any other capacity in any other proceeding concerning the allocation, between the parents of the same child, of parental rights and responsibilities for the care of the child including any designation of parenting time rights and the designation of the residential parent and legal custodian of the child or that otherwise concerned the custody of or visitation with the same child. If Affiant has so participated, the court, case number and the date of the child custody determination are stated below.
2. Said Affiant (circle one) DOES/DOES NOT know of any proceeding that could affect the current proceeding, including proceedings for enforcement of child custody determinations, proceedings relating to domestic violence or protection orders, proceedings to adjudicate the child as an abused, neglected, or dependent child, proceedings seeking termination of parental rights, and adoptions. If Affiant does know of such a proceeding, the court, case number, and the nature of the proceeding are stated below.
3. Said Affiant (circle one) KNOWS/DOES NOT KNOW of any person who is not a party to the proceeding and has physical custody of the child or claims to be a parent of the child who is designated the residential parent and legal custodian of the child or to have parenting time rights with respect to the child or to be a person other than a parent of the child who has custody or visitation rights with respect to the child. If Affiant knows of such a person, the names and addresses of those persons are stated below.

Said Affiant has the following knowledge regarding information set forth in paragraphs one through three

above:

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**Each party has a continuing duty to inform the court of any child custody proceeding concerning the child in this or any other state that could affect the current proceeding.**

Said Affiant says that all the foregoing statements are true.

Affiant \_\_\_\_\_

Attorney \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Address

Sworn to and subscribed by the affiant before  
me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**DELAWARE COUNTY COMMON PLEAS COURT  
DOMESTIC RELATIONS DIVISION**

**DELAWARE COUNTY COURT FORM 6 – HEALTH INSURANCE DISCLOSURE AFFDIAVIT**

\_\_\_\_\_  
**PLAINTIFF / PETITIONER**  
SS# \_\_\_\_\_  
DOB: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CASE NUMBER \_\_\_\_\_

COURT DATE \_\_\_\_\_

**CHILDREN SUBJECT TO SUPPORT ORDER:**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

SS#: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

SS#: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

SS#: \_\_\_\_\_

\_\_\_\_\_  
**DEFENDANT / PETITIONER**  
SS# \_\_\_\_\_  
DOB: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

SS#: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

SS#: \_\_\_\_\_

**INSTRUCTIONS PART I:**

Please disclose all requested information as it pertains to you

YOUR NAME: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ EMPLOYER PHONE: \_\_\_\_\_

ARE YOU CURRENTLY RECEIVING MEDICAID? \_\_\_ YES \_\_\_ NO / MEDICARE? \_\_\_ YES \_\_\_ NO

DO YOU HAVE FAMILY HEALTH INSURANCE AVAILABLE EITHER THROUGH YOUR EMPLOYER OR ANOTHER GROUP OR ORGANIZATION? \_\_\_ YES \_\_\_ NO

IS COVERAGE PRESENTLY IN EFFECT? \_\_\_ YES \_\_\_ NO

WHO IS PRESENTLY COVERED? \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

INSURER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ POLICY/ GROUP # \_\_\_\_\_

\_\_\_\_\_

DO YOU PAY A PREMIUM FOR COVERAGE? \_\_\_\_\_ YES \_\_\_\_\_ NO

WHAT IS THE PREMIUM FOR FAMILY COVERAGE? \$ \_\_\_\_\_ PER month/year (circle one) WHAT IS THE PREMIUM FOR INDIVIDUAL COVERAGE? \$ \_\_\_\_\_ PER month/year (circle one)

**IS A HEALTH INSURANCE CARD AVAILABLE?** \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE INSURANCE CARDS REQUIRED FOR SERVICES? \_\_\_\_\_ YES \_\_\_\_\_ NO

**DOES YOUR PLAN COVER HOSPITALIZATION?** \_\_\_\_\_ YES \_\_\_\_\_ NO

IS THERE A DEDUCTIBLE FOR SERVICES? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, WHAT IS THE DEDUCTIBLE? \$ \_\_\_\_\_ per VISIT/MONTH/YEAR (circle one)

