

**DISCLOSURE OF PERSONAL IDENTIFIER INFORMATION**

NAME \_\_\_\_\_  
                    LAST                                    MI                                    FIRST

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH \_\_\_ / \_\_\_ / \_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**ADVERSE PARTY**

NAME \_\_\_\_\_  
                    LAST                                    MI                                    FIRST

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH \_\_\_ / \_\_\_ / \_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

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

\_\_\_\_\_  
Name

Case No. \_\_\_\_\_

\_\_\_\_\_  
Street Address

Judge MARIA N. KALIS

\_\_\_\_\_  
City, State and Zip Code

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 in response to a filing of a Complaint for Divorce with Children, and allows you to agree with or dispute the statements made in the Complaint for Divorce with Children. 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.**

**ANSWER TO COMPLAINT FOR DIVORCE WITH CHILDREN**

In Answer to Plaintiff's Complaint for Divorce, Defendant states as follows:

**ADMIT    DENY**

1. Plaintiff has been a resident of the State of Ohio for at least six (6) months immediately before filing the Complaint.

2. Plaintiff has been a resident of the County stated in the Complaint for at least ninety (90) days immediately before filing the Complaint; OR

Defendant resides in the County where the Complaint was filed.

**ADMIT    DENY**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 3. The date of Plaintiff and Defendant's marriage stated in the Complaint.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The place of Plaintiff and Defendant's marriage stated in the Complaint.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Neither party is pregnant.   |
| <input type="checkbox"/> | <input type="checkbox"/> | A party is pregnant.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. The child(ren) stated in the Complaint was/were born of the relationship prior to the marriage.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The child(ren) stated in the Complaint was/were born from or adopted during this marriage.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The child(ren) stated in the Complaint was/were born from or adopted during this marriage or relationship and is/are mentally or physically disabled and will be incapable of supporting or maintaining themselves. |
| <input type="checkbox"/> | <input type="checkbox"/> | The child(ren) stated in the Complaint is/are subject to an existing order of parenting or support of another Court or agency.  |
| <input type="checkbox"/> | <input type="checkbox"/> | One party is not the parent of the child(ren) stated in the Complaint who was/were born during the marriage.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Plaintiff is an active-duty servicemember of the United States military.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Defendant is an active-duty servicemember of the United States military.  |
|                          |                          | 7. Defendant further admits or denies the following grounds for divorce:  |
| <input type="checkbox"/> | <input type="checkbox"/> | Plaintiff and Defendant are incompatible.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Plaintiff and Defendant have lived separate and apart without cohabitation and without interruption for one (1) year.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Plaintiff or Defendant had a Husband or Wife living at the time of the marriage.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Defendant has been willfully absent for one (1) year.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Defendant is guilty of adultery.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Defendant is guilty of extreme cruelty.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Defendant is guilty of fraudulent contract.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Defendant is guilty of gross neglect of duty.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Defendant is guilty of habitual drunkenness.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Defendant is imprisoned in a state or federal correctional institution at the time of filing the Complaint.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Plaintiff and Defendant are owners of real estate and/or personal property.  |
|                          |                          | 9. Defendant denies any allegations not specifically admitted.  |

Defendant requests: (*select one*)

- the Complaint for Divorce be dismissed OR
  - a divorce be granted
- 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)

**CERTIFICATE OF SERVICE**  
*(Check the boxes that apply)*

Defendant delivered a copy of the Answer to Complaint for Divorce with Children.

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/Juvenile Form 10) filed with the Clerk of Courts
  - Regular U.S. Mail
  - Fax
  - Hand Delivery
  - Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Name

Case No. \_\_\_\_\_

\_\_\_\_\_  
Street Address

Judge MARIA N. KALIS

\_\_\_\_\_  
City, State and Zip Code

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:** After a Complaint has been filed, this form is used by a Defendant to request a divorce if you and your spouse have (a) minor child(ren), adult child(ren) attending high school, or child(ren) with disabilities, and/or a party is pregnant. A Request for Service (Uniform Domestic Relations Form 31/Juvenile Form 10) and a Parenting Proceeding Affidavit (Uniform Domestic Relations Form - Affidavit 3) 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.**

**COUNTERCLAIM FOR DIVORCE WITH CHILDREN**

Now comes Defendant and states as follows:

1. Plaintiff filed a Complaint for Divorce or a Complaint for Legal Separation.
2. Plaintiff alleged proper jurisdiction and venue.

