

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

**Date:** \_\_\_\_\_

**Case:** \_\_\_\_\_

**FAMILY INFORMATION SHEET**

**PARTIES IDENTIFYING INFORMATION**

**Plaintiff/Petitioner 1**

**Defendant/Petitioner 2**

\_\_\_\_\_  
Name (Last, First Middle)

\_\_\_\_\_  
Name (Last, First Middle)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
DOB – i.e. (11/05/2022)

\_\_\_\_\_  
DOB – i.e. (11/05/2022)

\_\_\_\_\_  
Last 4 Digits SSN – i.e. (\*\*\*-\*\*-9999)

\_\_\_\_\_  
Last 4 Digits SSN – i.e. (\*\*\*-\*\*-9999)

\_\_\_\_\_  
Telephone – i.e. (111) 222 – 3333

\_\_\_\_\_  
Telephone – i.e. (111) 222 – 3333

\_\_\_\_\_  
Email – i.e. (Username@Gmail.Com)

\_\_\_\_\_  
Email – i.e. (Username@Gmail.Com)

**Children of the Marriage:**

_____ Child's Name (Last, First Middle)	_____ Child's Name (Last, First Middle)
_____ DOB – i.e. (11/05/2022)	_____ DOB – i.e. (11/05/2022)
_____ Last 4 Digits SSN – i.e. (***-**-9999)	_____ Last 4 Digits SSN – i.e. (***-**-9999)
_____ Child's Name (Last, First Middle)	_____ Child's Name (Last, First Middle)
_____ DOB – i.e. (11/05/2022)	_____ DOB – i.e. (11/05/2022)
_____ Last 4 Digits SSN – i.e. (***-**-9999)	_____ Last 4 Digits SSN – i.e. (***-**-9999)
_____ Child's Name (Last, First Middle)	_____ Child's Name (Last, First Middle)
_____ DOB – i.e. (11/05/2022)	_____ DOB – i.e. (11/05/2022)
_____ Last 4 Digits SSN – i.e. (***-**-9999)	_____ Last 4 Digits SSN – i.e. (***-**-9999)
_____ Child's Name (Last, First Middle)	_____ Child's Name (Last, First Middle)
_____ DOB – i.e. (11/05/2022)	_____ DOB – i.e. (11/05/2022)
_____ Last 4 Digits SSN – i.e. (***-**-9999)	_____ Last 4 Digits SSN – i.e. (***-**-9999)

HAS THIS CASE BEEN PREVIOUSLY FILED AND DISMISSED?    Yes    No

IF **YES**, LIST CASE NUMBER(S) AND ASSIGNED JUDGE IN THE SPACE PROVIDED BELOW.

<u>CASE NUMBER</u>	<u>ASSIGNED JUDGE</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LIST ALL RELATED PENDING OR PREVIOUSLY DISMISSED CASES INCLUDING CASE NUMBER AND ASSIGNED JUDGE IN THE SPACE PROVIDED BELOW.

<u>CASE NUMBER</u>	<u>ASSIGNED JUDGE</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone No. – i.e. (111) 222 – 3333

\_\_\_\_\_  
Date of Birth – i.e. (11/05/2022)

**Plaintiff**

- vs -

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

\_\_\_\_\_  
Judge

**COMPLAINT FOR DIVORCE LEGAL  
SEPARATION WITH CHILD(REN)  
WITHOUT CHILD(REN)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone No. – i.e. (111) 222 – 3333

\_\_\_\_\_  
Date of Birth – i.e. (11/05/2022)

**Defendant**

**NOTE:** This form is used to request a divorce. Check to determine if you meet the residency requirement to file in this county.

Now comes Plaintiff and states as follows:

1. Plaintiff has been a resident of the State of Ohio for at least six months immediately before the filing of this Complaint.
2. Plaintiff  Both parties has/have been a resident/residents of Butler County for at least 90 days immediately before the filing of the Complaint.  
Defendant  resides in Butler County where the Complaint is filed.
3. Plaintiff and Defendant were married on \_\_\_\_\_ (*Date of Marriage*) in \_\_\_\_\_ (*Location of Marriage – City or County and State*).
4. Plaintiff and Defendant  have  have not resided in the State of Ohio during the marriage.
5. Plaintiff is entitled to a  divorce  legal separation from Defendant based on the following grounds (*Check All That Apply*):

Plaintiff and Defendant are incompatible.

Plaintiff and Defendant have lived separate and apart without cohabitation and without interruption for one year.

Plaintiff and/or Defendant had a Spouse living at the time of the marriage.

Defendant has been willfully absent for one (1) year.

Defendant is guilty of adultery.

Defendant is guilty of extreme cruelty.

Defendant is guilty of fraudulent contract.

Defendant is guilty of gross neglect of duty.

Defendant is guilty of habitual drunkenness.

Defendant was imprisoned in a state or federal correctional institution at the time the Complaint was filed.

Defendant procured a divorce outside this state by virtue of which the Defendant has been released from the obligations of the marriage, while those obligations remain binding on me.

6. Neither party is an active duty servicemember of the U.S. Military.

Plaintiff Defendant Both parties are an active duty servicemember of the U.S. Military.

7. Plaintiff and Defendant are are not owners of real estate, and/or personal property.

8. Neither party is pregnant. A party is pregnant.

9. No Minor Child(ren) involved:

There is/are no child(ren) from this relationship.

Any child(ren) born from or adopted during marriage or relationship is/are now adults and none are mentally or physically disabled and incapable of supporting or maintaining themselves.

***If NO minor child(ren) involved, please GO TO Number 12 and SKIP Number 10 AND 11***

10. Minor child(ren) involved: *(Check All That Apply)*

*(If more space is needed, attach Addendum pages and check this box)*

The parties have (a) minor child(ren) who was/were born of the parties' relationship prior to the marriage.

<u>Name Child(ren)</u>	<u>Date of Birth</u>	<u>Living with</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The parties have (a) minor child(ren) who was/were born from or adopted during this marriage.

<u>Name Child(ren)</u>	<u>Date of Birth</u>	<u>Living with</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

<u>Name Child(ren)</u>	<u>Date of Birth</u>	<u>Living with</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ County Juvenile Court, Case No. \_\_\_\_\_  
has jurisdiction of the following minor children:

***(Attached a Copy of the most recent Order Addressing Custody)***

<u>Name Child(ren)</u>	<u>Date of Birth</u>	<u>Living with</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This Court has issued parenting orders in case number \_\_\_\_\_ concerning the following minor children. ***(Attach a Copy of the most recent Orders)***

<u>Name Child(ren)</u>	<u>Date of Birth</u>	<u>Living with</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

<u>Name Child(ren)</u>	<u>Date of Birth</u>	<u>Living with</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any child(ren) born from or adopted during marriage or relationship is/are now adults and none are mentally or physically disabled and incapable of supporting or maintaining themselves.

11. Plaintiff further requests the following as it pertains to the minor child(ren): *(Check All That All)*

Plaintiff be designated the residential parent and legal custodian of the following minor children:

***(If more space is needed, attach Addendum pages and check this box)***

<u>Name Child(ren)</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Defendant be designated the residential parent and legal custodian of the following minor children:

<u>Name Child(ren)</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Non-Residential parent be granted specific parenting time.

Plaintiff and Defendant be granted shared parenting of the following minor children pursuant to a Shared Parent Plan which plaintiff will prepare and file with the Court:

<u>Name Child(ren)</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

12. Plaintiff requests that a divorce be granted from Defendant.

Plaintiff further requests that the Court determine an equitable division of property and debts and order the following:

Defendant pay Plaintiff's attorney fees.

