You must file these <u>added</u> forms if you are filing one of the following actions in Scioto County Court of Common Pleas Domestic Relations Division:

- **DISSOLUTION WITHOUT CHILDREN**
- **DIVORCE WITHOUT CHILDREN**

Form	Form Name	Purpose and Instructions
Scioto County Form	Classification Form	This form tells the Clerk what type of case you are filing.
Scioto County Form	Vital Statistics Sheet	This form gives the Court information about you and the other party, and your children (if applicable)
Scioto County Form 6	Mutual Restraining Order	**Required** by the Court when filing a divorce action. Give to the Clerk upon filing. The Judge will then sign and you will receive a copy of the signed Order in the mail form the Court.
Scioto County Form 4	IVD Application	Application for spousal support services.
Scioto County Form	Notice of Filing	This form is contained in the "public file" to notify others what documents are held in the "confidential" file.
Scioto County Form 1	Notice of Hearing	Use this form to ask the Court to set a hearing in your case

***Affidavits must be signed in front of a Notary who will administer an Oath**

INSTRUCTIONS:

- **All forms must either be typed or printed in ink. You must fill out the forms before taking them to the court. The Court staff will not help you complete the forms.**
- **Once you have completed the main packet and these added forms, you will take all your forms to the Judge's office on the third floor of the courthouse. A staff member will review your forms to decide if they are complete.**
- **If your packet and forms are complete, you will be given a slip of paper from the Judge's staff telling the Clerk that your packet is approved for filing. You will then take the packet, with the slip of paper, to the clerk's office for filing.**

IN THE COURT OF COMMON PLEAS,
DOMESTIC RELATIONS DIVISION, SCIOTO COUNTY,
PORTSMOUTH, OHIO

CLASSIFICATION FORM

Case No. _____ Style: _____

Please check the appropriate box(es):

_____ **DR = Divorce**

_____ A: Termination of Marriage with Children

_____ B: Termination of Marriage without Children

_____ **DM = Dissolution**

_____ C: Dissolution of Marriage with Children

_____ D: Dissolution of Marriage without Children

_____ **DV = Domestic Violence**

_____ **DO = Other Domestic Relations Matters**

_____ E: Change of Custody

_____ F: Visitation Enforcement/Modification

_____ G: Child Support Enforcement/Modification

_____ I: U.I.F.S.A.

_____ J: Parentage

_____ K: All Others

Submitted By: _____
Address: _____
_____
Telephone: _____

Domestic Relations Confidential Case Filing Information Sheet
"Vital Statistics Sheet"

Instructions:

- Complete this form for all parties known at the time of filing. Provide the most appropriate Case Type and Party Type codes and descriptions.
- If additional space is needed, complete additional Confidential Case Filing Information Sheets.

Note: The **FULL** Social Security Number (SSN) is ***required***.

Filing Date: _____

Style of Case: _____

_____

Plaintiff/Petitioner Information:

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

DOB: _____/_____/_____ **Gender:** ☐ Male ☐ Female **SSN:** _____-_____-_____

Attorney (If represented by legal counsel): _____

_____

Defendant/Respondent Information:

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

DOB: _____/_____/_____ **Gender:** ☐ Male ☐ Female **SSN:** _____-_____-_____

Attorney (If represented by legal counsel): _____

_____

Employer Information

Plaintiff/Petitioner Employer Name: _____

Employer Address: _____

City: _____ **State:** _____ **Zip:** _____

Defendant/Respondent Employer Name: _____

Employer Address: _____

City: _____ **State:** _____ **Zip:** _____

The following information regarding child(ren) is required.
Complete this section for any children subject to the action of this case.

