

DIVORCE WITHOUT CHILDREN

Court Cost Deposit: \$250.00

The original plus two (2) additional copies is required when filed.

Basic Forms included in this Packet

1. SC Form 6: Complaint for Divorce without Children
2. SC Form 31: Request for Service
3. M-2: Personal Identifier Form
4. D-1: Financial Affidavit and Health Form
5. SC Form 5: Motion and Affidavit for Temporary Orders **without** Oral Hearing, if needed.
6. D-18: Application for Waiver of Filing Fee & Financial Disclosure-Fee Waiver Affidavit (if applicable)

Residency Requirements to File in Guernsey County

You must be a resident of the State of Ohio for 6 months.

You must be a resident of Guernsey County for 90 days

Disclaimer

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

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

IN THE COURT OF COMMON PLEAS

DIVISION

COUNTY, OHIO

Name Case No. _____

Street Address Judge _____

City, State and Zip Code Magistrate _____

Plaintiff

vs.

Name

Street Address

City, State and Zip Code

Defendant

**WARNING: This form is not a substitute for the benefit of the advice of legal counsel.
It is highly recommended that you consult an attorney.**

Instructions: This form is used to request a divorce if you and your spouse do not have (a) minor child(ren), adult child(ren) attending high school, or child(ren) with disabilities. Check to determine if you meet the residency requirement to file in this county. A Request for Service (Uniform Domestic Relations Form 31/Uniform Juvenile Form 10) must be filed with this form. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

COMPLAINT FOR DIVORCE WITHOUT CHILDREN

Now comes Plaintiff and states as follows:

1. Plaintiff has been a resident of the State of Ohio for at least six (6) months immediately before filing this Complaint.
2. ☐ Plaintiff has been a resident of _____ County for at least ninety (90) days immediately before filing this Complaint; OR
☐ Defendant resides in _____ County where this Complaint is filed.
3. Plaintiff and Defendant were married on _____ (date of marriage)
in _____ (city or county, and state).

4. ☐ Neither party is pregnant OR ☐ a party is pregnant.
5. ☐ Any child(ren) born from or adopted during this marriage or relationship, is/are now adults and none are mentally or physically disabled and incapable of supporting or maintaining themselves.
6. Military Service:
☐ Neither Plaintiff nor Defendant is an active-duty servicemember of the United States military.
☐ Plaintiff and/or ☐ Defendant is an active-duty servicemember of the United States military.
7. Plaintiff is entitled to a divorce from Defendant based upon the following grounds: *(check all that apply)*
☐ Plaintiff and Defendant are incompatible.
☐ Plaintiff and Defendant have lived separate and apart without cohabitation and without interruption for one (1) year.
☐ Plaintiff or Defendant had a Husband or Wife living at the time of the marriage.
☐ Defendant has been willfully absent for one (1) year.
☐ Defendant is guilty of adultery.
☐ Defendant is guilty of extreme cruelty.
☐ Defendant is guilty of fraudulent contract.
☐ Defendant is guilty of gross neglect of duty.
☐ Defendant is guilty of habitual drunkenness.
☐ Defendant is imprisoned in a state or federal correctional institution at the time of filing this Complaint.
☐ Defendant procured a divorce outside this state by virtue of which Defendant has been released from the obligations of the marriage, while those obligations remain binding on Plaintiff.
8. Plaintiff and Defendant are owners of real estate and/or personal property.

Plaintiff requests that a divorce be granted from Defendant. Plaintiff further requests that the Court determine an equitable division of property and debts and order the following: *(check all that apply)*

- ☐ Defendant pay spousal support;
☐ Plaintiff be restored to the former name of: _____;
☐ Defendant pay Plaintiff's attorney fees;
☐ Defendant pay the Court costs of the proceeding;
and any further relief deemed proper.

Attorney or Self Represented Party Signature

Printed Name

Address

City, State, Zip

Phone Number

Fax Number

E-mail

Supreme Court Reg No. (if any)

IN THE COURT OF COMMON PLEAS

DIVISION

COUNTY, OHIO

IN THE MATTER OF:

A Minor

Name

Street Address

City, State and Zip Code

Case No. _____

Judge _____

Magistrate _____

Plaintiff/Petitioner 1

vs./and

Name

Street Address

City, State and Zip Code

Defendant/Petitioner 2/Respondent

WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.