Defendant pay child support, cash medical support, and health care expenses.

Defendant pay spousal support.

Plaintiff restored to former name \_\_\_\_\_.  
Defendant pay court costs  
**And any further relief deemed proper.**

\_\_\_\_\_  
Signature – Filing Party

\_\_\_\_\_  
Supreme Court Registration No.

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone No. – i.e. (111) 222 – 3333

\_\_\_\_\_  
Email – i.e. (Username@Gmail.Com)

**INSTRUCTIONS TO THE CLERK**

**To the Clerk of Courts:**

Please serve the foregoing upon the following

\_\_\_\_\_  
Name – Other Party

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone No. – i.e. (111) 222 – 3333

\_\_\_\_\_  
Email – i.e. (Username@Gmail.Com)

by:

Certified Mail, Return Receipt Requested  
Issuance to Sheriff for

Personal  
Residence service

Other: *(specify)* \_\_\_\_\_

\_\_\_\_\_  
Signature – Filing Party



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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Telephone No. – i.e. (111) 222 – 3333

\_\_\_\_\_  
Date of Birth – i.e. (11/05/2022)

**Plaintiff**

- vs/and -

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone No. – i.e. (111) 222 – 3333

\_\_\_\_\_  
Date of Birth – i.e. (11/05/2022)

**Defendant**

**T01- MOTION AND AFFIDAVIT OR COUNTER AFFIDAVIT FOR TEMPORARY ORDERS  
WITHOUT ORAL HEARING**

**WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.**

**Instructions:** Check local court rules to determine when this form must be filed. This form is used to request temporary orders in your divorce or legal separation case. After a party serves a Motion and Affidavit, the other party has 14 days to file a Counter Affidavit and serve it on the party who filed the Motion. If more space is needed, add additional pages.

**Additional Forms/Documents Required:**

- Two Most Recent Paystubs

If you have minor children, then the following forms are required to complete in full as applicable and submitted with the motion.

AMENDED

Supreme Court of Ohio

Uniform Domestic Relations Form – Affidavit 5

MOTION AND AFFIDAVIT OR COUNTER AFFIDAVIT FOR  
TEMPORARY ORDERS WITHOUT ORAL HEARING

Approved under Ohio Civil Rule 84

Amended: June 1, 2021

Butler County Amended May 16, 2022

DR 301

- 1. Health Insurance Affidavit of Supreme Court Affidavit 4
- 2. Withholding Order/Qualified Medical Child Support Order Information Sheet (DR201)
- 3. Title IV-D Application (Form ODHS 7076)
- 4. Parenting Proceeding Affidavit (DR616) or Supreme Court Affidavit 3
- 5. Complete Child Support Worksheet

Check one box below to show whether you are filing a (A) Motion and Affidavit or (B) Counter Affidavit.

**(A) Motion and Affidavit**

\_\_\_\_\_ (Name), the Movant, files this Motion and Affidavit under Ohio Civil Rule 75(N) and/or under R.C. 3109.043 to request the temporary orders checked here.

**Check only those that apply.**

Residential Parenting Rights (Custody)

Parenting Time

Child Support

Spousal Support

Payment of Debts and/or Expenses

Other: \_\_\_\_\_

**THE OTHER PARTY HAS FOURTEEN (14) DAYS FROM THE DATE ON WHICH THIS MOTION IS SERVED TO FILE A COUNTER AFFIDAVIT AND SERVE IT UPON THE PARTY WHO FILED THE MOTION. (See below)**

**(B) Counter Affidavit**

Movant files this Counter Affidavit in response to a Motion and Affidavit.

**Complete the following information, whether filing Motion and Affidavit or Counter Affidavit.**

**(Check all that apply)**

- 1. If Defendant has an out of state address and the parties were not married in the State of Ohio, please complete. The basis of personal jurisdiction is: \_\_\_\_\_
- 2. The parties are living separately. Date of separation is \_\_\_\_\_.  
The parties are living together.  
The parties have no minor children. **(Skip to number 7)**  
The parties have (a) minor child(ren) who was/were born from or adopted during this relationship.

**List child(ren) here:**

Name	Date of Birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ County Juvenile Court, Case No. \_\_\_\_\_ has jurisdiction of  
the following minor children: ***(Attached a copy of the most recent Order addressing custody)***

Name	Date of Birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This Court has issued parenting orders in case number concerning the following minor children.  
***(Attach a copy of the most recent Orders)***

Name	Date of Birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to the above child(ren),

- Movant has other biological or adopted minor child (ren).
- Other party has other biological or adopted minor child (ren).
- There is/are adult(s) in Movant’s household.

3. Movant’s child(ren) attend(s) school in:  
public school district

Other: ***(Explain)*** \_\_\_\_\_

All children do not attend school in the same district. ***(Explain)***

4. Movant requests to be named the temporary residential parent and/or legal custodian of the  
child(ren): ***(Specify child(ren) if request is not for all child(ren))***

\_\_\_\_\_  
Movant does not object to the other parent or party being named the temporary residential parent  
and/or legal custodian of the child(ren): ***(Specify child(ren) if request is not for all child(ren))***

5. Movant has reached an agreement regarding parenting time (companionship or visitation) with the other parent or party as follows:

Movant wishes to exercise the following parenting time (companionship or visitation):

Movant wishes for the other parent or party to exercise the following parenting time (companionship or visitation):

Movant requests that the other parent or party's parenting time (companionship or visitation) be supervised: (**Explain the reason for request.**)

Name of an appropriate supervisor \_\_\_\_\_

6. A Court or agency has made a child support order concerning the child (ren).

Name of Court/Agency \_\_\_\_\_

Date of Order \_\_\_\_\_

SETS No. \_\_\_\_\_

7. Movant believes spouse's income to be approximately \$ \_\_\_\_\_ gross pay per week based upon \_\_\_\_\_ (**Attach verification of Spouse's income if available to movant**)

8. Movant's Monthly Expenses are as follows:

List expenses below for your **Present Household**. There are \_\_\_\_\_ adults and \_\_\_\_\_ children in my household.

**A. Housing:**

1. Rent or Mortgage (including taxes and insurance) .....\$ \_\_\_\_\_

2. Utilities

a. Gas & Electric .....\$ \_\_\_\_\_

b. Water & Sewer .....\$ \_\_\_\_\_

c. Telephone (excluding long distance) .....\$ \_\_\_\_\_

d. Trash Collection .....\$ \_\_\_\_\_

e. Cable Television .....\$ \_\_\_\_\_

3. Other \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL HOUSING**..... \$ \_\_\_\_\_ **(A)**

**B. Other**

- 1. Car Repairs and License ..... \$ \_\_\_\_\_
- 2. Insurance: \_\_\_\_\_ ..... \$ \_\_\_\_\_
- 3. Medical Expenses (not covered by insurance) ..... \$ \_\_\_\_\_
- 4. Clothing ..... \$ \_\_\_\_\_
- 5. Grocery Items (to include food, laundry and cleaning products/toiletries, etc.) .....  
 \$ \_\_\_\_\_
- 6. Child Related Expenses ..... \$ \_\_\_\_\_
  - a. Employment Related only) ..... \$ \_\_\_\_\_
  - b. Other \_\_\_\_\_ ..... \$ \_\_\_\_\_
- 7. Gasoline & Oil ..... \$ \_\_\_\_\_
- 8. Other: \_\_\_\_\_  
 \_\_\_\_\_ ..... \$ \_\_\_\_\_