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. *Check all that apply:* (If more space is needed, add additional pages)

The following child(ren) was/were born of the parties' relationship prior to the marriage:

<b>Name of Child</b>	<b>Date of Birth</b>
_____	_____
_____	_____
_____	_____

The following child(ren) was/were born from or adopted during this marriage:

<b>Name of Child</b>	<b>Date of Birth</b>
_____	_____
_____	_____
_____	_____

The following child(ren) was/were born from or adopted during this marriage or relationship and is/are mentally or physically disabled and will be incapable of supporting or maintaining themselves:

<b>Name of Child</b>	<b>Date of Birth</b>
_____	_____
_____	_____

The following child(ren) is/are subject to an existing order of parenting or support of another Court or agency:

<b>Name of Child</b>	<b>Date of Birth</b>	<b>Name of Court or Agency</b>
_____	_____	_____
_____	_____	_____

One party is not the parent of the following child(ren) who was/were born during the marriage:

<b>Name of Child</b>	<b>Date of Birth</b>
_____	_____
_____	_____

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. Defendant is entitled to a divorce from Plaintiff 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.
- Plaintiff has been willfully absent for one (1) year.
- Plaintiff is guilty of adultery.
- Plaintiff is guilty of extreme cruelty.
- Plaintiff is guilty of fraudulent contract.
- Plaintiff is guilty of gross neglect of duty.
- Plaintiff is guilty of habitual drunkenness.
- Plaintiff is imprisoned in a state or federal correctional institution at the time of filing the Complaint.
- Plaintiff procured a divorce outside this state by virtue of which Plaintiff has been released from the obligations of the marriage, while those obligations remain binding on Defendant.

8. Plaintiff and Defendant are owners of real estate and/or personal property.

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

- Plaintiff be designated the residential parent and legal custodian of the following minor child(ren):  
\_\_\_\_\_;
  - Defendant be designated the residential parent and legal custodian of the following minor child(ren):  
\_\_\_\_\_;
  - the non-residential parent be granted specific parenting time;
  - Plaintiff and Defendant be granted shared parenting of the following minor child(ren):  
\_\_\_\_\_ pursuant to a Shared Parenting Plan (Uniform Domestic Relations Form 20), which Defendant will prepare and file with the Court;
  - Plaintiff pay child support, cash medical support, and health care expenses;
  - Plaintiff pay spousal support;
  - Defendant be restored to the former name of \_\_\_\_\_;
  - Plaintiff pay Defendant's attorney fees;
  - Plaintiff 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)

**CERTIFICATE OF SERVICE**  
(Check the boxes that apply)

Defendant delivered a copy of the Counterclaim for Divorce with Children.

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/Juvenile Form 10) filed with the Clerk of Courts
  - Regular U.S. Mail
  - Fax
  - Hand Delivery
  - Other: \_\_\_\_\_

\_\_\_\_\_  
Signature



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

\_\_\_\_\_  
Plaintiff/Petitioner 1

vs./and

\_\_\_\_\_  
Defendant/Petitioner 2

Case No. \_\_\_\_\_

Judge MARIA N. KALIS

**Instructions:** Check local court rules to determine when this form must be filed. This affidavit is used to disclose health insurance coverage that is available for children of the relationship. It is also used to determine child support. **If more space is needed, add additional pages.**

**HEALTH INSURANCE AFFIDAVIT**

**Affidavit of** \_\_\_\_\_  
(Print Name)

		<b><u>Plaintiff/Petitioner 1</u></b>		<b><u>Defendant/Petitioner 2</u></b>				
Is/are your child(ren) currently enrolled in a government-provided program (i.e. Healthy Start/ Medicaid)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is/are your child(ren) enrolled in an individual (non-group or COBRA) health insurance plan?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is/are your child(ren) enrolled in a plan found through the exchange/Affordable HealthCare Marketplace?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is/are your child(ren) enrolled in a health insurance plan through a group (employer or other organization)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If your child(ren) is/are not enrolled, does/do he/she/they have health insurance available through a group (employer or other organization)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does the available insurance cover primary care services within 30 miles of the children's home?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Under the available insurance, what is the annual premium you pay for family coverage?		\$ _____			\$ _____			
Name of group (employer or organization) that provides health insurance	_____		_____					
Address	_____		_____					
Phone Number	_____		_____					



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

\_\_\_\_\_  
Plaintiff / Petitioner

-vs-/-and-

\_\_\_\_\_  
Defendant / Petitioner

Case No.: \_\_\_\_\_

JUDGE MARIA N. KALIS

**FINANCIAL AFFIDAVIT (DR1)**

\_\_\_\_\_, Affiant(s), being duly sworn, say(s):

**PART A - CASE INFORMATION**

<b>PART A - CASE INFORMATION</b>		
	Plaintiff / Petitioner	Defendant / Petitioner
Full Name		
Street Address		
City/State/Zip		
Telephone		
Social Security No.		
Date of Birth		
Employer/Source of Income		
Street Address		
City/State/Zip		
Telephone		
Acct./Claim No.		