Instructions: This form is used when you want to request documents to be served on the other party. You must indicate the requested method of service by marking the appropriate box. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Please serve the following documents: (*check all that apply*)

☐ Complaint for Divorce with Children

- ☐ Complaint for Divorce without Children
- ☐ Complaint for Parentage, Allocation of Parental Rights and Responsibilities
- ☐ Petition for Dissolution
- ☐ Motion and Affidavit or Counter Affidavit for Temporary Orders
- ☐ Motion for Change of Parental Rights and Responsibilities (Custody)
- ☐ Motion for Change of Parenting Time (Companionship and Visitation)
- ☐ Motion for Change of Child Support, Medical Support, Tax Exemption, or Other Child-Related Expenses
- ☐ Motion for Contempt and Affidavit
- ☐ Separation Agreement
- ☐ Parenting Plan
- ☐ Shared Parenting Plan
- ☐ Affidavit of Income and Expenses
- ☐ Affidavit of Property
- ☐ Parenting Proceeding Affidavit
- ☐ Health Insurance Affidavit
- ☐ Explanation of Health Care Bills
- ☐ Agreed Judgment Entry
- ☐ Other: (*specify*) _____

Please serve the following parties with the above marked documents:

- ☐ Defendant/Petitioner 2/Respondent at _____ (address) by:
 - ☐ Certified Mail, Return Receipt Requested
 - ☐ Issuance to Sheriff of _____ County, Ohio for ☐ Personal or ☐ Residence service
 - ☐ Other: (*specify*) _____

- ☐ Plaintiff/Petitioner 1 at _____ (address) by:
 - ☐ Certified Mail, Return Receipt Requested
 - ☐ Issuance to Sheriff of _____ County, Ohio for ☐ Personal or ☐ Residence service
 - ☐ Other: (*specify*) _____

- ☐ _____ County Child Support Enforcement Agency at _____ (address) by:
 - ☐ Certified Mail, Return Receipt Requested
 - ☐ Issuance to Sheriff of _____ County, Ohio for ☐ Personal or ☐ Residence service
 - ☐ Other: (*specify*) _____

☐ Other _____ at _____ (address) by:
☐ Certified Mail, Return Receipt Requested
☐ Issuance to Sheriff of _____ County, Ohio for ☐ Personal or ☐ Residence service
☐ Other: (*specify*) _____

SPECIAL INSTRUCTIONS TO SHERIFF:

Attorney or Self Represented Party Signature

Printed Name

Address

City, State, Zip

Phone Number

Fax Number

E-mail

Supreme Court Reg No. (if any)

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

Plaintiff/Petitioner 1

CASE NO. _____

vs.

PERSONAL IDENTIFIER FORM

Defendant/Petitioner 2

Pursuant to Ohio Rule of Superintendence 45(D)(1): 'When submitting a case document to a Court or filing a case document with a Clerk of Court, a party to a judicial action or proceeding shall OMIT personal identifiers from the document. Pursuant to Ohio Rule of Superintendence 44(H), "*personal identifiers*" means social security numbers, except for the last four digits; financial account numbers, including but not limited to debit card, charge card, and credit card numbers; employer and employee identification numbers; and a juvenile's name in an abuse, neglect, or dependency case, except for the juvenile's initials or a generic abbreviation such as "CV" for "child victim."

The following information is considered to be the confidential "personal identifiers" in this case, which will then be omitted from other documents filed in this case.

NAME OF PLAINTIFF/PETITIONER

NAME OF DEFENDANT/PETITIONER

SSN: _____

SSN: _____

DOB: _____

DOB: _____

Number of Marriages: _____

Number of Marriages: _____

Financial Account Information

Financial Account Information

CHILDREN (for more than three children, add additional page):

_____ Name	_____ Date of Birth	_____ Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attorney: _____

Attorney: _____

**In the Court of Common Pleas
Guernsey County, Ohio
Domestic Division**

(Plaintiff/Petitioner)

vs.