IS THERE A CO-PAYMENT REQUIRED? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, WHAT IS THE CO-PAYMENT? \$ \_\_\_\_\_ per VISIT/MONTH/YEAR (circle one)

**DOES YOUR PLAN COVER DOCTOR VISITS?** \_\_\_\_\_ YES \_\_\_\_\_ NO

IS THERE A DEDUCTIBLE FOR SERVICES? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, WHAT IS THE DEDUCTIBLE? \$ \_\_\_\_\_ per VISIT/MONTH/YEAR (circle one)

IS THERE A CO-PAYMENT REQUIRED? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, WHAT IS THE CO-PAYMENT? \$ \_\_\_\_\_ per VISIT/MONTH/YEAR (circle one)

**IS A PRESCRIPTION CARD AVAILABLE?** \_\_\_\_\_ YES \_\_\_\_\_ NO

IS THERE A CO-PAYMENT REQUIRED? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, WHAT IS THE CO-PAYMENT? \$ \_\_\_\_\_ per PRESCRIPTION

DOES YOUR PLAN INCLUDE DENTAL COVERAGE? \_\_\_\_\_ YES \_\_\_\_\_ NO

DOES YOUR PLAN INCLUDE VISION COVERAGE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IS COBRA COVERAGE AVAILABLE? \_\_\_\_\_ YES \_\_\_\_\_ NO  
(COVERAGE AVAILABLE TO YOU AFTER TERMINATION OF EMPLOYMENT OR MARRIAGE)

IF YES, AT WHAT COST TO YOU? \$ \_\_\_\_\_ per MONTH/YEAR (circle one)

**INSTRUCTIONS PART II:**

Please disclose all requested information as it pertains to the other party

NAME OF OTHER PARTY: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ EMPLOYER PHONE: \_\_\_\_\_

IS HE/SHE CURRENTLY RECEIVING MEDICAID? \_\_\_ YES \_\_\_ NO / MEDICARE? \_\_\_ YES \_\_\_ NO

DOES HE/SHE HAVE FAMILY HEALTH INSURANCE AVAILABLE EITHER THROUGH HIS/HER EMPLOYER OR ANOTHER GROUP OR ORGANIZATION? \_\_\_ YES \_\_\_ NO

IS COVERAGE PRESENTLY IN EFFECT? \_\_\_ YES \_\_\_ NO

WHO IS PRESENTLY COVERED? \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
\_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
\_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
\_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
\_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

INSURER \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ POLICY/ GROUP # \_\_\_\_\_  
\_\_\_\_\_

DOES HE/SHE PAY A PREMIUM FOR COVERAGE? \_\_\_\_\_ YES \_\_\_\_\_ NO  
WHAT IS THE PREMIUM FOR FAMILY COVERAGE? \$ \_\_\_\_\_ PER month/year (circle one)  
WHAT IS THE PREMIUM FOR INDIVIDUAL COVERAGE? \$ \_\_\_\_\_ PER month/year (circle one)

**IS A HEALTH INSURANCE CARD AVAILABLE?** \_\_\_\_\_ YES \_\_\_\_\_ NO  
ARE INSURANCE CARDS REQUIRED FOR SERVICES? \_\_\_\_\_ YES \_\_\_\_\_ NO

**DOES HIS/HER PLAN COVER HOSPITALIZATION?** \_\_\_\_\_ YES \_\_\_\_\_ NO  
IS THERE A DEDUCTIBLE FOR SERVICES? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, WHAT IS THE DEDUCTIBLE? \$ \_\_\_\_\_ per VISIT/MONTH/YEAR (circle one)  
IS THERE A CO-PAYMENT REQUIRED? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, WHAT IS THE CO-PAYMENT? \$ \_\_\_\_\_ per VISIT/MONTH/YEAR (circle one)