**PART B - ANNUAL INCOME**

	Plaintiff / Petitioner	Defendant / Petitioner
Gross annual wages (excluding overtime and bonuses)	\$	\$
Gross annual overtime and bonuses	\$	\$
Gross annual unemployment benefits	\$	\$
Gross annual worker's compensation	\$	\$
Gross annual interest or dividends	\$	\$
Other:	\$	\$
<b>TOTAL GROSS ANNUAL INCOME:</b>	<b>\$</b>	<b>\$</b>
Income Tax Actually Paid (Federal/State/Local)	\$	\$
F.I.C.A.	\$	\$
Mandatory Retirement Plan	\$	\$
Union Dues	\$	\$
<b>TOTAL ANNUAL DEDUCTIONS:</b>	<b>\$</b>	<b>\$</b>
<b>TOTAL NET ANNUAL INCOME:</b>	<b>\$</b>	<b>\$</b>

### PART C -DEPENDENT INFORMATION

LIST EACH BIOLOGICAL OR ADOPTIVE MINOR CHILD, NOT THE SUBJECT OF THIS ACTION, LIVING WITH EITHER PARTY AND STATE THE ANNUAL AMOUNT OF CHILD SUPPORT RECEIVED FOR EACH CHILD. DO NOT INCLUDE THE CHILD(REN) INVOLVED IN THIS ACTION, DO NOT INCLUDE STEP-CHILDREN.

Plaintiff / Petitioner's Household		Defendant / Petitioner's Household	
Child's Name	Annual Support	Child's Name	Annual Support
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

### PART D -EXPENSES

STATE EACH PARTY'S ACTUAL EXPENSES PER MONTH:

	Plaintiff / Petitioner	Defendant/ Petitioner
1. Housing		
2. Utilities		
3. Insurance		
a. Auto		
b. Life		
c. Health		
4. Uninsured Medical / Dental		
5. Clothing		
6. Groceries and household supplies		
7. Transportation		
8. Work-related child care		
9. Child support paid for other child(ren) (attach certified statement from CSEA)		
10. Spousal support paid for ex-spouse (attach certified statement from CSEA)		
11. Installment Payments (List name of creditor):		
a.		
b.		
c.		
d.		
e.		
12. Other (Specify):		
a.		
b.		
c.		
d.		
e.		
<b>TOTAL EXPENSES PER MONTH:</b>		

**PART E -ASSETS**

LIST ALL ASSETS OWNED BY EACH PARTY, WHETHER ALLEGED TO BE MARITAL OR SEPARATE PROPERTY.

Description	Owned By	Value
<b>1. Cash and Funds on Deposit</b> (List name of institution and account number)		
<b>2. Real property</b>		
<b>3. Tangible Personal Property</b> (Include vehicles and household goods.)		
<b>4. Pensions, Profit-Sharing Plans, Etc...</b>		
<b>5. Stocks, Bonds, and Other Securities</b>		
<b>6. Other:</b>		

**PART F -DEBTS**

LIST ALL DEBTS OWED BY EACH PARTY, WHETHER ALLEGED TO BE MARITAL OR SEPARATE DEBT. **INCLUDE INSTALLMENT DEBTS LISTED IN PART D.**

Creditor	Owned By	Balance Due

**PART G -GROUP HEALTH INSURANCE FOR MINOR CHILDREN**

INSTRUCTION: **IF MINOR CHILDREN ARE INVOLVED IN THIS ACTION**, ANSWER THE FOLLOWING QUESTIONS ABOUT THE AVAILABILITY, COST, AND COVERAGE OF GROUP HEALTH INSURANCE FOR THE MINOR CHILDREN. **IF MINOR CHILDREN ARE NOT INVOLVED IN THIS ACTION, DO NOT COMPLETE PART G.**

	Plaintiff / Petitioner	Defendant / Petitioner
AVAILABLE THROUGH EMPLOYER (YES or NO)		
AVAILABLE THROUGH NON-EMPLOYER (YES or NO)		
NAME AND ADDRESS OF INSURANCE COMPANY		
GROUP POLICY NUMBER		
COST TO YOU OR THE OTHER PARTY PER YEAR:		

**Summarize the benefits of each plan (i.e. DEDUCTIBLES, CO-PAYMENTS, HMO, COMPREHENSIVE, MAJOR MEDICAL, DENTAL, OPTICAL, ETC...).**

**Plaintiff / Petitioner's policy:**

**Defendant / Petitioner's policy:**

\_\_\_\_\_  
Affiant

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

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

## APPLICATION FOR CHILD SUPPORT SERVICES NON-PUBLIC ASSISTANCE APPLICANT

**IMPORTANT:** If you are receiving ADC or Medicaid, **do not** complete this application, because you became eligible for child support services when you became eligible to receive ADC or Medicaid.

I the undersigned, \_\_\_\_\_ request Child Support Services from the **Muskingum County** Child Support Enforcement Agency. I understand and agree to the following conditions:

- A. I am a resident of the County in which services are requested.
- B. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).

