## You must file these <u>added</u> forms if you are filing an ANSWER FOR DIVORCE in the **Scioto County** Court of Common Pleas Domestic Relations Division.

Form	Form Name	Purpose and Instructions		
Scioto County Form	Vital Statistics Sheet	This form gives the Court		
		information about you and the		
		other party, and your children (if		
		applicable)		
	Registration for the "Successful Co-Parenting" Class	Register at https://scponline.osu.edu/ and pay the \$35 per person registration fee online.		
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		

<sup>\*</sup>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 can then
  make copies of all your forms and then take your packet, with the slip of paper, to the
  clerk's office to file.



# 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) \_\_\_\_\_ City: \_\_\_\_\_ Attorney (If represented by legal counsel): **Defendant/Respondent Information:** Name: (Last) \_\_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ 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 OHIO

vs. N	UDGE JERRY L. BUCKLER Magistrate Robert Johnson IOTICE OF FILING
	_
	IOTICE OF FILING
<u>N</u>	
Defendant	
Please be advised the undersigned filed the following	g 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) <u>Vital Statistics Form.</u>	
The same has been made a part of the confidential file in this	s matter.
(signatur	re)
(print na	me)
(address)	)
cc: (name of opposing party or attorney)	

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

HEARING REQUESTED BY:	DATE:
NAME:ADDRESS:	CASE NO:
	HIDGE IEDDY I DIIGWI ED
ATTORNEY:	TYPE OF HEARING REQUESTED:
NAME:ADDRESS:	AMOUNT OF TIME REQUESTED:
ATTORNEY:	ALL APPRAISALS AND/OR EVALUATIONS
GUARDIAN AD LITEM:	HAVE BEEN COMPLETED: YES NO N/A
NOT The above captioned case has been set fo Judge Jerry L. Buckler, Magistrate Roxanne Hoover	ICE OF HEARING or hearing before:
Domestic Relations Court, in Room 3 Scioto County Courthouse, 602 7th Street on the day ofm.	, Portsmouth, Ohio 45662,
employed, gross income per month, r	8121.031, you are hereby notified: ed to testify to the following: (a) their employment status (if name and business address of employer); (b) their social any other information necessary to enable the Court to issue
<ol><li>The parties shall take notice that the obl from his/her personal earnings if he/sh</li></ol>	igor is subject to an order for withholding a specific amount e is employed and to one or more other types of withholding sequent employers, other persons who pay or otherwise ounts.
	estimony at the hearing to prove that any of the orders would
<ul><li>4. EITHER PARTY MAY BE ORDERED T</li><li>5. The parties should take notice that this hearing date may cause the action to be of</li></ul>	is an order of the Court and a failure to appear at the stated
APPROPRIATE ATTIRE REQUIRED: NO	O SHORTS, NO CUT-OFF SHIRTS AND NO TANK TOPS!
Plaintiff	Defendant
Serv	ed by Bailiff