**MONTHLY TOTAL** ..... \$ \_\_\_\_\_ **(B)**

**C. MONTHLY INSTALLMENT PAYMENTS**

**(Do not list expenses previously listed in Section B)**

To Whom Paid	Purpose	Balance Due	Monthly Payment
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**MONTHLY TOTAL** . . . . . \$ \_\_\_\_\_ **(C)**

**GRAND TOTAL MONTHLY EXPENSE (Sum A, B, plus C)** \$ \_\_\_\_\_

9. Movant requests the Court to order the other parent or party to pay: **(Attach at least two of movant's most recent pay stubs as well as completed child support worksheet)**

\$ \_\_\_\_\_ Child Support Per Month

\$ \_\_\_\_\_ Spousal Support Per Month (*only if married and living separate and apart*)

\$ \_\_\_\_\_ Attorney Fees, Expert Fees, Court Costs

The following debts and/or expenses:

10. Movant requests the Court order the following other relief: (***attach any additional pages as necessary***)

11. Movant is willing to attend mediation.

Movant is not willing to attend mediation.

12. Movant requests the following Court services.

State specific reasons why Court services are required. (***attach any additional pages as necessary***)

\_\_\_\_\_  
Signature – Filing Party

\_\_\_\_\_  
Supreme Court Registration No. *(If Applicable)*

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone No. – i.e. (111) 222 – 3333

\_\_\_\_\_  
Email – i.e. (Username@Gmail.Com)

**OATH OR AFFIRMATION**

***(Do not sign until Notary Public is present)***

I, \_\_\_\_\_ *(Print Name)*, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

\_\_\_\_\_  
Signature - Affirmation

STATE OF \_\_\_\_\_ )  
  ) SS  
COUNTY OF \_\_\_\_\_ )

Sworn to or affirmed before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Signature – Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

Commission Expiration Date: \_\_\_\_\_

***(Affix Seal Here)***

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

I delivered a copy of the:    Motion and Affidavit or    Counter Affidavit

On: (Date) \_\_\_\_\_

To: **(Print name of other party's attorney or, if there is no attorney, print name of the party)**

At: **(Print address or fax number)**

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone No. – i.e. (111) 222 – 3333

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

\_\_\_\_\_  
Email – i.e. (Username@Gmail.Com)

By:        As instructed in the Request for Service filed with the Clerk of Courts with Complaint or  
              Answer/Counterclaim

Regular U.S. Mail

Fax

Hand Delivery

Other: \_\_\_\_\_

\_\_\_\_\_  
Signature



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

\_\_\_\_\_ Case No. \_\_\_\_\_  
**Plaintiff/1st Petitioner** Judge \_\_\_\_\_  
**- vs/and -** Magistrate \_\_\_\_\_  
 \_\_\_\_\_  
**Defendant/2nd Petitioner**

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

**HEALTH INSURANCE AFFIDAVIT**

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

	<u>Plaintiff/ 1st Petitioner</u>	<u>Defendant/ 2nd Petitioner</u>
Are your child(ren) currently enrolled in a low-income government-assisted health care program (Healthy Start/Medicaid)?	Yes No	Yes No
Are you enrolled in an individual (non-group or COBRA) health insurance plan?	Yes No	Yes No
Are you enrolled in a health insurance plan through a group (employer or other organization)?	Yes No	Yes No
If you are not enrolled, do you have health insurance available through a group (employer or other organization)?	Yes No	Yes No
Does the available insurance cover primary care services within 30 miles of the child(ren)'s home?	Yes No	Yes No

	<u>Plaintiff/ 1st Petitioner</u>	<u>Defendant/ 2nd Petitioner</u>
Under the available insurance, what would be the annual premium for a plan covering you and the child(ren) of this relationship (not including a spouse)?	\$	\$

Health Insurance Affidavit

Under the available insurance, what would be the annual premium for a plan covering you alone (not including children or spouse)?	\$	\$
If you are enrolled in a health insurance plan through a group (employer or other organization) or individual insurance plan, which of the following people is/are		
Yourself?	Yes    No	Yes    No
Your spouse?	Yes    No	Yes    No
Minor child(ren) of this relationship?	Yes    No Number	Yes    No Number
Other individuals?	Yes    No Number	Yes    No Number

Name of group (Employer or Organization) that provides health insurance: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State and Zip Code: \_\_\_\_\_  
 Phone Number – i.e. (111) 222-3333: \_\_\_\_\_

**OATH**

*(Do Not Sign Until Notary is Present)*

I, *(Print Name)* \_\_\_\_\_, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

\_\_\_\_\_  
 Your Signature

Subscribed and duly sworn before me according to law, by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, County of \_\_\_\_\_, State of Ohio.

\_\_\_\_\_  
 Signature – Administer Oath

\_\_\_\_\_  
 Title (example: Notary, Deputy Clerk of Courts, etc.)

Butler County Child Support Enforcement Agency (CSEA)  
315 High Street – 7<sup>TH</sup> Floor  
Hamilton, OH 45011  
(513) 887 – 3362

\_\_\_\_\_  
Date

\_\_\_\_\_  
Application Number

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Address

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

**APPLICATION FOR CHILD SUPPORT SERVICES NON-PUBLIC  
ASSISTANCE APPLICANT/RECIPIENT**

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

I, \_\_\_\_\_ request child support services from the  
\_\_\_\_\_ CSEA (Child Support Enforcement Agency). I

understand and agree to the following:

- A.** I am a resident of the county in which services are requested and no other Ohio county has jurisdiction over support - OR -I am requesting services from the Ohio county of jurisdiction.
- B.** The only fee that can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.
- C.** Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).
- D.** In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the

children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

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

**1. Location of Absent Parents.**

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

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

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

**3. Enforcement of Existing Orders.**

The CSEA can help you collect current and past-due child support.

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

The agency can collect past-due support (arrearages) by intercepting a payor's federal and state income tax refunds in some cases.

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

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

**6. Establishment of Paternity.**

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

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

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

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

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

## APPLICANT INFORMATION

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth – i.e. (11/05/2022)

\_\_\_\_\_  
Address - Home

\_\_\_\_\_  
Address – Mailing

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

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

\_\_\_\_\_  
Home No. – i.e. (111) 222 – 3333

\_\_\_\_\_  
Mobile No. – i.e. (111) 222 – 3333

\_\_\_\_\_  
Last 4 Digits SSN – i.e. (\*\*\*\_\*\*\*\_9999)

M      F      Non-Binary (NB)      Prefer Not to  
Sex Gender      Answer (NA)

\_\_\_\_\_  
Race

Single      Married  
Divorced      Separated  
Marital Status

\_\_\_\_\_  
Relationship to Child(ren)

\_\_\_\_\_  
Ever been on Public Assistance? (When &  
Where).

\_\_\_\_\_  
Military Service

\_\_\_\_\_  
Branch & Date

### EMPLOYER INFORMATION

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Is Medical Insurance Available?