**DOES HIS/HER PLAN COVER DOCTOR VISITS?** \_\_\_\_\_ YES \_\_\_\_\_ NO  
IS THERE A DEDUCTIBLE FOR SERVICES? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, WHAT IS THE DEDUCTIBLE? \$ \_\_\_\_\_ per VISIT/MONTH/YEAR (circle one)  
IS THERE A CO-PAYMENT REQUIRED? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, WHAT IS THE CO-PAYMENT? \$ \_\_\_\_\_ per VISIT/MONTH/YEAR (circle one)

**IS A PRESCRIPTION CARD AVAILABLE?** \_\_\_\_\_ YES \_\_\_\_\_ NO  
IS THERE A CO-PAYMENT REQUIRED? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, WHAT IS THE CO-PAYMENT? \$ \_\_\_\_\_ per PRESCRIPTION

**DOES HIS/HER PLAN INCLUDE DENTAL COVERAGE?** \_\_\_\_\_ YES \_\_\_\_\_ NO  
**DOES HIS/HER PLAN INCLUDE VISION COVERAGE?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**IS COBRA COVERAGE AVAILABLE?** \_\_\_\_\_ YES \_\_\_\_\_ NO  
(COVERAGE AVAILABLE TO HIM/HER AFTER TERMINATION OF EMPLOYMENT OR MARRIAGE)  
IF YES, AT WHAT COST TO HIM/HER? \$ \_\_\_\_\_ per MONTH/YEAR (circle one)

**SIGNATURES MUST BE NOTARIZED**

\_\_\_\_\_  
AFFIANT

\_\_\_\_\_  
ATTORNEY FOR AFFIANT

\_\_\_\_\_  
SUPREME COURT NUMBER

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

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

**REQUIRED NOTICES**

**PARENTING and /or CHILD SUPPORT**

RELOCATION NOTICE: Pursuant to Ohio Revised Code Section 3109.051(G) the parties hereby are notified as follows:

**IF EITHER RESIDENTIAL PARENT INTENDS TO MOVE TO A RESIDENCE OTHER THAN THE RESIDENCE SPECIFIED IN THE PARENTING TIME ORDER OR DECREE OF THE COURT, THE PARENT SHALL FILE A NOTICE OF INTENT TO RELOCATE WITH THE COURT THAT ISSUED THE ORDER OR DECREE, ADDRESSED TO THE ATTENTION OF THE RELOCATION OFFICER. UNLESS OTHERWISE ORDERED PURSUANT TO O.R.C. SECTIONS 3109.051(G)(2), (3) AND (4), A COPY OF SUCH NOTICE SHALL BE MAILED BY THE COURT TO THE PARENT WHO IS NOT THE RESIDENTIAL PARENT. UPON RECEIPT OF THE NOTICE, THE COURT, ON ITS OWN MOTION OR THE MOTION OF THE PARENT WHO IS NOT THE RESIDENTIAL PARTENT, MAY SCHEDULE A HEARING WITH NOTICE TO BOTH PARENTS TO DETERMINE WHETHER IT IS IN THE BEST INTEREST OF THE CHILD TO REVISE THE PARENTING TIME SCHEDULE FOR THE CHILD.**

RECORDS ACCESS NOTICE: Pursuant to Ohio Revised Code Section 3109.051(H) and 3319.321(B)(5)(a), the parties hereto are hereby notified as follows:

**EXCEPTING AS SPECIFICALLY MODIFIED OR OTHERWISE LIMITED BY COURT ORDER, AND SUBJECT TO O.R.C. SECTION 3125.16 AND 3319.321(F), THE PARENT WHO IS NOT THE RESIDENTIAL PARENT, IS ENTITLED TO ACCESS TO ANY RECORD THAT IS RELATED TO THE CHILD, UNDER THE SAME TERMS AND CONDITIONS AS THE RESIDENTIAL PARENT, AND TO WHICH SAID RESIDENTIAL PARENT IS LEGALLY PROVIDED ACCESS. ANY KEEPER OF A RECORD WHO KNOWINGLY FAILS TO COMPLY WITH**