CASE NO. _____

(Defendant/Petitioner)

FINANCIAL AFFIDAVIT ORIGINAL ACTIONS (DR1)

_____ (Affiant) being duly sworn says:

PART A – CASE INFORMATION

	PLAINTIFF/PETITIONER 1	DEFENDANT/PETITIONER 2
FULL NAME		
Address		
Telephone		
DOB		
Date/Place of Marriage		
Number of Marriage(s)		

PART B – ANNUAL INCOME

	PLAINTIFF/ PETITIONER	DEFENDANT/ PETITIONER
Employer/Income Source		
Employer Address		
Gross Annual Income		
Gross annual overtime/bonuses		
Gross annual unemployment benefits		
Gross annual worker's compensation		
Gross annual interest of dividends		
Other		
TOTAL GROSS ANNUAL INCOME		
Income tax actually paid out		
F.I.C.A.		
Mandatory retirement plan		
Union dues		
TOTAL ANNUAL DEDUCTIONS		
TOTAL NET ANNUAL INCOME		

PART C – DEPENDENT INFORMATION

List each minor child of this marriage with DOB of each child.

DO NOT INCLUDE CHILDREN NOT OF THIS ACTION OR STEP CHILDREN.

Child's name	Date of Birth	SSN	Where Child Resides

PART D - ACTUAL EXPENSES PER MONTH

	PLAINTIFF/PETITIONER 1	DEFENDANT/PETITIONER 2
1. Housing		
2. Utilities		
3. Insurance		
a. Auto		
b. Life		
c. Health		
4. Uninsured medical/dental		
5. Clothing		
6. Groceries/household sup		
7. Transportation		
8. Work-related child care		
9. Child support paid out		
10. Ex-spouse support paid		
11. Loans/Creditors		
TOTAL MONTHLY EXPENSES		

PART E - ASSETS

List all assets owned by each party-marital or separate property

Description	Owned By:	Value
Cash and Funds on Deposit (do not use account numbers)		
Real Property Address:		
Tangible Personal Property: (Include all titled vehicles; household goods and furnishings)		
Pensions, profit-sharing plans, I.R.A.s		
Stocks, bonds and other securities		
Other:		
Other:		

PART F - DEBTS

List all debts by each party, marital or separate debt (include installment debts listed in Part D)

DO NOT INCLUDE ACCOUNT NUMBERS

Creditor	Marital or Separate	Security	Installment	Balance Due

PART G - GROUP HEALTH INSURANCE FOR MINOR CHILDREN

If minor children are involved in this action; answer the following questions about availability, cost and coverage for the minor children.

If no minor children DO NOT complete Part G.

Insurance	Plaintiff/Petitioner 1	Defendant/Petitioner 2
Available through Employer	Yes ☐ No ☐	Yes ☐ No ☐
Available Non Employer	Yes ☐ No ☐	Yes ☐ No ☐
Name of Insurance Company		
Address of Insurance Co.		
Group Policy Number		
Cost to you per year		
Summarize Benefits		
Deductibles		
Co-Payments		
HMO		
Comprehensive		
Major Medical		
Dental		
Optical		
Other		

Plaintiff/Petitioner 1

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

Notary Public

Defendant/Petitioner 2

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

Notary Public

IN THE COURT OF COMMON PLEAS

DIVISION

COUNTY, OHIO

Plaintiff

vs.

Defendant

Case No.

Judge

Magistrate

WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.

Instructions: Check local court rules to determine when this form must be filed. This form is used to request temporary orders in your divorce or legal separation case. After a party serves a Motion and Affidavit, the other party has 14 days to file a Counter Affidavit and serve it on the party who filed the Motion. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **If more space is needed, add additional pages.**

**MOTION AND AFFIDAVIT OR COUNTER AFFIDAVIT
FOR TEMPORARY ORDERS WITHOUT ORAL HEARING**

Check one box below to show whether you are filing a (A) Motion and Affidavit or (B) Counter Affidavit.

☐ **(A) Motion and Affidavit**

_____ (name), the Movant, files this Motion and Affidavit under Civ.R. 75(N) and/or under R.C. 3109.043 to request the temporary orders checked here.

Check only those that apply.