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Employer Phone No. – i.e. (111) 222 – 3333

### CHILD(REN) INFORMATION

	CHILD 1	CHILD 2	CHILD 3
Name	_____	_____	_____
Sex	M F NB NA	M F NB NA	M F NB NA
Race	_____	_____	_____
Social Security No.	_____	_____	_____
Date of Birth	_____	_____	_____
Home Address	_____ _____ _____	_____ _____ _____	_____ _____ _____
Location of Birth (County, State, City)	_____	_____	_____

<b>Has Paternity (Fatherhood) been Established?</b>	_____	_____	_____
<b>Name(s) of Absent Parent(s)</b>	_____	_____	_____
<b>Is there an Order for Support?</b>	_____	_____	_____
<b>Is the Child covered by Medical Insurance?</b>	_____	_____	_____

**ABSENT PARENT INFORMATION**

	<b>PARENT 1</b>	<b>PARENT 2</b>	<b>PARENT 3</b>
<b>Name (and Alias)</b>	_____	_____	_____
<b>Home Address</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>Mailing Address</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>Social Security No.</b>	_____	_____	_____
<b>Date of Birth</b>	_____	_____	_____
<b>Location of Birth (County, State, City)</b>	_____	_____	_____
	_____	_____	_____
<b>Race</b>	_____	_____	_____
<b>Sex</b>	M F NB NA	M F NB NA	M F NB NA
<b>Height/Weight</b>	_____	_____	_____
<b>Hair/Eye Color</b>	_____	_____	_____

**Identifying Marks  
(Tattoos, Scars, Etc.)**

**Name of Chil(ren)**

**Name & Address of  
Employer**

**Employer Phone No.**

**Medical Insurance  
Provided?**

**Support Order No.**

**Date of Support Order**

**Amount of Support**

**Order Frequency**

**Location Where Order  
Was Issued**

**Military Service  
(Branch & Date)**

**Ever  
Incarcerated?  
(Location & Date)**

**Arrest Record?  
(Location & Date)**

**Name & Address  
Current Spouse**

**Father's Name**

**Mother's Name  
(Maiden)**



Ever been on Public Assistance? \_\_\_\_\_  
(Location & Date) \_\_\_\_\_

Type(s) of Service(s) Request:

All services listed

Location of absent parent only

Other (please explain)

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

\_\_\_\_\_  
Signature – Applicant

\_\_\_\_\_  
Date

## **RIGHTS AND RESPONSIBILITIES OF PARENTS RECEIVING CHILD SUPPORT SERVICES**

### **Confidentiality of Case Material Information**

You have the right to see the parts of your file at the Child Support Enforcement Agency (CSEA) about you and action 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 Internal Revenue Service (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.

### **Hearing Rights**

If you disagree with any action, lack of action or delay by the CSEA, you can ask for a state hearing. For a full explanation of your hearing rights and the hearing process, please read the attached JFS 04059, Explanation of State Hearing Procedures.

## **OWF Participants**

As a condition of eligibility to receive OWF benefits, you give up the right to keep child and spousal support up to the amount of assistance you 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 your 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 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 physician, hospital or other provider of medical services that you have medical insurance coverage and Medicaid coverage for the uninsured costs.

## **IV-E Foster Care Participants**

If 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 the assignment.

## **The CSEA Can Assist You With the Following Available Services:**

- 1. Location of Absent Parent(s)** including "Location Only Services": If the sole need is to find the absent parent.
- 2. Establishing Paternity:** Obtaining an order to establish paternity if you were not married to the father of the child. An absent parent may also request paternity

services.

3. **Establishment of Child Support and Medical Support:** The CSEA can help with the establishment of an order for child support and medical support if you are separated, living apart, or need to establish paternity.
4. **Enforcement of Existing Orders:** Current support and back child support.
5. **Federal and State Income Tax Refund Offset:** Intercepting a payor's federal and state income tax refunds.
6. **Withholding of Various Types of Income:** Payroll deductions for current and back support.
7. **Collection and Disbursement of Payments:** Collect support payments and send to you the amount of support payments received.
8. **Interstate Collection of Support:** Can assist you if the payor is living in another state or in some foreign countries.
9. **Review and Adjustment of Child Support Orders:** Each party to the support order has a right to request a review of the child support and medical support order thirty-six (36) months from the establishment of the order or from the date of the most recent review, or sooner, if certain circumstances are met. Contact the CSEA for further details.

**Fees:**

There is an application fee of one dollar for applicants not receiving OWF, Medicaid, or IV- E foster care benefits. The application fee may be absorbed by the CSEA.

There is no charge to recipients of OWF, Medicaid, and IV-E foster care.

**Child Support Overpayments:**

An overpayment is child support that you are not entitled to keep because: You have assigned (transferred) your rights to support to ODJFS.

The payment was made to you instead of ODJFS. The payment was sent to you in error by ODJFS.

I understand that I am personally liable for returning any amounts paid to me in error, including amounts that must be returned because IRS or the Ohio Department of Taxation (ODT) accepts an amended tax return or complaint from the non-obligated spouse. I also understand that, in tax refund situations, I may be required to sign an affidavit attesting to the amount of support arrears.

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

**WITHHOLDING ORDER/QUALIFIED MEDICAL CHILD SUPPORT ORDER  
INFORMATION SHEET**

**Note:** PLEASE COMPLETE BOTH SIDES OF THIS FORM. FORM MAY NOT BE ACCEPTED IF NOT COMPLETED IN FULL AND LEGIBLY TYPED OR WRITTEN. A COPY OF ALL AVAILABLE INSURANCE CARDS SHALL BE ATTACHED.

Date: \_\_\_\_\_

Requested By \_\_\_\_\_ Case No. \_\_\_\_\_

**OBLIGOR (Person Ordered To Pay):**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth – i.e. (11/05/2022)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Last 4 Digits SSN – i.e. (\*\*\*\_\*\*\_9999)

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

\_\_\_\_\_  
Email – i.e. (Username@Gmail.Com)

\_\_\_\_\_  
Telephone No. – i.e. (111) 222 – 3333

**Employer Information**

**Payroll Information**

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Telephone No. – i.e. (111) 222 – 3333

\_\_\_\_\_  
Telephone No. – i.e. (111) 222 – 3333

\_\_\_\_\_  
Email – i.e. (Username@Gmail.Com)

\_\_\_\_\_  
Email – i.e. (Username@Gmail.Com)

**DR 201**  
Eff. 1/1/2015

PAY SCHEDULE:      Weekly                      Bi-weekly                      Semi-monthly                      Monthly

MONTHLY OBLIGATION \$ \_\_\_\_\_ OBLIGATION PER PAY PERIOD \$ \_\_\_\_\_ - \_\_\_\_\_

### FINANCIAL INSTITUTIONS

\_\_\_\_\_  
Institution Name

\_\_\_\_\_  
Institution Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Telephone No. – i.e. (111) 222 – 3333

\_\_\_\_\_  
Telephone No. – i.e. (111) 222 – 3333

\_\_\_\_\_  
Type of Account                      Account Number

\_\_\_\_\_  
Type of Account                      Account Number

---

\_\_\_\_\_  
Institution Name

\_\_\_\_\_  
Institution Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Telephone No. – i.e. (111) 222 – 3333

\_\_\_\_\_  
Telephone No. – i.e. (111) 222 – 3333

\_\_\_\_\_  
Type of Account                      Account Number

\_\_\_\_\_  
Type of Account                      Account Number

---

**OBLIGEE (Person/Agency To Recive Payment):**

_____ Name	_____ Date of Birth – i.e. (11/05/2022)
_____ Address	_____ Last 4 Digits SSN – i.e. (***-**-9999)
_____ City, State and Zip Code	_____ Email – i.e. (Username@Gmail.Com)
_____ Telephone No. – i.e. (111) 222 – 3333	

**CASE TYPE:**      IV-D Non-ADC                      IV-D ADC                      Non-IV-D

Number of minor children for whom support is paid (Alternate Recipients covered by insurance)