**THIS ORDER IS IN CONTEMPT OF COURT.**

DAY CARE CENTER ACCESS NOTICE: Pursuant to Ohio Revised Code Section 3109.051(1), the parties hereto are hereby notified as follows:

**EXCEPTING AS SPECIFICALLY MODIFIED OR OTHERWISE LIMITED BY COURT ORDER, AND IN ACCORDANCE WITH O.R.C. SECTION 5104.011, THE PARENT WHO IS NOT THE RESIDENTIAL PARENT, IS ENTITLED TO ACCESS TO ANY DAY**

**CARE CENTER THAT IS OR WILL BE ATTENDED BY THE CHILD WITH WHOM PARENTING TIME IS GRANTED TO, THE SAME EXTENT THAT THE RESIDENTIAL PARENT, IS GRANTED ACCESS TO THE CENTER.**

SCHOOL ACTIVITIES NOTICE: Pursuant to Ohio Revised Code Section 3109.051(1), the parties hereto are hereby notified as follows:

**EXCEPTING AS SPECIFICALLY MODIFIED OR OTHERWISE LIMITED BY COURT ORDER, AND SUBJECT TO O.R.C. SECTION 3319.321 (F), THE PARENT WHO IS NOT THE RESIDENTIAL PARENT, IS ENTITLED TO ACCESS, UNDER THE SAME TERMS AND CONDITIONS AS THE RESIDENTIAL PARENT, TO ANY STUDENT ACTIVITY THAT IS RELATED TO THE CHILD AND TO WHICH THE RESIDENTIAL PARENT OF THE CHILD LEGALLY IS PROVIDED ACCESS. ANY SCHOOL EMPLOYEE OR OFFICIAL WHO KNOWINGLY FAILS TO COMPLY WITH THIS ORDER IS IN CONTEMPT OF COURT.**

APPLICABLE SUPPORT NOTICES :

1. All child support and spousal support under this order shall be withheld or deducted from the income or assets of the obligor pursuant to a withholding or deduction notice or appropriate order issued in accordance with Chapters 3119, 3121, 3123, and 3125 of the Ohio Revised Code or a withdrawal directive issued pursuant to sections 3123.24 to 3123.38 of the Ohio Revised Code and shall be forwarded to the obligee in accordance with Chapters 3119, 3121, 3123, and 3125 of the Ohio Revised Code.
2. All child support and spousal support under this order shall be paid through the Office of Child Support in the Department of Job and Family Services, plus processing charge. Any payment of money by the person responsible for the

support payments under a support order to the person entitled to receive the support payments that is not made to the Office of Child Support, or to the Child Support Enforcement Agency administering the support order under sections 3125.27 to 3125.30 of the Revised Code, shall not be considered a payment of support under the support order and, unless the payment is made to discharge an obligation other than support, shall be deemed to be a gift.

- 3. EACH PARTY TO THIS SUPPORT ORDER MUST NOTIFY THE CHILD SUPPORT ENFORCEMENT AGENCY IN WRITING OF HIS OR HER CURRENT MAILING ADDRESS, CURRENT RESIDENCE ADDRESS, CURRENT RESIDENCE TELEPHONE NUMBER, CURRENT DRIVER'S LICENSE NUMBER, AND OF ANY CHANGES IN THAT INFORMATION. EACH PARTY MUST NOTIFY THE AGENCY OF ALL CHANGES UNTIL FURTHER NOTICE FROM THE COURT OR AGENCY, WHICHEVER ISSUED THE SUPPORT ORDER. IF YOU ARE THE OBLIGOR UNDER A CHILD SUPPORT ORDER AND YOU FAIL TO MAKE THE REQUIRED NOTIFICATIONS, YOU MAY BE FINED UP TO \$50 FOR A FIRST OFFENSE, \$100 FOR A SECOND OFFENSE, AND \$500 FOR EACH SUBSEQUENT OFFENSE. IF YOU ARE AN OBLIGOR OR OBLIGEE UNDER ANY SUPPORT ORDER ISSUED BY A COURT AND YOU WILLFULLY FAIL TO GIVE THE REQUIRED NOTICES, YOU MAY BE FOUND IN CONTEMPT OF COURT AND BE SUBJECTED TO FINES UP TO \$1,000 AND IMPRISONMENT FOR NOT MORE THAN 90 DAYS.**
- 4. IF YOU ARE AN OBLIGOR AND YOU FAIL TO GIVE THE REQUIRED NOTICES, YOU MAY NOT RECEIVE NOTICE OF THE FOLLOWING ENFORCEMENT ACTIONS AGAINST YOU: IMPOSITION OF LIENS AGAINST YOUR PROPERTY; LOSS OF YOUR PROFESSIONAL OR OCCUPATIONAL LICENSE, DRIVER'S LICENSE, OR RECREATIONAL LICENSE; WITHHOLDING FROM YOUR INCOME; ACCESS RESTRICTION AND DEDUCTION FROM YOUR ACCOUNTS IN FINANCIAL INSTITUTIONS; AND ANY OTHER ACTION PERMITTED BY LAW TO OBTAIN MONEY FROM YOU TO SATISFY YOUR SUPPORT OBLIGATION.**

