

Dissolution with
Children
Deposit \$450

CHECKLIST OF REQUIRED FORMS FOR DISSOLUTION OF MARRIAGE

Forms are available at <https://www.co.hancock.oh.us/210/Forms> OR
The Domestic Relations Court Self-Help Kiosk (First Floor)

1. Case Designation Sheet - This form is used to classify the type of case to be filed.
2. A Petition for Dissolution signed by both parties.
3. Separation Agreement - The agreement must specify what happens to property, whether anyone has to pay spousal support, and how to divide debts and assets. The agreement must be signed by both parties.
4. Waivers of service of summons.
5. A Personal History and Financial Affidavit, (Appendix A to the Hancock County Local DR Rules) – Each party must complete a separate form. This must be signed in the presence of a notary public.
6. A Decree of Dissolution must be prepared and brought to the Dissolution Hearing. A copy of the filed Separation Agreement must be attached to the Decree of Dissolution. The original Decree plus two copies must be submitted to the Court at the hearing. (Three copies, if there is a child support order.)

If there are minor children of the parties, the following forms are also required:

7. Certificates of attendance for one of the approved online Parenting Classes found under “Parenting Education” on our website (referenced above), one for each parent.
8. A Parenting Affidavit, signed in the presence of a notary public.
9. A completed Parenting Plan – You may choose a Shared Parenting Plan or Parenting Plan (Forms 20 or 21) on the Ohio Supreme Court’s website. <https://www.supremecourt.ohio.gov/forms/all-forms/domestic-relations-and-juvenile-standardized/1>
10. A completed Child Support Worksheet - This form helps to determine how much (if any) child support is appropriate. Worksheets can be completed at the Ohio Department of Job and Family Services website (www.jfs.ohio.gov/ocs/) or you may contact an attorney for assistance. ****A completed child support worksheet is required by law if there are minor children of the marriage, even if both parties agree not to pay child support.****
11. Application for IV-D Services – One party must complete, sign and submit this document to the Hancock County Child Support Enforcement Agency at P.O. Box 1465, Findlay, OH 45839 or by submitting it to the Domestic Relations Court reception window. ****An application for IV-D Services is required even if both parties agree not to pay child support.****
12. Notice of Filing of Application for IV-D Services – This document is filed with your other dissolution documents to notify the Court that you filed your Application for IV-D Services. ****This notice is required even if both parties agree not to pay child support.****

Optional Forms:

13. Motion to File Without Deposit – Filed if you are asking the court to allow you to file documents without deposit. This does NOT automatically waive such fees, but allows the court to adjust the costs OR accept payment in installments.
14. Order for Filing – If you are filing a Motion to File without Deposit, this must be filed for the Magistrate/Judge to approve or deny it.
15. Poverty Affidavit - If you filing a Motion to File without Deposit, this will contain information regarding income and expenses to explain why the deposit cannot be made at this time.

The parties are further notified that the court's jurisdiction over dissolution proceedings terminates ninety (90) days after the filing of the Petition. All requirements must be met and the hearing held within that period. It is the petitioners' responsibility to meet all the requirements in sufficient time to allow for a hearing.

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 COMMON PLEAS COURT OF HANCOCK COUNTY, OHIO

Plaintiff
vs.

Defendant

Case No. _____

CASE DESIGNATION SHEET

The above captioned case is designated as being the following type of case:

- () **PT** – Professional Tort
- () **PL** – Product Liability
- () **T** – Other Tort
- () **WC** – Worker’s Compensation
- () **F** – Foreclosure
- () **AP** – Administrative Appeal
- () **CL** – **Complex Litigation** – **Must be accompanied with a request of counsel, approval of all parties and a judgment entry granting said request for approval of assigned judge.**
- () **OC** – Other Civil
- () **DC** – Divorce, with children
- () **D** – Divorce without children
- () **DMC** – Dissolution of Marriage, with children
- () **DM** – Dissolution of Marriage, without children
- () **DV** – Domestic Violence
- () **U** – URESA
- () **AO** – All other domestic
- () **SO** – Support only
- () **CA** – Court of Appeals
- () **CJ** – Certificate of Judgment
- () **CR** – Criminal
- () Refiling of a previously filed case
This matter is the refiling of a case, which has been previously dismissed.
() Yes () No
Prior Case No. _____
Judge previously assigned _____

Signature of Attorney Filing Case

ATTORNEY DESIGNATION

Trial Attorney: _____

Supreme Court Registration Number: _____

Address: _____

Attorney for: () Plaintiff () Defendant

IN THE COMMON PLEAS COURT OF HANCOCK COUNTY, OHIO
Domestic Relations Division

Name

Street Address

City, State and Zip Code

Date of Birth

Petitioner 1

and

Name

Street Address

City, State and Zip Code

Date of Birth

Petitioner 2

Case No. _____

Judge _____

Magistrate _____

PETITION FOR DISSOLUTION
OF MARRIAGE

1. One or both of the petitioners has been a resident of the State of Ohio for at least six (6) months preceding the filing of this Petition.

2. The petitioners were married to each other on _____ (date of marriage) in _____ (city and state).

3. Check one of the following:

_____ No children were born to or adopted by the petitioners or one of them during this marriage, nor were there any children of their relationship prior to their marriage.

_____ All children born of or adopted during this marriage or relationship are over the age of 18 years of age and no longer enrolled in high school.

_____ There are minor children born to either petitioner or adopted during this marriage or of these petitioners' relationship prior to marriage, namely:

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

4. There are no children expected from this marriage or relationship, either through pregnancy or adoption.

5. The petitioners desire that their marriage be terminated.

6. The petitioners have agreed to and executed a separation agreement, which is attached to this Petition and which together with all amendments to the agreement is incorporated into this Petition as part of it.

WHEREFORE, Petitioners demand that their marriage be dissolved and that their separation agreement be approved and made a part of a Decree of Dissolution.

Complete if applicable: Petitioner _____ (name) desires to be restored to the former name of: _____

Signature of Petitioner 1

Signature of Petitioner 2

Printed or Typed Name

Printed or Typed Name

Phone Number

Phone Number

E-Mail Address

E-Mail Address

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

Plaintiff/Petitioner

Case No. _____

vs. / and

SEPARATION AGREEMENT

Defendant/Petitioner

^

**SEPARATION AGREEMENT:
NOTICE AND WARNING**

The form provided for the separation agreement may not adequately cover all the property issues that are involved in your particular circumstances. It is intended as guidance only, not either as a required form or as a complete form for all cases. You are responsible for modifying the agreement to fit your circumstances or for finding a form that fits your case more accurately.

This form does not address parenting rights and responsibilities. All cases involving minor children must include a parenting plan or shared parenting plan that addresses all aspects of parenting and includes all notices requested by statute.

SEPARATION AGREEMENT

This is an important legal document, and you may want to get the advice of an attorney. Read this agreement carefully and completely before you sign it.

This AGREEMENT is made between _____ (name) and _____ (name), who are spouses, to determine all property rights, including property and debt distribution, between them.

The parties to this Agreement represent the following:

1. They were married on _____ (date) in _____ (city and state).

2. Irreconcilable differences have arisen between the parties and (check one below)

- they are now living separate and apart, or
- they desire immediate separation and intend to separate.

3. Minor children of the marriage: (check one below)

- The parties have no minor children of this marriage either by birth or adoption, or
- The parties have _____ minor children of this marriage, and a separate parenting plan is included along with the filing of this separation agreement.
 - Shared Parenting Plan
 - Parenting Plan

3. Neither Petitioner is currently pregnant.

4. The parties intend this agreement to be a full and complete settlement of their rights, one to another, as to the duty of support to one another now or in the future, any rights of inheritance from one another, and any rights to any interest in or to any property of the other, whether acquired before, during, or after marriage, or other rights or benefits that may arise from the marital relationship.

The parties therefore agree as follows:

ARTICLE ONE. Separation

Each party shall hereafter live separate and apart from the other, and neither shall annoy, molest, interfere with or harass the other in any way or manner, either directly or indirectly.

ARTICLE TWO. Spousal Support (Check A or B and initial your choice).