\_\_\_\_\_

**CHILD(REN) INFORMATION & ADDRESS**

**RESIDENTIAL PARENT/LEGAL  
GUARDIAN**

_____ Child's Name	_____ Parent/Legal Guardian Name
_____ SSN – i.e. (***-**-9999)	_____ Date of Birth – i.e. (11/05/2022)
_____ Address	_____ Address
_____ City, State and Zip Code	_____ City, State and Zip Code

---

_____ Child's Name	_____ Parent/Legal Guardian Name
_____ SSN – i.e. (***-**-9999)	_____ Date of Birth – i.e. (11/05/2022)
_____ Address	_____ Address
_____ City, State and Zip Code	_____ City, State and Zip Code

---

_____ Child's Name	_____ Parent/Legal Guardian Name
-----------------------	-------------------------------------

\_\_\_\_\_  
SSN – i.e. (\*\*-\*\*-9999)      \_\_\_\_\_  
Date of Birth – i.e. (11/05/2022)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

**PARTICIPANT/OBLIGOR**  
(Person Ordered To Provide Insurance)

**EMPLOYER INFORMATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

**Provider of Insurance Is:**

Obligor \_\_\_\_\_

Obligor's Spouse \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_  
Address

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

**Insurance Under:**      Group Plan      Private Plan

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name(s) of Plan(s)

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

\_\_\_\_\_  
Name(s) of Plan Administrator(s)

\_\_\_\_\_  
SSN – i.e. (\*\*-\*\*-9999)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth – i.e. (11/0)

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

\_\_\_\_\_  
Policy And/Or Group Number

Description of Type of Coverage To Be Provided:

Max 1,000 Characters - if more space is needed, a signed and notarized statement can be attached (Ref. Obligor Coverage)

**PARTICIPANT/OBLIGEE**  
(Person Ordered To Provide Insurance)

\_\_\_\_\_  
Name

**Provider of Insurance Is:**

Obligee \_\_\_\_\_

Obligee's Spouse \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
SSN – i.e. (\*\*\*-\*\*-9999)

\_\_\_\_\_  
Date of Birth – i.e. (01/31/2020)

Description of Type of Coverage To Be Provided:

**EMPLOYER INFORMATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

**Insurance Under:**    Group Plan    Private Plan

\_\_\_\_\_  
Name(s) of Plan(s)

\_\_\_\_\_  
Name(s) of Plan Administrator(s)

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Policy And/Or Group Number

Max 1,000 Characters - if more space is needed, a signed and notarized statement can be attached (Ref. Obligee Coverage)



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

**GUIDELINES FOR PARENTS LIVING IN DIFFERENT HOMES**

It is often extremely difficult for children to spend time with parents who live in different homes. As a parent, you can help your children cope with this situation by following the advice below.

1. **Never say bad things about the other parent in front of your child(ren).** Children believe they are made of equal parts of mom and dad. When mom and dad say bad things about each other, a child's self-esteem is harmed.
2. **Do not use your child as a messenger.** Children must not be put into the middle of a dispute by carrying messages between their parents. Find ways to communicate in an adult manner with the other parent without involving your child(ren).
3. **Reassure your child(ren) that they are loved and that your problems with the other parent are not their fault.** Children tend to blame themselves for mom and dad fighting.
4. **Encourage your child(ren) to see the other parent frequently.** Children need quality time with each parent to develop into healthy adults. Mom and dad need to make the exchanges pleasant and positive.
5. **Let your child be a child.** Do not discuss adult issues with your child. At every step during proceedings in Domestic Relations Court, remind yourself that your child(ren)'s interests, not yours, are paramount.
6. **Do not forget to be a parent!** Children often want to take care of mom and dad during difficult times. **Do not let them!** Instead, let peers, adult family members and mental health professionals help aid you in making your own choices about your life.
7. **If you have a drinking or drug problem, get help now!** You cannot care for your child(ren) if you are impaired in your ability to think or act.
8. **If you are ordered to pay child support, pay your child support!** Lack of financial support by a parent has a negative impact on children for their entire lives. Children should not be punished due to a dispute between the parents.

9. **If you are supposed to receive child support and the other parent is not paying, talk to the other parent, the CSEA, the court or your family, but not to your child(ren).** This is hard to do! However, if you tell your child(ren), you are reinforcing their sense of loss and abandonment, which erodes their confidence and stability.
10. **Do not uproot your child(ren), if possible.** Stability in residence, school life and friends help children get through stressful times.
11. **See your child(ren)!** Do not blame your child(ren) for your problems or punish them by not seeing them regularly. Frequent and consistent contact between parent and child is crucial for maintaining strong relationships.
12. **Domestic Relations Court cases are both legal and emotional.** Remember, your child has rights, too. Let children be children.

Part of this outline is from “Ten Tips for Divorcing Parents” by Mike McCurley, American Academy of Matrimonial Lawyers, 1997-2000 AAML.

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Phone No. (*Daytime Only*) – i.e. (111) 222 – 3333

\_\_\_\_\_  
Date of Birth – i.e. (11/05/2022)

**Plaintiff/1st Petitioner**

- vs/and -

**NOTICE OF REQUIREMENT TO  
ATTEND MANDATORY PARENT  
EDUCATION CLASS**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone No. (*Daytime Only*) – i.e. (111) 222 – 3333

\_\_\_\_\_  
Date of Birth – i.e. (11/05/2022)

**Defendant/2nd Petitioner**

Pursuant to the Ohio Revised Code and Butler County Local Rule DR 5, both plaintiff and defendant are required to attend the Mandatory Parent Education Class. Each party shall register for the class within **fifteen (15)** days of the filing of the complaint with the Clerk of Courts. Each party to a divorce action and each party to a dissolution of marriage filing must complete the program within **forty-five (45)** days from the date of this order.

**The educational requirements MUST be completed prior to the final hearing.** The Court may refuse to hold a final hearing if either parent fails to attend the class. The Court may also deny parenting time or residential parent status to a parent who does not attend.

The class is a four hour interactive online class offered as two separate sessions. To schedule the Mandatory Parent Education class contact **Forensic Evaluation Services Center - (513) 869-4014.** **Participants must have their DR case number to schedule the class.** Participants will be provided with the dates and times of the classes. For more detailed information <https://drcourt.bcoho.gov/> Court Services dropdown.

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

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

\_\_\_\_\_  
**Plaintiff/1st Petitioner/Petitioner**

**- vs/and -**

\_\_\_\_\_  
**Defendant/2nd Petitioner/Respondent**

**Instructions:** Check local court rules to determine when this form must be filed. By law, an affidavit must be filed and served with the first pleading filed by each party in every parenting (custody/visitation) proceeding in this Court, including Dissolutions, Divorces, Domestic Custody and Support, and Domestic Violence Petitions. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, add additional pages. Please Print all Information.**

**PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))**

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

**ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OR YOUR CHILD(REN) WOULD BE JEOPARDIZED BY THE DISCLOSURE OF YOUR ADDRESS OR IDENTIFYING INFORMATION. YOU ACKNOWLEDGE THAT THE COURT MAY CONDUCT A HEARING REGARDING THE BASIS FOR YOUR REQUEST.**

Pursuant to R.C. 3127.23(D), I allege that my health, safety, or liberty or that of my child(ren) would be jeopardized by the disclosure of identifying information to my spouse or the public. Therefore, I request that my address be placed under seal. I have marked the corresponding box next to each address I am requesting to be sealed. Insert the information requested below for all minor or dependent children of the parties. You must list the residences for all places where the children have lived for the last **FIVE** years.