_____ Residential parenting rights (custody)
_____ Parenting time (companionship or visitation)
_____ Child support
_____ Spousal support (if married)
_____ Payment of debts and/or expenses

THE OTHER PARTY HAS FOURTEEN (14) DAYS FROM THE DATE ON WHICH THIS MOTION IS SERVED TO FILE A COUNTER AFFIDAVIT AND SERVE IT UPON THE PARTY WHO FILED THE MOTION. (*See below*)

☐ **(B) Counter Affidavit**

Movant files this Counter Affidavit in response to a Motion and Affidavit.

**Complete the following information, whether filing Motion and Affidavit or Counter Affidavit.
(Check all that apply)**

1. ☐ The parties are living separately.
Date of separation is _____.
- ☐ The parties are living together.
- ☐ The parties have no minor children. (*Skip to number 6*)
- ☐ The parties have (a) minor child(ren) who was/were born from or adopted during this relationship.
(*List child(ren) here*)

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

- ☐ In addition to the above child(ren),
Movant has _____ other biological or adopted minor child(ren).
Other party has _____ other biological or adopted minor child(ren).
There is/are _____ adult(s) in Movant's household.

2. Movant's child(ren) attend(s) school in:
- ☐ _____ public school district
- ☐ Other: (*Explain*) _____
- ☐ All children do not attend school in the same district. (*Explain*) _____
- _____
- _____

3. ☐ Movant requests to be named the temporary residential parent and/or legal custodian of the child(ren): (*Specify child(ren) if request is not for all child(ren)*)
- _____
- _____
- ☐ Movant does not object to the other parent or party being named the temporary residential parent and/or legal custodian of the child(ren): (*Specify child(ren) if request is not for all child(ren)*)
- _____
- _____

4. ☐ Movant has reached an agreement regarding parenting time (companionship or visitation) with the other parent or party as follows:
- _____
- _____
- _____

- ☐ Movant wishes to exercise the following parenting time (companionship or visitation):

- ☐ Movant wishes for the other parent or party to exercise the following parenting time (companionship or visitation):

- ☐ Movant requests that the other parent or party's parenting time (companionship or visitation) be supervised: *(Explain the reason for request.)*

Name of an appropriate supervisor _____

5. ☐ A Court or agency has made a child support order concerning the child(ren).

Name of Court/Agency _____

Date of Order _____

SETS No. _____

6. Movant requests the Court to order the other parent or party to pay:

- ☐ \$ _____ child support per month
☐ \$ _____ spousal support per month (only if married)
☐ \$ _____ attorney fees, expert fees, Court costs
☐ The following debts and/or expenses:

- ☐ Other: _____

7. ☐ Movant is willing to attend mediation.
☐ Movant is not willing to attend mediation.

NOTICE OF HEARING

(Check with local Court to obtain a hearing date and time and for scheduling procedure)

You are hereby given notice that this Motion for Temporary Orders will come before the Court for consideration on Affidavits only, without oral testimony, before Judge/Magistrate _____, at _____ a.m./p.m. on _____, 20_____.

CERTIFICATE OF SERVICE

(Check the boxes that apply)

I delivered a copy of the: ☐ Motion and Affidavit or ☐ Counter Affidavit

On: (Date) _____, 20 _____

To: (Print name of other party's attorney or, if there is no attorney, print name of the party)

At: (Print address or fax number) _____

- By:
- ☐ As instructed in the Request for Service (Uniform Domestic Relations Form 31/Uniform Juvenile Form 10) filed with the Clerk of Courts
 - ☐ Regular U.S. Mail
 - ☐ Fax
 - ☐ Hand Delivery
 - ☐ Other: _____

Signature

**In the Court of Common Pleas
Guernsey County, Ohio
General Division**

Plaintiff/Petitioner 1

Case No.: _____

Judge/Magistrate: _____

vs.

Defendant/Petitioner 2

APPLICATION FOR WAIVER OF DEPOSIT

I, _____, being first duly sworn and cautioned, depose and state as follows:

1. I am the Plaintiff in the above-captioned case.
2. I do not have the funds or assets to pay the costs of the deposit or to pay for an attorney to represent me. If sufficient funds do become available to me in the future, I am willing to pay the costs at that time.
3. I therefore request that I be allowed to proceed in this matter without prepayment of costs.
4. I understand that the Court may assess the costs of this action at the conclusion of the case and that the costs may be assessed against me.