A. _____ Neither party shall pay to the other any amount, either in installments or in a lump-sum, for spousal support. This provision may not be modified.

OR

B. _____ Effective _____ (date) _____
(give name of party) shall pay to the other party the sum of \$ _____ weekly or monthly
(indicate which) in spousal support for a period of _____ months. The additional
terms of this obligation are: (give what events would terminate the obligation, e.g. remarriage,
cohabitation; whether the court can modify the amount or term):

ARTICLE THREE. Division of Property and Debts.

A. Real Estate (Check A or B and initial your choice)

A. _____ Neither party owns any real estate, either individually or jointly.

B. _____ The parties own real estate, individually or jointly, located at the

following address(es): _____

The parties agree as follows regarding the real estate (include whether to be sold or if one party will keep it; if to be sold, how and what will happen to any proceeds; if one party is keeping it, whether refinancing is required; whether any payment is due the other for the equity in the house; whether one party has to sign a deed over to the other): _____

B. Household Goods, Furnishings and Personal Property (Check A or B and initial your choice)

- A. _____ Each party shall keep any households goods, furnishings, and personal property now in that party's possession, free of any claim of the other.
- B. _____ Except as listed here, each party shall keep the household goods, furnishings, and personal property in that party's possession. The following items need to be delivered to the party not now in possession (list items and who will deliver to whom and when the delivery will occur):

C. Motor Vehicles (Check A or B and initial your choice)

A. _____ Each party shall retain title to and possession of all motor vehicles, boats, campers and other titled or registered conveyances, now titled or registered in that party's individual name. The party retaining the vehicle shall be solely responsible for any debt on or expenses regarding that vehicle and hold the other harmless from liability.

B. _____ Except as listed here for all jointly titled vehicles and for vehicles to be transferred, each party shall retain title to and possession of all motor vehicles and other forms of titled or registered conveyance now in that party's individual name. The following agreement is made regarding the motor vehicles (identify any vehicle that needs to be transferred to the other party and who is responsible for any debt on the vehicle) _____

There is a joint debt on _____ (identify vehicle), i.e. both of us signed the note to pay for the vehicle, and we agree that _____ (give name) will pay for that vehicle and hold the other party harmless from liability.

D. Bank Accounts and Employee Benefits (Check A or B and initial your choice)

A. _____ Each party shall retain any bank or investment accounts in that party's name as well as any employee benefits, including pension, retirement, stock ownership, 401(k) or other employer plans, free and clear of any claim of the other. There are no joint accounts to be closed and/or divided.

B. _____ The parties agree to divide their bank accounts and employee benefits as follows (include details of how the accounts, and which accounts, will be divided):

E. Life Insurance Policies (Check A or B and initial your choice)

- A. _____ Each party shall retain any life insurance policies owned by that party, and the parties give up any interest in being named beneficiary of the other's policies.
- B. _____ The parties agree as follows regarding their life insurance policies (identify the policies to which the agreement applies): _____

F. Debts (Check A or B and initial your choice)

- A. _____ Each party shall pay those debts in that party's name, and neither party shall incur any debt in the name of or on the credit of the other party. There are no joint debts.
- B. _____ The parties agree as follows regarding their debts (identify the debt, the amount, and the party who will be paying that debt): _____

ARTICLE FOUR. Court Costs and Attorney Fees.

The court costs shall be paid from the deposit made with the Clerk of Courts, and any excess shall be paid by Petitioner _____ or equally (if checked) within sixty (60) days of the final decree of dissolution or divorce.

Each party is responsible for any attorney fees incurred by that party.

ARTICLE FIVE. Complete Settlement.

This Agreement is a full and complete settlement of all spousal support rights and property rights between the parties, each of whom does, by the provisions of this Agreement, release, satisfy, and discharge all claims and demands against the other, including rights of dower, inheritance, descent and distribution, allowance for year's support, exemption from administration, all rights as surviving spouse, heir, legatee, and next of kin, in the estate of the other, and all rights to administer the estate of the other, and in all property rights that each now has, or may acquire in the future, except as specifically agreed in this Separation Agreement.

This Agreement shall be binding on the parties' heirs, administrators, executors and assigns.

Please both initial to indicate your acceptance of this Article: _____

ARTICLE SIX. Incorporation into Decree.

The parties agree that this Agreement is not the consent of either party to a divorce or dissolution of marriage; however, if either party files a divorce action or a dissolution proceeding is begun, the parties agree that this entire Agreement shall be disclosed and presented to the Court in that proceeding or in any such proceeding now pending, with the request that it be determined to be fair, just and proper, and that this Agreement and all its terms and provisions be adopted by that Court and made a part of the Order of the Court in its final decree of divorce or dissolution.

Please both initial to indicate your acceptance of this Article: _____

ARTICLE SEVEN. Implementation of Agreement.

Except as otherwise provided in this Agreement, each party shall, upon the signing of this Agreement, deliver to the other party, or permit the other party to take possession of, all items of property to which each is entitled.

Within fourteen (14) days after the journalization or filing of a decree of dissolution or divorce that incorporates this Agreement, whether modified or amended, each party shall execute or sign and shall deliver any and all deed, titles, certificates, or other documents necessary to carry out the terms of this Agreement. Upon the failure of either party to deliver any document, this Agreement shall constitute and operate as the properly executed document, and the County Auditor, County Recorder, and Clerk of Courts, and any other public and private officials are hereby authorized and directed to accept this Agreement, or a properly certified copy of it, in lieu of the document regularly required for such conveyance or transfer.

Please both initial to indicate your acceptance of this Article: _____

ARTICLE EIGHT. Full Knowledge and Disclosure.

The parties acknowledge that they have read all the terms and conditions of this Agreement and understand all the terms.

The parties further represent that they have made a full and disclosure of assets and liabilities, earnings and benefits, so that the other party could take that into account in negotiating this Agreement. The parties further represent that they are satisfied with the disclosure made by the other party.

Please both initial to indicate your acceptance of this Article: _____

ARTICLE NINE. Modification of Agreement.

This Agreement may only be modified in writing, and any modification must be signed by both parties. No waiver or breach of any one term shall be considered a waiver of any other duty or right under this Agreement, including any subsequent breach or default of a similar nature.

Please both initial to indicate your acceptance of this Article: _____

IN WITNESS WHEREOF, the parties have signed this Agreement before the witnesses and on the date set forth below:

Signed in the presence of:

Signature of Petitioner 1

Signature of Petitioner 2

Printed Name of Petitioner 1

Printed Name of Petitioner 2

Date

Date

IN THE COMMON PLEAS COURT OF HANCOCK COUNTY, OHIO
Domestic Relations Division

Name

Petitioner 1

and

Name

Petitioner 2

Case No. _____

Judge _____

Magistrate _____

WAIVERS OF SERVICE OF SUMMONS

The Petitioners state that they are at least eighteen (18) years of age and not under any legal disability (that is, not having been determined to be incompetent for any reason) and that they have received copies of their Petition for Dissolution of Marriage, and related documents, and waive service of summons through the Clerk of Courts office in accordance with the Ohio Rules of Civil Procedure.

Signature of Petitioner 1

Signature of Petitioner 2

**Personal History and Financial Affidavit
Page 2**

Spouse 1

Spouse 2

EDUCATION

High School _____ College _____
Grad School _____ Other _____

Indicate number of years completed

High School _____ College _____
Grad School _____ Other _____

Veteran _____ Active Service _____

Veteran _____ Active Service _____

EMPLOYMENT

(the following information should be
provided for each employer)

Current Employer

Address and Phone Number of
Employer

Position Held/Title
Supervisor

__ 12 __ 24 __ 26 __ 52 __ Other

Scheduled Paychecks per year

__ 12 __ 24 __ 26 __ 52 __ Other

\$ _____

Current Monthly Gross Income

\$ _____

\$ _____

Annual Gross Income
(based on prior or current year's
earnings)

\$ _____

\$ _____

Gross Bonuses/Overtime year-to-date

\$ _____

\$ _____

Anticipated Gross Bonuses/Overtime
for current year

\$ _____

\$ _____

Gross Bonuses/Overtime for last year

\$ _____

\$ _____

Gross Bonuses/Overtime for year
before last

\$ _____

Other Sources of Monthly Income

\$ _____

Public Assistance

\$ _____

\$ _____

Food Stamps

\$ _____

\$ _____

Social Security

\$ _____

\$ _____

S.S.I.