5. Each party to a support order shall notify the Child Support Enforcement Agency administering the support order of the party's current mailing address, current residence address, current residence telephone number, and current driver's license number, at the time of the issuance or modification of the order. Until further notice of the Court or Agency, whichever issued the support order, each party shall notify the Agency administering the support order of any change in information immediately after the change occurs. With respect to a court support order, any willful failure to comply with this section is contempt of court. No person shall fail to give the notice required.
6. The parties affected by the support order shall inform the Child Support Enforcement Agency of any change of name or other change of conditions that may affect the administration of the order.
7. Each party to a child support or spousal support order shall immediately notify the Child Support Enforcement Agency administering the support order, in writing, of the following:
  - i. Any change in the income source and of the availability of any other sources of income that can be the subject of withholding or deduction;
  - ii. The nature of any new employment or income source and the name, business address, and telephone number of the new employer or income source;
  - iii. Any other information reasonably required by the court or agency;
  - iv. Any change in the status of the account from which the support is being deducted or the opening of a new account with any financial institution, of the commencement of employment, including self-employment, or of the availability of any other sources of income that can be the subject of withholding or deduction;
  - v. The nature of any new account opened at a financial institution and the name and business address of that financial institution;
  - vi. The nature of any new employment or income source and the name, business address, and telephone number of the new employer or income source;
  - vii. Any other information reasonably required by the court or agency.

8. The parent who is the residential parent and legal custodian of a child for whom a child support order is issued, or the person who otherwise has custody of a child for whom a child support order is issued, a shared parent, and a non residential parent of a child for whom a child support order is issued, shall notify the Child Support Enforcement Agency administering the child support order of any reason for which the child support order should terminate. With respect to a court child support order, a willful failure to notify the Child Support Enforcement Agency as required by this division is contempt of court.
9. Reasons for which a child support order should terminate include all of the following:
  - i. The child's attainment of the age of majority if the child no longer attends an accredited high school on a full-time basis and the child support order requires support to continue past the age of majority only if the child continuously attends such a high school after attaining that age;
  - ii. The child ceasing to attend an accredited high school on a full-time basis after attaining the age of majority, if the child support order requires support to continue past the age of majority only if the child continuously attends such a high school after attaining that age;
  - iii. The child's death;
  - iv. The child's marriage;
  - v. The child's emancipation;
  - vi. The child's enlistment in the Armed Services;
  - vii. The child's deportation;
  - viii. Change of legal custody of the child.
10. Upon receipt of notice by the CSEA that private health insurance coverage is not available at a reasonable cost, cash medical support shall be paid in the amount as determined by the child support computation worksheets in §3119.022 or §3119.023 of the Revised Code, as applicable. CSEA may change the financial obligations of the parties to pay child support in accordance with the terms of the court order and cash medical support without a hearing or additional notice to the parties.