The Child Support Enforcement Agency can assist you in providing the following Services:

**1. Location of Absent Parents.**

The agency can assist in finding where an absent parent is currently living, in what city, town or state. The applicant can request "**Location Services ONLY**", if the sole need is to find the whereabouts of the absent parent.

**2. Establishment or Modification of Child Support and Medical Support.**

The CSEA can assist you to obtain an order for support if you are separated, have been deserted or need to establish paternity (fatherhood). The CSEA can also assist you in changing the amount of support orders (modification), and to establish a medical support order.

**3. Enforcement of Existing Orders.**

The CSEA can help you collect current and back child support.

**4. Federal and State Income Tax Offset Submittals for the Collection of Child Support Arrearages.**

The agency can assist in collecting back support (arrearages) by intercepting a non-payor's federal and state income tax refunds on some cases.

**5. Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.**

The agency can help you get payroll deductions for current and back child support and can intercept unemployment compensation to collect child support.

**6. Establishment of Paternity.**

The agency can obtain an order for the establishment of paternity (fatherhood), if you were not married to the father of the child. An absent parent may request paternity services.

**7. Collection and Disbursement of Payments.**

The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Back support collected will be paid to you until all of the back support you are owed is paid.

**8. Interstate Collection of Child Support.**

The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.

C. The only fee you can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.

D. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

APPLICANT INFORMATION (INFORMATION ABOUT YOU)	
Name	Date of birth
Social Security Number (SSN)	Current Marital Status (Check One) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Deserted <input type="checkbox"/> Widowed

**Type(s) of Service(s) Requested:** All services listed \_\_\_\_\_ Location of absent parent only \_\_\_\_\_

Other (please explain): \_\_\_\_\_

I understand that the Child Support Agency – within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support services (IV-D Services).

Signature of Applicant	Date
------------------------	------

Applicants Name (Last, First, Middle)				Telephone Number (Home)
Address (Street/Route, P.O. Box)				(Work)
City, State, Zip Code				
<b>INFORMATION ON CHILDREN</b>				
	Child 1	Child 2	Child 3	Child 4
a. Name				
b. Sex				
c. SSN				
d. Date of Birth (DOB)				
e. Name(s) of Absent Parent				
f. Has Paternity (Fatherhood) Been Established?				
g. Is There An Order For Support <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>ABSENT PARENT INFORMATION OR PARENT ORDERED TO PAY CHILD SUPPORT</b>				
	Absent Parent #1	Absent Parent #2	Absent Parent #3	
Name				
Address (City, State, Zip Code)				
SSN				
Date of Birth (DOB)				
Name of Employer				
Address of Employer (City, State, Zip Code)				
Amount of Support Ordered (Wk, Bi-Wk, Mo)				
Case Number on Support Order				
Date of Support Order				
Location Where Order Was Issued (City, State, Zip Code)				
Military Service Give Date and Branch Entered				
Arrest Record: Give Date and Place of Arrest				
If the absent parent has been on Public Assistance: Give Date and Place				
Give Name and Address of Current Spouse of Absent Parent				
• Have you ever been on Public Assistance?    Yes    No				
When (Date)	Where (City and State)		County	
<b>FOR AGENCY USE ONLY</b>				
Case Name	Date Requested		Date Mailed or Provided	
Case Number	Date Returned or File Date			



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

<b>Plaintiff</b>	:	Case No. _____
	:	Journal _____ Page _____
	:	
vs.	:	<b>JUDGE MARIA N. KALIS</b>
	:	
	:	
<b>Defendant</b>	:	<b>TEMPORARY RESTRAINING ORDER</b>

It is hereby, ORDERED as follows:

1. The parties are mutually restrained from selling, damaging, destroying, removing, encumbering, disposing of, lessening the value of or in some manner secreting the assets of the marriage and/or of the parties of whatever kind and wherever located.
2. The parties are further mutually restrained from directly or indirectly changing beneficiaries, making loans on, terminating or otherwise closing out, any type of insurance policies, life, health, automobile or otherwise, and from withdrawing, spending, encumbering or disposing of funds deposited in any financial institution and/or financial brokerage office, including but not limited to bank accounts, savings accounts, money markets, stocks, pension plans, credit unions or certificates of deposit (except checking account[s] used in the payment of ordinary and necessary living and business expenses and health savings accounts for qualifying expenses).
3. The parties are further mutually restrained from incurring any further debt on any credit card in either parties' name or on any credit card in the joint name of Plaintiff and Defendant.
4. The parties are further mutually restrained from harassing, interfering with, harassing by telephone, assaulting or threatening each other, posting disparaging comments / photos on social media and/or otherwise interfering with each other's day-to-day activities, both directly and indirectly.

\_\_\_\_\_  
Judge Maria N. Kalis