\$ _____

\$ _____

Disability

\$ _____

\$ _____

Unemployment

\$ _____

\$ _____

Worker's Compensation

\$ _____

\$ _____

Veteran's Benefits

\$ _____

\$ _____

Armed Forces Allotment

\$ _____

\$ _____

Child Support Received

\$ _____

Personal History and Financial Affidavit
Page 3

Spouse 1		Spouse 2
\$ _____	Spousal Support Received	\$ _____
\$ _____	Rental Income	\$ _____
\$ _____	Interest	\$ _____
\$ _____	Trust Income	\$ _____
\$ _____	Dividends	\$ _____
\$ _____	Other (source of Other income)	\$ _____
_____		_____
\$ _____	Prior Year tax refunds	\$ _____
	Monthly Deductions from Paycheck	
\$ _____	Court Ordered Child Support (Court and Case Number)	\$ _____
_____		_____
\$ _____	Court Ordered Spousal Support (Court and Case Number)	\$ _____
_____		_____
\$ _____	City Income Tax	\$ _____
\$ _____	Social Security/Public Pension	\$ _____
\$ _____	Union Dues	\$ _____
\$ _____	Charity	\$ _____
\$ _____	Pension/401K/IRA/etc.	\$ _____
\$ _____	Savings	\$ _____
\$ _____	Medical Insurance	\$ _____
\$ _____	Other	\$ _____
	SELF-EMPLOYED INCOME	
_____	Name of Business	_____
_____	Type/Nature of Business	_____
_____	Address	_____
_____		_____
_____	In Business Since	_____
\$ _____	Gross Receipts year-to-date	\$ _____
\$ _____	Gross Receipts last year	\$ _____
	CHILDREN (of this marriage)	

Personal History and Financial Affidavit
Page 4

	Name	Sex	DOB	Age	Grade	Currently Residing With
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____

If any of the children are born **prior to** the date of your marriage, is there any issue regarding paternity? ___ Yes ___ No

Spouse 1's CHILDREN
(not of this marriage)

	Name	Sex	DOB	Is Spouse 1 Custodian?	Does Spouse 1 Pay Support?
1.	_____	_____	_____	___ Yes ___ No	___ Yes ___ No
2.	_____	_____	_____	___ Yes ___ No	___ Yes ___ No
3.	_____	_____	_____	___ Yes ___ No	___ Yes ___ No
4.	_____	_____	_____	___ Yes ___ No	___ Yes ___ No
5.	_____	_____	_____	___ Yes ___ No	___ Yes ___ No

Spouse 2's CHILDREN
(not of this marriage)

	Name	Sex	DOB	Is Spouse 2 Custodian?	Does Spouse 2 Pay Support?
1.	_____	_____	_____	___ Yes ___ No	___ Yes ___ No
2.	_____	_____	_____	___ Yes ___ No	___ Yes ___ No
3.	_____	_____	_____	___ Yes ___ No	___ Yes ___ No
4.	_____	_____	_____	___ Yes ___ No	___ Yes ___ No
5.	_____	_____	_____	___ Yes ___ No	___ Yes ___ No

HEALTH INSURANCE
(for minor children of this marriage)

Is there currently health insurance covering the child(ren) of this marriage? ___ Yes ___ No

If so, who is providing the coverage for the children? Name _____

If you are not currently providing health insurance for the child(ren) of this marriage, is it available to you? ___ Yes ___ No

Annual cost to provide health insurance **for yourself and the minor child(ren)**: \$ _____

Is there an insurance card or form that is necessary to obtain services? ___ Yes ___ No

Is there prescription coverage? ___ Yes ___ No Is there an Rx card? ___ Yes ___ No

Who has these cards? Name _____

Are there certain service providers that the plan requires you to use? ___ Yes ___ No

Coverage in network: 100/0 90/10 80/20 70/30 other ____ Coverage out of network: 100/0 90/10 80/20 70/30 Other ____

CURRENT MARRIAGE

Date of Marriage: _____ Currently living together? ___ Yes ___ No If no, date of separation: _____

Personal History and Financial Affidavit

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Place of Marriage (City/State): _____

Number of this marriage: Spouse 1: _____ : Spouse 2: _____

Have there been actions previously filed to dissolve or otherwise terminate this marriage? ___ Yes ___ No

If so, where: _____ when: _____ Case no.: _____
 disposition: _____

ASSETS OF PARTIES

(Indicate with owner's initials, use "J" for jointly owned)
 (attach extra forms as necessary)

CHECKING / SAVINGS / CDs / CASH

Owner	Acct. No. (last 4 #'s) and Type	Location	Current Balance	Existed Prior to Marriage Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No

REAL PROPERTY (list residence first)

Owner	Location/Address	Estimated Value	Amount Owed	Owned Prior to Marriage Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No

MOTOR VEHICLE, MOTORCYCLES, BOATS, MOBILE HOMES, CAMPERS, etc. (Include untitled vehicles)

Owner	Make/Model/Description	Estimated Value	Amount Owed	Lender	Owned Prior to Marriage Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No

STOCKS, BONDS, SAVINGS BONDS, MUTUAL FUNDS, etc.

Owner	Number of Shares	Company	Current Value	Owned Prior to Marriage Yes / No
_____	_____	_____	_____	Yes / No

Personal History and Financial Affidavit
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_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No

LIFE INSURANCE

Owner	Company	Policy Number	Face Value	Cash Value	Owned Prior to Marriage
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No

PENSION BENEFITS, RETIREMENT FUNDS, IRAs, 401(K)s, etc.

Owner	Vested	Type of Plan	Company	Current Value	Loan?(balance)	Owned Prior to Marriage
_____	Yes/No	_____	_____	_____	_____	Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No

CLOSELY HELD BUSINESS / SOLE PROPRIETORSHIP / CORPORATION / PARTNERSHIP / etc.

Owner	Name of Business	Type/Form	% Ownership	Estimated Value	Owned Prior to Marriage
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No

INCOME TAX OR OTHER REFUNDS DUE PARTIES

Federal: \$ _____ State: \$ _____ Other: \$ _____

OTHER ASSETS

(hobby equipment, antiques, guns, riding mowers, farm equipment, sporting equipment, cemetery lots, loans due the parties, etc.) Additional sheets as necessary

Item Description	Value	Item Description	Value
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Personal History and Financial Affidavit
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_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

HOUSEHOLD GOODS / PERSONAL PROPERTY

Attach an itemized list of all property that is or may be in dispute and for each state the following: description, current location, and whether it was owned prior to the marriage.

DEBTS/LIABILITIES OF THE PARTIES

(Indicate the party obligated to pay the debt using the debtor's initials, J - jointly obligated)
 (attach extra forms as necessary)

REAL ESTATE MORTGAGES / LAND CONTRACTS

Debtor	To whom owed	Property related to debt	Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

MOTOR VEHICLES, etc.

Debtor	To whom owed	Property related to debt	Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

OTHER LOANS / HOUSEHOLD FINANCE LOANS / etc.

Debtor	To whom owed	Property related to debt	Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

CREDIT CARD ACCOUNTS

Debtor	To whom owed	Account Number (last 4 #'s)	Minimum Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Personal History and Financial Affidavit

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_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

OTHER DEBTS

Debtor	To whom owed	Description of Obligation	Minimum Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

MONTHLY LIVING EXPENSES

This form shows: _____ Current expenses for spouse and myself based upon a single household
 _____ Current expenses for myself in a separate household from my spouse
 _____ My estimated future expenses for myself in a separate household from my spouse

Please include ALL monthly payments, even if you listed the payment in another section in this form.