1. \_\_\_\_\_ (*Total Number of*) Minor child(ren) is/are subject to this case as follows:

Insert the information requested below for all minor or dependent children of the parties. You must list the residences for all places where the children have lived for the last **FIVE** years.

<b>a.</b>	<b>Child's Name:</b>		<b>Date of Birth:</b>	
<b>Gender Assigned at Birth</b>			Male (M)      Non-Binary (NB) Female (F)    Prefer Not to Answer (NA)	<b>Place of Birth:</b> _____
			(City/State or Country)	
<b><u>Period of Residence</u></b>			<b><u>Person(s) With Whom Child Lived</u></b> (Name & Address)	
	to	present	Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code	Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code
	to		Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code	Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code
	to		Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code	Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code
	to		Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code	Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code

<b>b.</b>	<b>Child's Name:</b>			<b>Date of Birth:</b>
<b>Gender Assigned at Birth</b>		Male (M)	Non-Binary (NB)	<b>Place of Birth:</b>
		Female (F)	Prefer Not to Answer (NA)	_____ (City/State or Country)
<b>Check this box if the information requested below would be the same as in subsection 1a and skip to the next question.</b>				
<b><u>Period of Residence</u></b>			<b><u>Person(s) With Whom Child Lived</u></b> (Name & Address)	
	to	present	Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code	Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code
	to		Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code	Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code
	to		Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code	Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code
	to		Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code	Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code

<b>c.</b>	<b>Child's Name:</b>			<b>Date of Birth:</b>	
<b>Gender Assigned at Birth</b>		Male (M)      Non-Binary (NB) Female (F)      Prefer Not to Answer (NA)	<b>Place of Birth:</b> _____ (City/State or Country)		
<b>Check this box if the information requested below would be the same as in subsection 1a and skip to the next question.</b>					
<b><u>Period of Residence</u></b>			<b><u>Person(s) With Whom Child Lived</u></b> (Name & Address)		
	to	present	Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code	Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code	
	to		Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code	Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code	
	to		Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code	Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code	
	to		Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code	Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code	

<b>d.</b>	<b>Child's Name:</b>			<b>Date of Birth:</b>
<b>Gender Assigned at Birth</b>		Male (M)      Non-Binary (NB)	Female (F)      Prefer Not to Answer (NA)	<b>Place of Birth:</b> _____ (City/State or Country)
<b>Check this box if the information requested below would be the same as in subsection 1a and skip to the next question.</b>				
<b><u>Period of Residence</u></b>			<b><u>Person(s) With Whom Child Lived</u></b> (Name & Address)	
	to	present	Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code	Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code
	to		Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code	Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code
	to		Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code	Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code
	to		Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code	Address Confidential Relationship: _____ _____ Name _____ Address _____ City, State and Zip Code



**IF MORE SPACE IS NEEDED FOR ADDITIONAL CHILDREN, ATTACH ADDENDUM 616-A AND CHECK THIS BOX**

**2. Participation in custody case(s): (Check only one box.)**

I **HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child listed in this affidavit.

I **HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child listed in this affidavit. For each case in which you participated, give the following information:

<u>Name Child(ren)</u>	<u>Type of Case</u>	<u>Court &amp; State/County</u>	<u>Case Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IF MORE SPACE IS NEEDED FOR ADDITIONAL CUSTODY CASES, ATTACH ADDENDUM 616-B AND CHECK THIS BOX.**

**3. Information about other civil case(s) that could affect this case: (Check Only One Box.)**

I **HAVE NO INFORMATION** about any other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child listed in this affidavit.

I **HAVE THE FOLLOWING INFORMATION** concerning other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning a child listed in this affidavit. Do not repeat cases already listed above.

<u>Name Child(ren)</u>	<u>Type of Case</u>	<u>Court &amp; State/County</u>	<u>Case Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH ADDENDUM 616-C AND CHECK THIS BOX.**

**4. Information about criminal case(s):**

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

<u>Name</u>	<u>Case Number</u>	<u>Court/State/County</u>	<u>Convicted of What Crime?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH ADDENDUM 616-D AND CHECK THIS BOX.**

**5. Person(s) not a party to this case who has/have physical custody or claim(s) to have custody or visitation rights to child(ren) subject to this case: (Check Only One Box.)**

**I DO NOT KNOW OF ANY PERSON(S)** not a party to this case who has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

**I KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

**a.**

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State and Zip Code

Has physical custody  
 Claims custody rights  
 Claims visitation rights

**Name of Each Child(ren):**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

**b.**

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State and Zip Code

Has physical custody  
 Claims custody rights  
 Claims visitation rights

**Name of Each Child(ren):**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

**c.**

---

Name

---

Address

---

City, State and Zip Code

Has physical custody  
Claims custody rights  
Claims visitation rights

**Name of Each Child(ren):**

1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_

**d.**

---

Name

---

Address

---

City, State and Zip Code

Has physical custody  
Claims custody rights  
Claims visitation rights

**Name of Each Child(ren):**

1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_

**IF MORE SPACE IS NEEDED FOR ADDITIONAL PERSON(S), ATTACH ADDENDUM 616-E AND CHECK THIS BOX**

6. I understand that I have a **continuing duty** to advise this Court of any custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection order from domestic violence case concerning the children about which I become aware during this case.

**OATH**  
*(Do Not Sign Until Notary is Present)*

I, (Print Name) \_\_\_\_\_, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document and any attachments are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

\_\_\_\_\_  
Your Signature

Subscribed and duly sworn before me according to law, by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, County of \_\_\_\_\_, State of Ohio.

\_\_\_\_\_  
Signature – Administer Oath

\_\_\_\_\_  
Title (example: Notary, Deputy Clerk of Courts, etc.)

**Ohio Department of Job and Family Services**  
**SOLE/SHARED PARENTING CHILD SUPPORT COMPUTATION WORKSHEET**

Parent A Name		Parent B Name		Date this form is completed
County Name	SETS Case Number	Court or Administrative Order Number		Number of Children of the Order

**To complete this form, use the JFS 07766, [Ohio Child Support Calculator](#).  
This manual can be found at "[Child Support Guideline Manual](#)".**

I. GROSS INCOME		Parent A	Parent B
1.	Annual Gross Income (Figure must represent the sum of gross income inclusions and exclusions as described in Ohio Revised Code 3119.01(C)(12))		
2.	Annual Amount of Overtime, Bonuses, and Commissions		
	a. Year 3 (Three years ago)		
	b. Year 2 (Two years ago)		
	c. Year 1 (Last calendar year)		
	d. Income from overtime, bonuses, and commissions (Enter the lower of the average of Line 2a plus Line 2b plus Line 2c, or Line 2c) (See instructions)		
3.	Calculation for Self-Employment Income		
	a. Gross receipts from business		
	b. Ordinary and necessary business expenses		
	c. 6.2% of adjusted gross income or actual marginal difference between actual rate paid and F.I.C.A rate		
	d. Adjusted annual gross income from self-employment (Line 3a minus Line 3b minus Line 3c)		
4.	Annual income from unemployment compensation		
5.	Annual income from workers' compensation, disability insurance, or social security disability/retirement benefits		
6.	Other annual income or potential income		
7.	Total annual gross income (Add Lines 1, 2d, 3d, 4, 5 and 6, if Line 7 results in a negative amount, enter "0")		
8.	Health insurance maximum (Multiply Line 7 by 5% or .05)		
II. ADJUSTMENTS TO INCOME			
9.	Adjustment for Other Minor Children Not of This Order. (Note: Line 9 is ONLY completed if either parent has any children outside of this order.) If neither parent has any children outside of this order enter "0" on Line 9f and proceed to Line 10. For each parent:		
	a. Enter the total number of children, including children of this order and other children		
	b. Enter the number of children subject to this order		
	c. Line 9a minus Line 9b		
	d. Using the Basic Child Support Schedule, enter the amount from the corresponding cell for each parent's total annual gross income from Line 7 for the number of children on Line 9a		
	e. Divide the amount on Line 9d by the number on Line 9a		
	f. Multiply the amount from Line 9e by the number in Line 9c. This is the adjustment amount for other minor children for each parent.		
10.	Adjustment for Out-of-Pocket Health Insurance Premiums		
	a. Identify the health insurance obligor(s) (See instructions)	<input type="checkbox"/>	<input type="checkbox"/>
	b. Enter the total, actual out-of-pocket costs for health insurance premiums for the parent(s) identified on Line 10a (See instructions)		
11.	Annual court ordered spousal support paid; if no spousal support is paid, enter "0"		
12.	Total adjustments to income (Line 9f, plus Line 10b, plus Line 11)		
13.	Adjusted annual gross income (Line 7 minus Line 12; if Line 13 results in a negative amount, enter "0")		

