

**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 without Children, and allows you to agree with or dispute the statements made in the Complaint for Divorce without 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 WITHOUT CHILDREN**

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

**ADMIT    DENY**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Plaintiff has been a resident of the State of Ohio for at least six (6) months immediately before filing the Complaint.                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. 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. |
| <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 without 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/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 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**

PART A - CASE INFORMATION		
	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