Rent, Mortgage (including taxes)	\$ _____	Heat (average)	\$ _____
Food, Cosmetics & Toiletries	\$ _____	Electric (average)	\$ _____
Clothing (self)	\$ _____	Water/Sewer	\$ _____
Clothing (children)	\$ _____	Cable T.V./Satellite service	\$ _____
Child Care	\$ _____	Telephone	\$ _____
School Tuition	\$ _____	Trash Pickup	\$ _____
School Supplies, Lunches & Activities	\$ _____	Auto Gas, Repair & Transportation	\$ _____
Home Maintenance	\$ _____	Medical Insurance	\$ _____
Prescription Medications (self)	\$ _____	Property Insurance	\$ _____
Prescription Medications (children)	\$ _____	Unreimbursed Medical, Dental, etc.	\$ _____
Hair Care	\$ _____	Auto Insurance	\$ _____

Personal History and Financial Affidavit
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Laundry, Dry Cleaning	\$ _____	Life Insurance (self)	\$ _____
Entertainment, Incidental	\$ _____	Life Insurance (children)	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
		TOTAL MONTHLY EXPENSES	\$ _____

By signing this affidavit, I swear and affirm that all of the foregoing statements are true, accurate and complete to the best of my knowledge and belief. I further understand that I may be required to provide verification and documentation to confirm the accuracy of this information.

Signature

Printed Name of Affiant (Person Signing)

NOTARY PUBLIC

Sworn to and subscribed in my presence this _____ day of _____,
20____.

Notary Public

**Personal History and Financial Affidavit
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Spouse 1

Spouse 2

EDUCATION

High School _____ College _____
Grad School _____ Other _____

Indicate number of years completed

High School _____ College _____
Grad School _____ Other _____

Veteran _____ Active Service _____

Veteran _____ Active Service _____

EMPLOYMENT

(the following information should be
provided for each employer)

Current Employer

Address and Phone Number of
Employer

Position Held/Title
Supervisor

__ 12 __ 24 __ 26 __ 52 __ Other

Scheduled Paychecks per year

__ 12 __ 24 __ 26 __ 52 __ Other

\$ _____

Current Monthly Gross Income

\$ _____

\$ _____

Annual Gross Income
(based on prior or current year's
earnings)

\$ _____

\$ _____

Gross Bonuses/Overtime year-to-date

\$ _____

\$ _____

Anticipated Gross Bonuses/Overtime
for current year

\$ _____

\$ _____

Gross Bonuses/Overtime for last year

\$ _____

\$ _____

Gross Bonuses/Overtime for year
before last

\$ _____

Other Sources of Monthly Income

\$ _____

Public Assistance

\$ _____

\$ _____

Food Stamps

\$ _____

\$ _____

Social Security

\$ _____

\$ _____

S.S.I.

\$ _____

\$ _____

Disability

\$ _____

\$ _____

Unemployment

\$ _____

\$ _____

Worker's Compensation

\$ _____

\$ _____

Veteran's Benefits

\$ _____

\$ _____

Armed Forces Allotment

\$ _____

\$ _____

Child Support Received

\$ _____

Spouse 1
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Spousal Support Received
Rental Income
Interest
Trust Income
Dividends
Other
(source of Other income)
Prior Year tax refunds

Spouse 2
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Monthly Deductions from Paycheck

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Court Ordered Child Support
(Court and Case Number)
Court Ordered Spousal Support
(Court and Case Number)
City Income Tax
Social Security/Public Pension
Union Dues
Charity
Pension/401K/IRA/etc.
Savings
Medical Insurance
Other

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

SELF-EMPLOYED INCOME

\$ _____
\$ _____

Name of Business
Type/Nature of Business
Address
In Business Since
Gross Receipts year-to-date
Gross Receipts last year

\$ _____
\$ _____

CHILDREN
(of this marriage)

Personal History and Financial Affidavit

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	Name	Sex	DOB	Age	Grade	Currently Residing With
1.	_____					
2.	_____					
3.	_____					
4.	_____					
5.	_____					

If any of the children are born **prior to** the date of your marriage, is there any issue regarding paternity? ___ Yes ___ No

Spouse 1's CHILDREN
(not of this marriage)

	Name	Sex	DOB	Is Spouse 1 Custodian?	Does Spouse 1 Pay Support?
1.	_____			___ Yes ___ No	___ Yes ___ No
2.	_____			___ Yes ___ No	___ Yes ___ No
3.	_____			___ Yes ___ No	___ Yes ___ No
4.	_____			___ Yes ___ No	___ Yes ___ No
5.	_____			___ Yes ___ No	___ Yes ___ No

Spouse 2's CHILDREN
(not of this marriage)

	Name	Sex	DOB	Is Spouse 2 Custodian?	Does Spouse 2 Pay Support?
1.	_____			___ Yes ___ No	___ Yes ___ No
2.	_____			___ Yes ___ No	___ Yes ___ No
3.	_____			___ Yes ___ No	___ Yes ___ No
4.	_____			___ Yes ___ No	___ Yes ___ No
5.	_____			___ Yes ___ No	___ Yes ___ No

HEALTH INSURANCE
(for minor children of this marriage)

Is there currently health insurance covering the child(ren) of this marriage? ___ Yes ___ No

If so, who is providing the coverage for the children? Name _____

If you are not currently providing health insurance for the child(ren) of this marriage, is it available to you? ___ Yes ___ No

Annual cost to provide health insurance **for yourself and the minor child(ren)**: \$ _____

Is there an insurance card or form that is necessary to obtain services? ___ Yes ___ No

Is there prescription coverage? ___ Yes ___ No Is there an Rx card? ___ Yes ___ No

Who has these cards? Name _____

Are there certain service providers that the plan requires you to use? ___ Yes ___ No

Coverage in network: 100/0 90/10 80/20 70/30 other ___ Coverage out of network: 100/0 90/10 80/20 70/30 Other ___

CURRENT MARRIAGE

Date of Marriage: _____ Currently living together? ___ Yes ___ No If no, date of separation: _____

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Place of Marriage (City/State): _____

Number of this marriage: Spouse 1: _____ : Spouse 2: _____

Have there been actions previously filed to dissolve or otherwise terminate this marriage? ____ Yes ____ No

If so, where: _____ when: _____ Case no.: _____
 disposition: _____

ASSETS OF PARTIES

(Indicate with owner's initials, use "J" for jointly owned)
 (attach extra forms as necessary)

CHECKING / SAVINGS / CDs / CASH

Owner	Acct. No. (last 4 #'s) and Type	Location	Current Balance	Existed Prior to Marriage Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No

REAL PROPERTY (list residence first)

Owner	Location/Address	Estimated Value	Amount Owed	Owned Prior to Marriage Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No

MOTOR VEHICLE, MOTORCYCLES, BOATS, MOBILE HOMES, CAMPERS, etc. (Include untitled vehicles)

Owner	Make/Model/Description	Estimated Value	Amount Owed	Lender	Owned Prior to Marriage Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No

STOCKS, BONDS, SAVINGS BONDS, MUTUAL FUNDS, etc.

Owner	Number of Shares	Company	Current Value	Owned Prior to Marriage Yes / No
_____	_____	_____	_____	Yes / No

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_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No

LIFE INSURANCE

Owner	Company	Policy Number	Face Value	Cash Value	Owned Prior to Marriage
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No

PENSION BENEFITS, RETIREMENT FUNDS, IRAs, 401(K)s, etc.

Owner	Vested	Type of Plan	Company	Current Value	Loan?(balance)	Owned Prior to Marriage
_____	Yes/No	_____	_____	_____	_____	Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No

CLOSELY HELD BUSINESS / SOLE PROPRIETORSHIP / CORPORATION / PARTNERSHIP / etc.

Owner	Name of Business	Type/Form	% Ownership	Estimated Value	Owned Prior to Marriage
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No

INCOME TAX OR OTHER REFUNDS DUE PARTIES

Federal: \$ _____ State: \$ _____ Other: \$ _____

OTHER ASSETS

(hobby equipment, antiques, guns, riding mowers, farm equipment, sporting equipment, cemetery lots, loans due the parties, etc.) Additional sheets as necessary

Item Description	Value	Item Description	Value
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

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_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

HOUSEHOLD GOODS / PERSONAL PROPERTY

Attach an itemized list of all property that is or may be in dispute and for each state the following: description, current location, and whether it was owned prior to the marriage.