Parent A Name		Parent B Name			Date this form is completed		
County Name	SETS Case Number		Court or Administrative Order Number		Number of Children of the Order		
<b>III. INCOME SHARES</b>					Parent A	Parent B	
14.	Enter the amount from Line 13 for each parent (Adjusted annual gross income)						
15.	Using the Basic Child Support Schedule and the parent's individual income on Line 14, determine if the parent's obligation is located in the shaded area of the schedule. If the parent's obligation is in the shaded area of the schedule for the children of this order, check the box for Line 15				<input type="checkbox"/>	<input type="checkbox"/>	
16.	Combined adjusted annual gross income (Add together the amounts on Line 14 for both parents)						
17.	Income Share: Enter the percentage of parent's income to combined adjusted annual gross income (Line 14 divided by Line 16 for each parent)						
<b>IV. SUPPORT CALCULATION</b>							
<b>Basic Child Support Obligation</b>							
18.	a. Using the Basic Child Support Schedule, enter the amount from the corresponding cell for each parent's adjusted gross income on Line 14 for the number of children of this order. If either parent's Line 14 amount is less than lowest income amount on the Basic Schedule, enter "960"						
	b. Using the Basic Child Support Schedule, enter the amount from the corresponding cell for the parents' combined adjusted annual gross income on Line 16 for the number of children of this order. If Line 16 amount is less than lowest income amount on the Basic Schedule, enter "960"						
	c. Multiply the amount on Line 18b by Line 17 for each parent. Enter the amount for each parent						
	d. Enter the lower of Line 18a or Line 18c for each parent, if less than "960", enter "960"						
<b>Parenting Time Order</b>							
19.	a. Enter "Yes" for any parent for whom a court has issued or is issuing a parenting time order that equals or exceeds ninety overnights per year				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	b. If Line 19a is checked, use the amount for that parent from Line 18d and multiply it by 10% or .10, and enter this amount. If Line 19a is blank enter "0"						
20.	<b>Derivative Benefit</b> Enter any non-means-tested benefits received by the child(ren) subject to the order.						
<b>Child Care Expenses (See instructions)</b>							
21.	a. Annual child care expenses for children of this order (Less any subsidies)						
		Child 1	Child 2	Child 3	Child 4	Child 5	
		Child 6					
		b. Child Age					
		c. Maximum Allowable Cost					
		d. Actual Out of Pocket					
		e. Enter lower of Line 21c or 21d					
		f. Enter total of Line 21e for children of this order					
		g. Enter the eligible federal and state tax credits (See instructions)					
		h. Line 21f minus combined amounts of Line 21g					
	i. Multiply Line 21h by Line 17 for each parent; (If Line 15 is checked for the parent, use the lower percentage amount of either Line 17 or 50.00% to determine the parent's share). <b>Annual child care costs</b>						
	j. Line 21i minus Line 21a. If calculation results in a negative amount, enter "0"						
22.	Adjusted Child Support Obligation (Line 18d minus Line 19b minus Line 20 plus Line 21j; if calculation results in a negative amount, enter "0"). <b>Annual child support obligation</b>						
<b>V. CASH MEDICAL</b>							
<b>Cash Medical Obligation</b>							
23.	a. Annual combined cash medical support obligation (See instructions)						
	b. Multiply Line 23a by Line 17 for each parent. <b>Annual cash medical obligation</b>						

Parent A Name		Parent B Name		Date this form is completed
County Name	SETS Case Number	Court or Administrative Order Number		Number of Children of the Order

VI. RECOMMENDED MONTHLY ORDERS FOR DECREE		Parent A Obligation	Parent B Obligation
24.	CHILD SUPPORT AMOUNT (Line 22, divided by 12)		
25.	Line 25 is <b>ONLY</b> completed if the court orders any deviation(s) to child support. (See sections 3119.23, 3119.231 and 3119.24 of the Revised Code)		
	a. For 3119.23 factors (Enter the monthly amount)		
	b. For 3119.231 extended parenting time (Enter the monthly amount)		
	c. Total of amounts from Line 25a and Line 25b		
26.	DEVIATED MONTHLY CHILD SUPPORT AMOUNT (Line 24 plus or minus Line 25c)		
27.	CASH MEDICAL SUPPORT AMOUNT (Line 23b, divided by 12)		
28.	Line 28 is <b>ONLY</b> completed if the court orders a deviation to cash medical. (See section 3119.303 of the Revised Code)		
	Cash Medical Deviation amount (Enter the monthly amount)		
29.	DEVIATED MONTHLY CASH MEDICAL AMOUNT (Line 27 plus or minus Line 28)		
30.	Enter <b>ONLY</b> the total monthly obligation for the parent ordered to pay support (Line 24 or Line 26, plus Line 27 or Line 29)		
31.	2% processing fee		
32.	Monthly obligation plus processing fee		

