

**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:

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

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

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

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:

Name of Child	Date of Birth
_____	_____
_____	_____

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

Name of Child	Date of Birth	Name of Court or Agency
_____	_____	_____
_____	_____	_____

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

Name of Child	Date of Birth
_____	_____
_____	_____

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	:	Case No. _____
	:	Journal _____ Page _____
	:	
vs.	:	JUDGE MARIA N. KALIS
	:	
	:	
Defendant	:	TEMPORARY RESTRAINING ORDER

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

**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
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Applicants Name (Last, First, Middle)				Telephone Number (Home)
Address (Street/Route, P.O. Box)				(Work)
City, State, Zip Code				
INFORMATION ON CHILDREN				
	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				
ABSENT PARENT INFORMATION OR PARENT ORDERED TO PAY CHILD SUPPORT				
	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				
<ul style="list-style-type: none"> • Have you ever been on Public Assistance? Yes No 				
When (Date)	Where (City and State)		County	
FOR AGENCY USE ONLY				
Case Name	Date Requested		Date Mailed or Provided	
Case Number	Date Returned or File Date			