DEBTS/LIABILITIES OF THE PARTIES

(Indicate the party obligated to pay the debt using the debtor's initials, J - jointly obligated)
 (attach extra forms as necessary)

REAL ESTATE MORTGAGES / LAND CONTRACTS

Debtor	To whom owed	Property related to debt	Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

MOTOR VEHICLES, etc.

Debtor	To whom owed	Property related to debt	Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

OTHER LOANS / HOUSEHOLD FINANCE LOANS / etc.

Debtor	To whom owed	Property related to debt	Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

CREDIT CARD ACCOUNTS

Debtor	To whom owed	Account Number (last 4 #'s)	Minimum Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

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_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

OTHER DEBTS

Debtor	To whom owed	Description of Obligation	Minimum Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

MONTHLY LIVING EXPENSES

This form shows: _____ Current expenses for spouse and myself based upon a single household
 _____ Current expenses for myself in a separate household from my spouse
 _____ My estimated future expenses for myself in a separate household from my spouse

Please include ALL monthly payments, even if you listed the payment in another section in this form.

Rent, Mortgage (including taxes)	\$ _____	Heat (average)	\$ _____
Food, Cosmetics & Toiletries	\$ _____	Electric (average)	\$ _____
Clothing (self)	\$ _____	Water/Sewer	\$ _____
Clothing (children)	\$ _____	Cable T.V./Satellite service	\$ _____
Child Care	\$ _____	Telephone	\$ _____
School Tuition	\$ _____	Trash Pickup	\$ _____
School Supplies, Lunches & Activities	\$ _____	Auto Gas, Repair & Transportation	\$ _____
Home Maintenance	\$ _____	Medical Insurance	\$ _____
Prescription Medications (self)	\$ _____	Property Insurance	\$ _____
Prescription Medications (children)	\$ _____	Unreimbursed Medical, Dental, etc.	\$ _____
Hair Care	\$ _____	Auto Insurance	\$ _____

Personal History and Financial Affidavit
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Laundry, Dry Cleaning	\$ _____	Life Insurance (self)	\$ _____
Entertainment, Incidental	\$ _____	Life Insurance (children)	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
TOTAL MONTHLY EXPENSES			\$ _____

By signing this affidavit, I swear and affirm that all of the foregoing statements are true, accurate and complete to the best of my knowledge and belief. I further understand that I may be required to provide verification and documentation to confirm the accuracy of this information.

Signature

Printed Name of Affiant (Person Signing)

NOTARY PUBLIC

Sworn to and subscribed in my presence this _____ day of _____,
20____.

Notary Public

Parenting Classes

Approved for Hancock County Common Pleas Court, Domestic Relation Division

By Hancock County Local Domestic Relations Rule 2.22, all parties in cases where minor children are involved are required to attend a parenting class. Attendance is mandatory for parents. A final divorce hearing will not be completed until Plaintiff has attended a parenting class and filed the certificate of attendance. A final dissolution hearing will not be completed until both parties have attended a parenting class and filed the certificates of attendance. A parenting motion hearing will not be completed until the filing party has attended a parenting class and filed the certificate of attendance. The parties must file their certificates of attendance with the Hancock County Clerk of Courts upon completion of the course.

The following classes are approved by the Domestic Relations Division. You may choose any approved class, or may file a motion for approval of an alternative class. To attend an approved class, go to the appropriate website, follow the directions to log into and pay for the class, complete the class, and save and print the certificate of completion. After completion of the class, file the certificate of completion with the Clerk of Courts.

New Divorces and Dissolutions:

A-OK Assisting Our Kids

<http://www.assistingourkids.com/assisting-our-kids-program-registration>

\$30.00

The Center for Divorce Education

Children in Between

<https://www.childreninbetween.com>

\$45.95 plus \$3.00 data management fee

Online Parenting Programs

Online Co-Parenting/Divorce Class 4 Hour

(Spanish version available)

<https://www.onlineparentingprograms.com/>

\$49.99 plus \$5.00 processing fee

Post-Decree Motions:

The Center for Divorce Education
High Conflict Solutions: The Add on – High Conflict Solutions 4 Hour Course
<https://www.highconflictsolutions.com>
\$59.95

Online Parenting Programs
<https://www.onlineparentingprograms.com/>
Parenting Without Conflict, 6 hour online
\$69.99
Online High-Conflict Anger Class, Parenting Without Conflict, 8 hour online
\$99.99
Online High-Conflict Anger Class, High-Conflict Behavioral Skill Training, 8 hour online
\$99.99

Children's Classes:

No classes for the children are currently approved by the Domestic Relations Division. Until an appropriate class for children can be located, reviewed, and approved, the Magistrate will waive the children's requirement.

Indigency:

If you are indigent and cannot afford a parenting class, you may file an Affidavit of Indigency (Poverty Affidavit) along with a Motion to File Without Pre-Payment of Costs. These forms are available on the Court's website: <https://www.co.hancock.oh.us/government-services/common-pleas-court/domestic-relations/forms>. The Court will review your Affidavit and Motion and will determine if you are indigent. If the Court issues an Order finding that you are indigent, you can use that Order to seek reduced class fees on the parenting class website.

IN THE COMMON PLEAS COURT OF HANCOCK COUNTY, OHIO
Domestic Relations Division

Plaintiff/Petitioner 1

Case No. _____

vs.

PARENTING AFFIDAVIT
UNDER SECTION 3127.23
OF THE REVISED CODE

Defendant/Petitioner 2

STATE OF OHIO)
)
_____ COUNTY)

The person who has signed below, _____ (name), does by this Affidavit disclose the following information under oath and represents that it is true to the best of his or her knowledge and belief based upon what is reasonably ascertainable:

1. I am requesting the court to not disclose my address or that of the child(ren) named below. I am claiming that my address is confidential pursuant to Ohio Revised Code section 3127.23(D) and should be placed under seal in that the health, safety, or liberty of myself and/or the child(ren) would be jeopardized by the disclosure of the identifying information. I understand that a hearing will be held to determine whether the information can be disclosed based on my claim.

2. The name(s) and the present address(es), or the whereabouts, of the children involved are:

Name(s)	Address(es)
_____	_____
_____	_____
_____	_____
_____	_____

3. The child(ren) have lived at the following address(es) during the last 5 years:

4. The name(s) and present address(es) of all persons with whom the child(ren) have lived during the past 5 years are:

Name(s)	Address(es)
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

5. I have ____ have not ____ (check one) participated as a party, a witness, or in any way in some court action in this or another state concerning the custody, support, care of or visitation or parenting time with these same children. [This includes any child support case through any Juvenile Court.]

If I checked that I participated, I have listed below the court, the case number, and the kind of case:

Court Where Action Was	Case Number	Kind of case (e.g. divorce, adoption, etc.)
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

6. I do ____ do not ____ (check one) know of any proceedings that could affect this proceeding, including proceedings for enforcement of child custody determination, relating to domestic violence or protection orders, to adjudicate the child as an abused, neglected, or dependent child, seeking termination of parental rights, and adoptions. If I do know, I have listed the information here:

Court Where Action Was	Case Number	Kind of case (e.g. divorce, adoption, etc.)
<hr/>	<hr/>	<hr/>

7. The following person(s) are NOT parties to this case and (a) have physical custody of the child(ren) or (b) claim to be a parent of the child(ren) or (c) claim to have custody, visitation, or parenting time rights regarding the child(ren) (If None, write "None" on a line below):

Name(s)	Address(es)
<hr/>	<hr/>
<hr/>	<hr/>

8. The following persons, including the children's parents and members of the parents' households, have been convicted of or pleaded guilty to a sexually oriented offense:

9. By signing below, I understand that I have a duty to inform the court if I get any information about any parenting proceeding or court case filed in another court about these same child(ren) that may affect this proceeding.

Signature and Date

Printed Name

The person who signed above personally appeared before me and acknowledged under oath on the date specified and by his/her signature that the foregoing statements were true as they believe.