CHILDREN:

Name: _____ **DOB:** _____/_____/_____

Name: _____ **DOB:** _____/_____/_____

Name: _____ **DOB:** _____/_____/_____

Name: _____ **DOB:** _____/_____/_____

Name: _____ **DOB:** _____/_____/_____

Name: _____ **DOB:** _____/_____/_____

Name: _____ **DOB:** _____/_____/_____

Name: _____ **DOB:** _____/_____/_____

Name: _____ **DOB:** _____/_____/_____

Name: _____ **DOB:** _____/_____/_____

☐ **Check if more than ten children and attach additional sheet.**

_____

Submitted by: _____

Bar ID (required by attorney): _____

Address (if not shown on previous page): _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email address:** _____

_____

Attorney signature: _____

Client signature: _____

INSTRUCTIONS TO THE CLERK:

Please maintain this document in the CONFIDENTIAL portion of this case. Access to the record must be restricted to avoid access to the closed portion of the record.

IN THE COURT OF COMMON PLEAS,
DOMESTIC RELATIONS DIVISION, SCIOTO COUNTY,
PORTSMOUTH, OHIO

_____	:	Case No. _____-DR-_____
	:	
Plaintiff	:	
	:	
Vs.	:	JUDGE JERRY L. BUCKLER
	:	
_____	:	
	:	
Defendant	:	MUTUAL RESTRAINING ORDER

Pursuant to Scioto DR Rule 2.02, upon the filing of the Complaint in this matter both parties are restrained from doing the following:

(1) Threatening, abusing, annoying, or interfering with the other party or the parties' child(ren);

(2) Creating or incurring debt (such as a credit card) in the name of the other party or in the parties' joint names or cause a lien or loan to be placed against any of their real or personal property.

(3) Selling, disposing of, or dissipating any asset, real or personal property, including without limitation: bank accounts, tax refunds, and money (other than regular income) of either party or a child.

(4) Removing household goods and furniture from the marital residence without approval of the court or other party.

(5) Changing or failing to renew the present health, life, home, automobile or other insurance coverage; remove the other party as

beneficiary on any life, health, or retirement benefits without further order of this court.

(6) Changing or establishing a new residence for the parties' minor children without the written consent of the other party or permission of the Court.

(7) Claiming the children as dependents on any income tax return without approval of the court or other party.

(8) Installing or using any device/application to track the other spouse, even if the spouse consented to the tracking device/application. A spouse who has installed or used tracking devices(s)/application(s) on the other spouse's property shall remove such devices/applications within 72 hours after being served with a complaint for divorce. If a spouse who installed/used tracking device(s)/application(s) cannot lawfully remove or discontinue the use of such, that spouse shall file a written notice with the Clerk of Courts and request that the Clerk of Courts send a copy of the written notice to the other spouse by ordinary mail.

It is the **ORDER** of the Court that above restraining order shall not prevent the payment of ordinary and necessary business and living expenses. Further, it is **ORDERED** that upon Plaintiff's filing of the Complaint, Plaintiff is deemed to have notice of the Mutual Restraining Order and the Clerk of Courts shall serve this Order upon Defendant along with summons.

IT IS SO ORDERED.

ENTER:

JERRY L. BUCKLER - JUDGE
Court of Common Pleas
Domestic Relations Division

cc: *Plaintiff*
Defendant

SCIOTO COUNTY DR FORM 4
Scioto Co. CSEA
710 Court St.
P O Box 1347
Portsmouth OH 45662
740-355-8904
800-354-6377

Name:
Address:

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 Scioto County 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: _____

Home Address: _____ Mailing Address: _____

_____ _____

_____ _____

Home Phone #: _____

Social Security #: _____ Sex: _____

Race: _____ ☐ Single ☐ Married

Relationship to Children: _____ ☐ Divorced ☐ Separated

Military Service (Branch, Dates): _____ Ever been on Public Assistance? (When and Where) _____

_____ _____

_____ _____

EMPLOYER INFORMATION

Employer Name: _____ Employer Phone #: _____

Employer Address: _____ Is Medical Insurance Available? _____

_____

	CHILD 1	CHILD 2	CHILD 3
Name:			
Sex:			
Race:			
Social Security #:			
Date of Birth:			
Home Address:			

Location of Birth: (Country, State, City)			
Has Paternity (Fatherhood) been Established?			
Name(s) of Absent Parent(s):			
Is there an Order for Support?			
Is the Child covered by Medical Insurance?			

