

Dissolution with
out 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

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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: _____

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

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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
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

\$ _____

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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)

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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	\$ _____

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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

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
(Without 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 no minor children born of the marriage.
7. Neither Petitioner is currently pregnant.

8. The parties knowingly and voluntarily entered into a Separation Agreement, which is attached and incorporated as if fully rewritten. The parties requested that the Court adopt the Separation Agreement 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 Separation Agreement is adopted as part of the Final Order of this Court and the Petitioners are Ordered to comply with all terms contained in the agreement.
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 note the completion of service in the Court's official record.

Recommended:

It Is So Ordered:

Magistrate

Judge

Read and Approved:

Petitioner

Petitioner