Notary Public
My Commission Expires:

Certificate of Service – If Filed with the Answer

On _____, 20____, I served a copy of this Parenting Affidavit upon the plaintiff or their attorney if represented, by (check one):

_____ regular U.S. mail to his/her address of record;

_____ electronic delivery to: _____;

_____ personal delivery at: _____;

_____ other means, describe: _____.

Signature of Party

APPLICATION AND QUESTIONNAIRE FOR CHILD SUPPORT SERVICES

The Child Support program aims to provide services to help families by promoting family self-sufficiency and child well-being. Services are available to either parent when one parent is living outside the home. Services are also available to caretakers of children. Services are available automatically for families receiving assistance under the Ohio Works First (OWF) program.

The child support enforcement agency (CSEA) can assist you with the following services:

1. Establishment of Paternity – Legally Identifying a Child’s Father

The CSEA can assist in establishing paternity (legal fatherhood) if there has not been a final and enforceable determination of paternity for the child.

2. Establishment or Adjustment of Child Support and Medical Support Orders

The CSEA can assist in obtaining an order for child support and medical support. A support order establishes how much a parent should pay for child support. It also allocates the costs of providing for the health care of the child between the parents. The CSEA can assist in modifying a support order (review and adjustment) every 36 months or sooner if there is a qualifying change in circumstances.

3. Enforcement of Support Orders

The CSEA can assist in collecting and disbursing current and past due support, as well as enforcing medical support orders. The parent ordered to pay support (obligor), will be required to pay child support by income withholding. The CSEA will issue income withholding orders to collect support from the parent’s wages and/or unearned income. Overdue support may also be collected from Federal or state income tax refunds and liens placed on property. In addition, when past-due support is owed, the following may occur:

- Unpaid child support may be reported automatically to credit reporting bureaus
- Driver’s, professional, occupational and recreational licenses may be suspended if the obligated parent is not paying the required support
- The U.S. State Department will deny a passport to a parent who owes more than \$2,500 in back child support
- Funds may be seized from accounts in financial institutions
- Court actions, such as contempt, and possibly criminal actions may be taken against chronic delinquent parents

4. Location of Parents

The CSEA can use available information to locate parents and their income and assets to enforce or establish an order of support

Child Support Services Requested:

All child support services available

Location of non-residential parent

Other (please explain):

PLEASE READ BEFORE SIGNING RIGHTS AND RESPONSIBILITIES

Confidentiality of Case Material

You have the right to see the parts of your file at the CSEA about you and the actions taken for you by the agency. You cannot see some parts of your file that are protected by confidentiality laws, such as information obtained from the IRS. Information about you in the CSEA file is confidential. However, certain portions of your file become public record when a court is notified about your case.

Appealing Rights

If you disagree with an action, lack of action or delay by the CSEA, you may request a state hearing.

OWF Participants

As a condition of eligibility to receive Ohio Works First (OWF) benefits, you give up the right to keep child and spousal support up to the amount of assistance received. You must cooperate in establishing paternity for each child born, if you were not married to the father. You must assist the CSEA in getting support payments and any other payments. If you fail to cooperate without good cause (determined by the CSEA), you may be ineligible to receive OWF benefits.

While a family is receiving OWF, support collections are used to repay benefits. When a family leaves OWF, current support and family arrears are released to the family. Payments from the IRS are applied to repay OWF benefits before being applied to support payable to the household.

Medicaid Participants

While Medicaid benefits are received, medical support is paid to ODJFS to reimburse Medicaid benefits. If health insurance is available, that insurance will be used first for payment of medical bills. If you are eligible for Medicaid and are also covered by a health insurance plan, it is your responsibility to notify the provider of medical services that you have medical insurance coverage and Medicaid coverage for uninsured costs.

IV-E Foster Care Participants

When a child receives Title IV-E foster care benefits, the assignment includes current child support during the time the child is eligible for benefits and child support arrearages accruing before and during the time the child is eligible for benefits. Support received that does not exceed foster care maintenance payments is distributed to reimburse Title IV-E benefits. When IV-E foster care maintenance benefits stop, the assignment of support rights terminates, except for the amount of any unpaid support that accrued under that assignment.

Fees

There is an application fee of one dollar for applicants not receiving OWF or IV-E foster care benefits. Some counties waive this fee for the applicants.

Child Support Overpayments

An overpayment is child support that you are not entitled to keep because you have assigned your rights to support to ODJFS, the payment was made to you instead of ODJFS, or the payment was sent to you in error by ODJFS. You may be personally liable for returning any amounts paid in error, including amounts that must be returned because the IRS or ODT accepts an amended tax return or complaint from the non-obligated spouse. In tax refund situations you may be required to sign an affidavit attesting to the amount of support arrears.

The child support agency has provided sufficient information regarding the services available and my responsibilities.

I declare that I have examined this application and, to the best of my knowledge and belief, it is a true and correct statement of every material point.

I understand that the CSEA, its staff, and any of its contracted agencies, represent only the county and the State of Ohio, and do not represent me, either parent, the child(ren), or other custodian of the children.

I understand that within 20 days of receiving this completed and signed application and questionnaire, the CSEA will send a written notice informing me whether my application for Title IV-D child support services has been accepted.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian if Applicant is a Minor : _____ Print Name: _____ Date: _____

Ohio Child Support Website and Customer Service Portal available at www.jfs.ohio.gov/ocs

If you are receiving a type of public assistance that requires cooperation with Child Support, you are required to complete and sign this questionnaire and to cooperate with the CSEA in establishing paternity or in establishing, modifying, or enforcing a support order. Unless the CSEA approves a good cause waiver of cooperation, failure to cooperate could result in delay, denial, and/or termination of your public assistance benefits.

INSTRUCTIONS

PLEASE COMPLETE EACH APPLICABLE FIELD CLEARLY, PROVIDING THE MOST INFORMATION YOU CAN, INCLUDING ANY PARTIAL INFORMATION. PLEASE SUPPLY COPIES OF ALL PERTINENT INFORMATION LISTED IN THE CHECKLIST ON THE LAST PAGE OF THE APPLICATION. SIGNATURES ARE REQUIRED ON PAGES 2 AND 6.

APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE	
MAIDEN OR OTHER		SSN		DOB	
CURRENT MARITAL STATUS			NAME OF SPOUSE		
GENDER	RACE	DO YOU NEED AN INTERPRETER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
LANGUAGE OR OTHER SERVICE REQUESTED:					
RESIDENTIAL ADDRESS-STREET		CITY		STATE	ZIP
MAILING ADDRESS-STREET		CITY		STATE	ZIP
HOME PHONE			WORK PHONE		
CELL PHONE			OTHER PHONE		
Can you receive texts from the CSEA? <input type="checkbox"/> YES <input type="checkbox"/> NO					
EMAIL:					
EMPLOYER NAME AND ADDRESS			EMPLOYER PHONE		

SERVICES REQUESTED FOR THIS CHILD : PATERNITY SUPPORT ESTABLISHMENT ENFORCEMENT

CHILD 1

PLEASE MAKE COPIES AS NEEDED TO PROVIDE INFORMATION FOR ADDITIONAL CHILDREN

LAST NAME		FIRST NAME		MIDDLE	CITY & STATE OF BIRTH
SSN		DOB		WHERE WAS THE CHILD CONCEIVED (STATE)?	WHEN WAS CHILD CONCEIVED (MO/YR)?
APPLICANT'S RELATIONSHIP TO CHILD 1: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER (Please specify)					GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
IS THERE A FATHER'S NAME ON THE BIRTH CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT IS THE FATHER'S NAME (LAST, FIRST)?		CHILD'S ADDRESS	
WAS AN ACKNOWLEDGEMENT OF PATERNITY AFFIDAVIT SIGNED? <input type="checkbox"/> YES, <input type="checkbox"/> NO IF YES, WHERE AND WHEN:				NAME OF FATHER THAT SIGNED THE AFFIDAVIT (LAST, FIRST)?	
CHILD'S MOTHER'S NAME (LAST, FIRST)				CHILD'S FATHER/ALLEGED FATHER'S NAME (LAST, FIRST)	
COULD THERE BE MORE THAN ONE POSSIBLE ALLEGED FATHER? <input type="checkbox"/> YES <input type="checkbox"/> NO (Sex with anyone 2 months before or 2 months after becoming pregnant) If yes, please list the names here and complete an Other Parent Information Sheet for each named father.					
WAS THE MOTHER EVER MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF MARRIAGE:		CITY, STATE:	DIVORCE DATE:
HUSBAND'S NAME:		DATE OF MARRIAGE:		CITY, STATE:	DIVORCE DATE:
IS THERE AN ORDER DETERMINING PATERNITY FOR THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?		IN WHICH COUNTY, STATE?	
IS THERE A CHILD SUPPORT ORDER FOR THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?		IN WHICH COUNTY, STATE?	
DO YOU (APPLICANT) HAVE LEGAL CUSTODY/GUARDIANSHIP OF THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?		IN WHICH COUNTY, STATE?	
IS THERE ANY PENDING LEGAL ACTION INVOLVING THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		MOST RECENT FILE DATE?		IN WHICH COUNTY, STATE?	