ABSENT PARENT INFORMATION

	PARENT 1	PARENT 2	PARENT 3
Name (and alias):			
Home Address:			
Mailing Address:			
Social Security #:			
Date of Birth:			
Location of Birth (Country, State, City):			
Race:			
Sex:			
Height / Weight:			
Hair / Eye Color:			
Identifying Marks (Tattoos, scars, etc.):			
Names of Children:			
Name and Address of Employer:			

Employer Phone #:			
Medical Insurance Provided?			
Support Order #:			
Date of Support Order:			
Amount of Support:	$	$	$
Order Frequency:	Per	Per	Per
Location where Order was issued:			
Military Service (Branch, Dates):			
Ever Incarcerated? (Location, Dates):			
Arrest Record (Location, Dates):			
Name, Address			
Current Spouse:			
Father's Name:			
Mother's Name (Maiden):			
Ever been on Public Assistance? (Location, Dates)			

Type(s) of Service(s) Requested:

- ☐ All services listed
- ☐ Location of absent parent only
- ☐ Other (please explain)

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

Signature of Applicant: _____ Date: _____

IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
SCIOTO COUNTY OHIO

_____ **Case No.** _____

Plaintiff

JUDGE JERRY L. BUCKLER

vs. **Magistrate Ro**bert Johnson

_____ **NOTICE OF FILING**

Defendant

Please be advised the undersigned filed the following documents in the above captioned matter on the time-stamped date shown above:

(1) Affidavit of Income and Expenses.

(2) IV-D Application for Child Support Services.

(3) Civil Fee Waiver Affidavit and Order.

(4) Vital Statistics Form.

The same has been made a part of the confidential file in this matter.

_____
(signature)

_____
(print name)

_____
(address)

_____

cc: _____
(name of opposing party or attorney)

Scioto County DR Form 1

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

HEARING REQUESTED BY: _____ DATE: _____

NAME: _____
ADDRESS: _____
_____

ATTORNEY: _____

NAME: _____
ADDRESS: _____
_____

ATTORNEY: _____

GUARDIAN AD LITEM: _____

CASE NO: _____

JUDGE JERRY L. BUCKLER
Magistrate Robert Johnson

TYPE OF HEARING REQUESTED:
_____

AMOUNT OF TIME REQUESTED:
_____

ALL APPRAISALS AND/OR EVALUATIONS HAVE BEEN COMPLETED:
_____ YES _____ NO _____ N/A

NOTICE OF HEARING

The above captioned case has been set for hearing before:
☐ Judge Jerry L. Buckler,
☐ Magistrate Roxanne Hoover

Domestic Relations Court, in Room ☐ 303, ☐ 301,
Scioto County Courthouse, 602 7th Street, Portsmouth, Ohio 45662,
on the _____ day of _____, 20_____,
at _____ o'clock _____.m.

PURSUANT TO OHIO REVISED CODE §3121.031, you are hereby notified:

1. At the hearing, both parties shall be asked to testify to the following: (a) their employment status (if employed, gross income per month, name and business address of employer); (b) their social security number and date of birth; (c) any other information necessary to enable the Court to issue any order described in §3121.03.
2. The parties shall take notice that the obligor is subject to an order for withholding a specific amount from his/her personal earnings if he/she is employed and to one or more other types of withholding or deduction order applies to all subsequent employers, other persons who pay or otherwise distribute income to the obligor and accounts.
3. The obligor may present evidence and testimony at the hearing to prove that any of the orders would not be proper because of mistake of fact.
4. **EITHER PARTY MAY BE ORDERED TO SEEK EMPLOYMENT**.
5. The parties should take notice that this is an order of the Court and a failure to appear at the stated hearing date may cause the action to be dismissed for lack of prosecution.

APPROPRIATE ATTIRE REQUIRED: NO SHORTS, NO CUT-OFF SHIRTS AND NO TANK TOPS!

_____ _____
Plaintiff Defendant

_____
Served by Bailiff