**Ohio Department of Job and Family Services**  
**SPLIT PARENTING CHILD SUPPORT COMPUTATION WORKSHEET**

Parent A Name		Parent B Name		Date this form is completed	
County Name		SETS Case Number	Court or Administrative Order Number		Number of Children of the Order
<b>To complete this form, use the JFS 07766, <a href="#">Ohio Child Support Calculator</a>.</b> <b>This manual can be found at "<a href="#">Child Support Guideline Manual</a>".</b>					
<b>I. GROSS INCOME</b>			Parent A		Parent B
1.	Annual Gross Income (Figure must represent the sum of gross income inclusions and exclusions as described in Ohio Revised Code 3119.01(C)(12))				
2.	Annual Amount of Overtime, Bonuses, and Commissions				
	a. Year 3 (Three years ago)				
	b. Year 2 (Two years ago)				
	c. Year 1 (Last calendar year)				
	d. Income from overtime, bonuses, and commissions (Enter the lower of the average of Line 2a plus Line 2b plus Line 2c, or Line 2c) (See instructions)				
3.	Calculation for Self-Employment Income				
	a. Gross receipts from business				
	b. Ordinary and necessary business expenses				
	c. 6.2% of adjusted gross income or actual marginal difference between actual rate paid and F.I.C.A rate				
	d. Adjusted annual gross income from self-employment (Line 3a minus Line 3b minus Line 3c)				
4.	Annual income from unemployment compensation				
5.	Annual income from workers' compensation, disability insurance, or social security disability/retirement benefits				
6.	Other annual income or potential income				
7.	Total annual gross income (Add Lines 1, 2d, 3d, 4, 5 and 6, if Line 7 results in a negative amount, enter "0")				
8.	Health insurance maximum (Multiply Line 7 by 5% or .05)				
<b>II. ADJUSTMENTS TO INCOME</b>					
9.	Adjustment for Other Minor Children Not of This Order. ( <b>Note: Line 9 is ONLY completed if either parent has any children outside of this order.</b> ) <b>If neither parent has any children outside of this order enter "0" on Line 9f and proceed to Line 10. For each parent:</b>				
	a. Enter the total number of children, including children of this order and other children				
	b. Enter the number of children subject to this order				
	c. Line 9a minus Line 9b				
	d. Using the Basic Child Support Schedule, enter the amount from the corresponding cell for each parent's total annual gross income from Line 7 for the number of children on Line 9a				
	e. Divide the amount on Line 9d by the number on Line 9a				
	f. Multiply the amount from Line 9e by the number in Line 9c. This is the adjustment amount for other minor children for each parent.				
10.	Adjustment for Out-of-Pocket Health Insurance Premiums				
	a. Identify the health insurance obligor(s) (See instructions)				
	b. Enter the total, actual out-of-pocket cost for health insurance premiums for the parent(s) identified on Line 10a (See instructions)				
11.	Annual court ordered spousal support paid; if no spousal support is paid, enter "0"				
12.	Total adjustments to income (Line 9f, plus Line 10b, plus Line 11)				
13.	Adjusted annual gross income (Line 7 minus Line 12; if Line 13 results in a negative amount, enter "0")				

Parent A Name		Parent B Name				Date this form is completed		
County Name		SETS Case Number		Court or Administrative Order Number		Number of Children of the Order		
<b>III. INCOME SHARES</b>						Parent A	Parent B	
14.	Enter the amount from Line 13 for each parent (Adjusted annual gross income)							
15.	Using the Basic Child Support Schedule and the parent's individual income on Line 14, determine if the parent's obligation is located in the shaded area of the schedule. If the parent's obligation is in the shaded area of the schedule for the children of this order, check the box for Line 15						<input type="checkbox"/>	<input type="checkbox"/>
16.	Combined adjusted annual gross income (Add together the amounts on Line 14 for both parents)							
17.	Income Share: Enter the percentage of parent's income to combined adjusted annual gross income (Line 14 divided by Line 16 for each parent)							
<b>IV. SUPPORT CALCULATION</b>								
<b>Basic Child Support Obligation</b>								
Number of children with Parent A:		Number of children with Parent B		Parent A Custodial		Parent B Custodial		
				Parent A		Parent B		
18.	a. Using the Basic Child Support Schedule, enter the amount from the corresponding cell for each parent's adjusted gross income on Line 14 for the number of children with each parent. If either parent's Line 14 amount is less than the lowest income amount on the Basic Schedule, enter "960"							
	b. Using the Basic Child Support Schedule, enter the amount from the corresponding cell for the parents' combined adjusted annual gross income on Line 16 for the number of children with each parent. If Line 16 amount is less than lowest income amount on the Basic Schedule, enter "960"							
	c. Multiply the amount on Line 18b by Line 17 for each parent and enter the amount							
	d. Enter the lower of Line 18a or Line 18c for each parent, if less than "960", enter "960"							
<b>Parenting Time Order</b>								
19.	a. Enter "Yes" for any parent for whom a court has issued or is issuing a parenting time order that equals or exceeds ninety overnights per year						<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	b. If Line 19a is checked use the amount from Line 18d and multiply the total by 10% or .10, and enter this amount. If Line 19a is blank enter "0"							
<b>Derivative Benefit</b>								
20.	Enter any non-means-tested benefits received by the child(ren) subject to the order.						Parent A Custodial	Parent B Custodial
<b>Child Care Expenses</b>								
a. Annual child care expenses for children with each parent (Less any subsidies)								
Children with Parent A								
		Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	
b. Age								
c. Max								
d. Actual								
e. Lowest								
Children with Parent B								
		Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	
f. Age								
g. Max								
h. Actual								
i. Lowest								
j. Enter total of Line 21e for the children with Parent A								
k. Enter total of Line 21i for the children with Parent B								
l. Enter the eligible federal and state tax credits (See instructions)								
m. Line 21j minus combined amounts of Line 21l								
n. Line 21k minus combined amounts of Line 21l								
o. Multiply Line 21m and Line 21n by Line 17 for each parent; (If Line 15 is checked for the parent, use the lower percentage amount of either Line 17 or 50.00% to determine the parent's share). <b>Annual child care costs</b>								
p. Line 21o minus Line 21a. If calculation results in a negative amount, enter "0"								
22.	<b>Adjusted Child Support Obligation (Line 18d minus Line 19b minus Line 20 plus Line 21p; if calculation results in a negative amount, enter "0"). Annual child support obligation</b>							
<b>V. Cash Medical</b>								
Parent A Custodial								
Parent B Custodial								
<b>Cash Medical Obligation</b>								
Parent A		Parent B		Parent A		Parent B		
23.	a. Annual combined cash medical support obligation (See instructions)							
	b. Multiply Line 23a by Line 17 for each parent. <b>Annual cash medical obligation</b>							



Parent A Name		Parent B Name		Date this form is completed
County Name	SETS Case Number	Court or Administrative Order Number		Number of Children of the Order

VI. RECOMMENDED MONTHLY ORDERS FOR DECREE		Parent A OBLIGATION	Parent B OBLIGATION	NET SUPPORT OBLIGATION
24.	ANNUAL CHILD SUPPORT AMOUNT (Line 22)			
25.	MONTHLY CHILD SUPPORT AMOUNT (Net Support Obligation amount from Line 24, divided by 12) (See instructions)			
26.	Line 26 is <b>ONLY</b> completed if the court orders any deviation(s) to child support. (See sections 3119.23, 3119.231 and 3119.24 of the Revised Code)			
	a. For 3119.23 factors (Enter the monthly amount)			
	b. For 3119.231 extended parenting time (Enter the monthly amount)			
	c. Total of amounts from Line 26a and Line 26b			
27.	DEVIATED MONTHLY CHILD SUPPORT AMOUNT (Line 25 plus or minus Line 26c)			
28.	ANNUAL CASH MEDICAL AMOUNT (Line 23b)			
29.	MONTHLY CASH MEDICAL AMOUNT (Net Support Obligation amount from Line 28, divided by 12) (See Instructions)			
30.	Line 30 is <b>ONLY</b> completed if the court orders a deviation to cash medical. (See section 3119.303 of the Revised Code)			
	Cash Medical Deviation amount (Enter the monthly amount)			
31.	DEVIATED MONTHLY CASH MEDICAL AMOUNT (Line 29, plus or minus Line 30)			
<b>Lines 32 and 33 are ONLY completed if you have one parent with a child support obligation (Line 25 or Line 27) and the other parent with a cash medical obligation (Line 29 or Line 31). (See instructions)</b>				
32.	Enter amounts from Line 25 or Line 27 and Line 29 or Line 31 (See instructions)			
33.	MONTHLY SUPPORT AMOUNT (Net Support Obligation amount from Line 32) (See instructions)			
34.	Enter <b>ONLY</b> the total monthly obligation for the parent ordered to pay support (Line 25 or Line 27, plus Line 29 or Line 31, or Line 33)			
35.	2% processing fee			
36.	Monthly obligation plus processing fee			