CHILD 2 SERVICES REQUESTED FOR THIS CHILD : PATERNITY SUPPORT ESTABLISHMENT ENFORCEMENT

LAST NAME		FIRST NAME		MIDDLE	CITY & STATE OF BIRTH
SSN		DOB		WHERE WAS THE CHILD CONCEIVED (STATE)?	WHEN WAS CHILD CONCEIVED (MO/YR)?
APPLICANT'S RELATIONSHIP TO CHILD 2: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER (Please specify)					GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
IS THERE A FATHER'S NAME ON THE BIRTH CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT IS THE FATHER'S NAME (LAST, FIRST)?		CHILD'S ADDRESS	
WAS AN ACKNOWLEDGEMENT OF PATERNITY AFFIDAVIT SIGNED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE AND WHEN:				NAME OF FATHER THAT SIGNED THE AFFIDAVIT (LAST, FIRST)?	
CHILD'S MOTHER'S NAME (LAST, FIRST)				CHILD'S FATHER/ALLEGED FATHER'S NAME (LAST, FIRST)	
COULD THERE BE MORE THAN ONE POSSIBLE ALLEGED FATHER? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list the names here and complete an Other Parent Information Sheet for each named father.					
WAS THE MOTHER EVER MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF MARRIAGE:		CITY, STATE:	DIVORCE DATE:
HUSBAND'S NAME:		DATE OF MARRIAGE:		CITY, STATE:	DIVORCE DATE:
IS THERE AN ORDER DETERMINING PATERNITY FOR THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?		IN WHICH COUNTY, STATE?	
IS THERE A CHILD SUPPORT ORDER FOR THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?		IN WHICH COUNTY, STATE?	
DO YOU (APPLICANT) HAVE LEGAL CUSTODY/GUARDIANSHIP OF THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?		IN WHICH COUNTY, STATE?	
IS THERE ANY PENDING LEGAL ACTION INVOLVING THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		MOST RECENT FILE DATE?		IN WHICH COUNTY, STATE?	

INFORMATION ABOUT THE OTHER PARENT

THIS OTHER PARENT IS THE **MOTHER** **FATHER/ALLEGED FATHER OF** _____ (LIST CHILD(REN))

OTHER PARENT REFERS TO THE NON-APPLICANT PARENT OF THE CHILD(REN) OR IN THE CASE OF A CARETAKER APPLICANT, IT REFERS TO BOTH THE MOTHER AND FATHER OF THE CHILD(REN) AND AN INFORMATION SHEET FOR EACH PARENT IS NEEDED.

IF THERE ARE MORE THAN 2 OTHER PARENTS, PLEASE MAKE COPIES AS NEEDED TO PROVIDE INFORMATION FOR EACH ADDITIONAL OTHER PARENT.

IS THERE A HISTORY OF DOMESTIC VIOLENCE WITH THIS OTHER PARENT? YES NO
IF YES, PROVIDE AVAILABLE DOCUMENTATION OR A STATEMENT EXPLAINING THE SITUATION.

APPLICANT'S RELATIONSHIP TO THIS OTHER PARENT: NEVER MARRIED MARRIED LEGALLY SEPARATED DIVORCED OTHER (note below)

LAST NAME	FIRST	MIDDLE	MAIDEN OR OTHER
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SSN	DOB/AGE (APPX)	PLACE OF BIRTH (CITY & STATE)
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GENDER	RACE	DOES OTHER PARENT NEED AN INTERPRETER? <input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE OR OTHER SERVICE NEEDED:
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MAILING ADDRESS-STREET	CITY	STATE	ZIP
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RESIDENTIAL OR OTHER ADDRESS-STREET	CITY	STATE	ZIP
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MARITAL STATUS & SPOUSE'S NAME IF THIS OTHER PARENT IS MARRIED	NAMES OF PEOPLE LIVING IN THIS PARENT'S HOME/ NAMES OF OTHER CHILDREN
--	---

HOME PHONE	WORK PHONE	CELL PHONE	OTHER PHONE
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HAS BANK ACCOUNT AT?	EMAIL ADDRESS
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EYE COLOR	HAIR COLOR	HEIGHT (FT, IN)	WEIGHT	OTHER IDENTIFYING MARKS/FEATURES
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HAS OTHER PARENT EVER LIVED IN OHIO? YES NO HAS OTHER PARENT EVER LIVED WITH THE CHILD? YES NO

HAS OTHER PARENT EVER RECEIVED: SOCIAL SECURITY UNEMPLOYMENT WORKER'S COMPENSATION
 PUBLIC ASSISTANCE VETERAN'S BENEFITS OTHER _____

MILITARY SERVICE: YES NO IS THE OTHER PARENT A VETERAN? YES NO
BRANCH _____ STATION _____ DATES: FROM _____ TO _____

IS OTHER PARENT A STUDENT YES NO IF YES, WHERE _____ GRADE LEVEL & DEGREE : _____

ARREST/PRISON RECORD YES NO IF YES, WHERE _____ IMPRISONED DATE: _____ RELEASE DATE: _____

LIST ANY PROFESSIONAL OR RECREATIONAL LICENSES: _____

CAR MODEL/MAKE/YEAR _____

NAME OF OTHER PARENT'S FATHER	NAME OF OTHER PARENT'S MOTHER
HIS ADDRESS	HER ADDRESS
FATHER'S PHONE	MOTHER'S PHONE

INFORMATION ABOUT OTHER PARENT'S EMPLOYMENT

CURRENT EMPLOYER	ADDRESS-STREET	CITY	STATE	ZIP
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IF UNEMPLOYED, NAME LAST EMPLOYER	ADDRESS-STREET	CITY	STATE	ZIP
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OCCUPATION	UNION NAME	LOCAL NO.
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ADDITIONAL INFORMATION THAT COULD ASSIST IN LOCATION OF PARENT, INCOME AND ASSETS. INCLUDE NAMES AND CONTACT INFORMATION OF OTHER FAMILY MEMBERS AND FRIENDS. LIST TYPES AND LOCATION OF ANY PROPERTY OR ASSETS OWNED BY OTHER PARENT.

INFORMATION ABOUT THE OTHER PARENT

THIS OTHER PARENT IS THE MOTHER FATHER/ALLEGED FATHER OF _____ (LIST CHILD(REN))

OTHER PARENT REFERS TO THE NON-APPLICANT PARENT OF THE CHILD(REN) **OR** IN THE CASE OF A CARETAKER APPLICANT, IT REFERS TO **BOTH** THE MOTHER AND FATHER OF THE CHILD(REN) AND AN INFORMATION SHEET FOR EACH PARENT IS NEEDED.

IF THERE ARE MORE THAN 2 OTHER PARENTS, PLEASE MAKE COPIES AS NEEDED TO PROVIDE INFORMATION FOR EACH ADDITIONAL OTHER PARENT.

IS THERE A HISTORY OF DOMESTIC VIOLENCE WITH THIS OTHER PARENT? YES NO
 IF YES, PROVIDE AVAILABLE DOCUMENTATION OR A STATEMENT EXPLAINING THE SITUATION.