Affiant (Sign in front of Notary)

STATE OF OHIO, COUNTY OF _____, SS:

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

Notary Public

**In the Court of Common Pleas
Guernsey County, Ohio
General Division**

Plaintiff/Petitioner 1

Case No.: _____

Judge/Magistrate: _____

vs.

Defendant/Petitioner 2

**FINANCIAL DISCLOSURE AND
FEE-WAIVER AFFIDAVIT**

Pursuant to R.C. 2323.311, the below-named Applicant requests that the Court determine that the Applicant is an indigent litigant and be granted a waiver of the prepayment of costs or fees in the above captioned matter. The Applicant submits the following information in support of said request.

Personal Information

Applicant's First Name

Applicant's Last Name

Applicant's Date of Birth

Last 4 Digits of Applicant's SSN

Applicant's Address

Other Persons Living in your Household

First Name

Last Name

Is this person a child
under 18?

Relationship
(Spouse or Child)

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Public Benefits

I receive the following public benefits and my gross income, including the cash benefits marked below, does not exceed 187.5% of the federal poverty guidelines.

Place an "X" next to any benefits you receive.

Ohio Works First: _____ SSI: _____ Medicaid: _____ Veterans Pension Benefit: _____ SNAP/Food Stamps: _____

Monthly Income

I am NOT able to access my spouse's income ☐

	Applicant	Spouse (IF Living in Household)	Total Monthly Income
Gross Monthly Employment Income, Including Self-Employment Income (Before Taxes)	\$ _____	\$ _____	\$ _____
Unemployment, Workers Compensation, Spousal Support (if receiving)	\$ _____	\$ _____	\$ _____
TOTAL MONTHLY INCOME			\$ _____

Liquid Assets

Type of Asset	Estimated Value
Cash on Hand	\$ _____
Available Cash in Checking, Savings, Money Market Accounts	\$ _____
Stocks, Bonds, CDs	\$ _____
Other Liquid Assets	\$ _____
TOTAL LIQUID ASSETS	\$ _____

Monthly Expenses

Column A		Column B	
Type of Expense	Amount	Type of Expense	Amount
Rent, Mortgage, Property Tax, Insurance	\$ _____	Insurance (Medical, Dental, Auto, etc.)	\$ _____
Food, Paper Products, Cleaning Products, Toiletries	\$ _____	Child Support or Spousal Support that you Pay	\$ _____
Utilities (Heat, Gas, Electric, Water/Sewer, Trash)	\$ _____	Medical/Dental Expenses or associated costs of caring for a Sick or Disabled Family Member	\$ _____
Transportation/Gas	\$ _____	Credit Card, Other Loans	\$ _____
Phone	\$ _____	Taxes Withheld or Owed	\$ _____
Child Care	\$ _____	Other (e.g. garnishments)	\$ _____
Total Column A Expenses	\$ _____	Total Column B Expenses	\$ _____

TOTAL MONTHLY EXPENSES (Column A + Column B) \$ _____

I, _____ (**Print Name**), hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge and that I am unable to prepay the costs or fees in this case.

Signature

STATE OF OHIO, COUNTY OF _____, SS:

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

Notary Public

**In the Court of Common Pleas
Guernsey County, Ohio
General Division**

Plaintiff/Petitioner 1

Case No. _____

vs.

JUDGMENT ENTRY: DEPOSIT WAIVER

Defendant/Petitioner 2

- ☐ Upon the request of the Applicant and the Court's review, the Court finds that the Applicant IS an indigent litigant and **GRANTS** a waiver of the prepayment of costs or fees in this matter. Pursuant to R.C. 2323.311(B)(3), upon the filing of a civil action or proceeding and the affidavit of indigency under division (B)(1) of this section, the clerk of the court shall accept the action, motion, or proceeding for filing.
- ☐ Upon the request of the Applicant and the Court's review, the Court finds that the Applicant is NOT an indigent litigant and **DENIES** a waiver of the prepayment of costs or fees in this matter. Applicant is granted thirty (30) days from the issuance of this Order to make the required advance deposit or security. Failure to do so within the time allotted may result in dismissal of the applicant's filing.

IT IS SO ORDERED.

Judge / Magistrate

[Effective: April 15, 2020]