APPLICANT'S RELATIONSHIP TO THIS OTHER PARENT: NEVER MARRIED MARRIED LEGALLY SEPARATED DIVORCED OTHER (note below)

LAST NAME	FIRST	MIDDLE	MAIDEN OR OTHER
-----------	-------	--------	-----------------

SSN	DOB/AGE(APPX)	PLACE OF BIRTH (CITY & STATE)
-----	---------------	-------------------------------

GENDER	RACE	DOES OTHER PARENT NEED AN INTERPRETER? <input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE OR OTHER SERVICE NEEDED:
--------	------	--

MAILING ADDRESS-STREET	CITY	STATE	ZIP
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RESIDENTIAL OR OTHER ADDRESS-STREET	CITY	STATE	ZIP
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MARITAL STATUS & SPOUSE'S NAME IF THIS OTHER PARENT IS MARRIED	NAMES OF PEOPLE LIVING IN THIS PARENT'S HOME/NAMES OF OTHER CHILDREN
--	--

HOME PHONE	WORK PHONE	CELL PHONE	OTHER PHONE
------------	------------	------------	-------------

HAS BANK ACCOUNT AT?	EMAIL ADDRESS
----------------------	---------------

EYE COLOR	HAIR COLOR	HEIGHT (FT, IN)	WEIGHT	OTHER IDENTIFYING MARKS/FEATURES
-----------	------------	-----------------	--------	----------------------------------

HAS OTHER PARENT EVER LIVED IN OH? YES NO HAS OTHER PARENT EVER LIVED WITH THE CHILD? YES NO

HAS OTHER PARENT EVER RECEIVED: SOCIAL SECURITY UNEMPLOYMENT WORKER'S COMPENSATION
 PUBLIC ASSISTANCE VETERAN'S BENEFITS OTHER _____

MILITARY SERVICE: YES NO IS THE OTHER PARENT A VETERAN? YES NO
 BRANCH _____ STATION _____ DATES: FROM _____ TO _____

IS OTHER PARENT A STUDENT YES NO IF YES, WHERE _____ GRADE LEVEL & DEGREE: _____

ARREST/PRISON RECORD YES NO IF YES, WHERE _____ IMPRISONED DATE: _____ RELEASE DATE: _____

LIST ANY PROFESSIONAL OR RECREATIONAL LICENSES:

CAR MODEL/MAKE/YEAR _____

NAME OF OTHER PARENT'S FATHER	NAME OF OTHER PARENT'S MOTHER
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HIS ADDRESS	HER ADDRESS
-------------	-------------

FATHER'S PHONE	MOTHER'S PHONE
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INFORMATION ABOUT OTHER PARENT'S EMPLOYMENT

CURRENT EMPLOYER	ADDRESS-STREET	CITY	STATE	ZIP
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IF UNEMPLOYED, NAME LAST EMPLOYER	ADDRESS-STREET	CITY	STATE	ZIP
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OCCUPATION	UNION NAME	LOCAL NO.
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ADDITIONAL INFORMATION THAT COULD ASSIST IN LOCATION OF PARENT, INCOME AND ASSETS. INCLUDE NAMES AND CONTACT INFORMATION OF OTHER FAMILY MEMBERS AND FRIENDS. LIST TYPES AND LOCATION OF ANY PROPERTY OR ASSETS OWNED BY OTHER PARENT.

ADDITIONAL INFORMATION

Please provide any additional information here.

COURT ORDER INFORMATION (FILL IN ALL THAT APPLY)

Type of Order	County	State	File Date	Support Amount per month	For Child(ren)
DIVORCE(S)/DISSOLUTION(S) (LIST ALL)				\$ /MO	
OTHER (LIST TYPES, INCLUDING CPO, CUSTODY, ETC)				\$ /MO	

THERE ARE NO COURT ORDERS FOR THE CHILD(REN) NAMED :

I RECEIVE VOLUNTARY PAYMENTS FOR THE CHILD(REN) NAMED:

AMOUNT \$	FREQUENCY	DATE LAST SUPPORT RECEIVED	AMOUNT RECEIVED \$

ARE THERE ANY PENDING COURT ACTIONS INVOLVING ANY OF THE OTHER PARENTS OR CHILDREN?
 YES NO IF YES, NOTE ACTION BELOW

SIGNATURE AND DOCUMENTATION

SIGNATURE OF APPLICANT	PRINT NAME OF APPLICANT	DATE
SIGNATURE OF PARENT/GUARDIAN IF APPLICANT IS A MINOR	PRINT NAME OF PARENT/GUARDIAN	DATE

CHECKLIST OF INFORMATION TO SUBMIT

- Copy of Social Security Card for Each Child
- Copies of all Court Orders including Civil Protection Orders
- Copy of Marriage Certificate(s)
- Copy of birth certificate for each child
- Copy of Out of State Support Payment Records
- Copy of Medical Insurance Cards

Ohio Child Support Website and Customer Service Portal available at www.jfs.ohio.gov/ocs

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

Plaintiff/First Petitioner

Case No. _____

vs. / and

**NOTICE OF SUBMISISON OF
IV-D APPLICATION FORM**

Defendant/Second Petitioner

NOTICE is hereby given that a IV-D Application for Child Support Services was submitted.

The IV-D Application was submitted by:

Plaintiff or First Petitioner Defendant or Second Petitioner

Other party _____

The submitted document was submitted directly to the Child Support Enforcement Agency at P.O. Box 1465, Findlay, OH 45839 or by or by submitting it to the Domestic Relations Court reception window on _____
(date)

Signature

Printed Name

Email

Phone Number

IN THE COMMON PLEAS COURT OF HANCOCK COUNTY, OHIO
Domestic Relations Division

Name of First Petitioner

Case No.: _____

Address of First Petitioner

Judge _____

vs

Magistrate _____

Name of Second Petitioner

DECREE OF DISSOLUTION
(With Children)

Address of Second Petitioner

_____ /

This matter came before the Court on _____, for hearing on the Petition for Dissolution of Marriage. Petitioners were present without counsel. Each Petitioner knowingly and voluntarily chose to proceed without counsel. Based upon the testimony presented, the Court finds and concludes as follows:

1. The Court has jurisdiction over both the parties and the subject matter contained in the Petition for Dissolution of Marriage.
2. At least one party was a resident of the State of Ohio for the six months immediately preceding the filing of the Petition. At least one party was a resident of Hancock County for ninety days preceding the filing of the Petition or each party consents to jurisdiction.
3. Neither party is currently a member of the Armed Forces of the United States of America.
4. Neither party has a bankruptcy proceeding pending in any court.

5. The parties were married on _____.
6. There are _____ (number of minor children) minor children born as issue of this marriage.
7. Neither Petitioner is currently pregnant.
8. The parties knowingly and voluntarily entered into a Separation Agreement and Parenting Plan which are attached and incorporated as if fully rewritten. The parties requested that the Court adopt the Separation Agreement and Parenting Plan as part of the final Court Order.

IT IS THEREFORE ORDERED that:

9. The Petition for Dissolution is granted. The marital relationship between the Petitioners is Dissolved.
10. The attached documents, as indicated below, are adopted as part of the Final Order of this Court and the Petitioners are Ordered to comply with all terms contained in the agreement.
 - Separation Agreement
 - Shared Parenting Plan
 - Parenting Plan
 - Other: _____
11. Petitioner _____ is restored to the prior name of _____, born _____.
(First, Middle, and Last)
12. The parties will pay the court costs first from the deposit with any remaining costs to be paid by:
 - Both parties equally
 - Petitioner _____
13. The parties knowingly and voluntarily waived the issuance of a separate Magistrate's Decision and the 14-day period for objections.

Pursuant to Civ. R. 58 (B), the Clerk of Courts shall serve all parties notice of the judgment and its date of entry upon the journal. The Clerk of Courts shall serve this Judgment Entry upon Petitioners by regular US Mail to their respective addresses as noted above. The

Clerk of Courts shall serve this Judgment Entry upon the Hancock County Child Support Enforcement Agency by placing the copy in its correspondence drawer.

The Clerk of Courts shall note the completion of service in the Court's official record.

Recommended:

It Is So Ordered:

Magistrate

Judge

Read and Approved:

Petitioner

Petitioner