

**You must file these added 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)
Scioto County Form 11	Registration for the "Successful Co-Parenting" Class	Fill out only if have children with the other party: Application to apply for the required co-parenting class. Take this form, along with \$25 application fee, to the clerk's office.
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 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) \_\_\_\_\_

**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.

# Court of Common Pleas

Domestic Relations Division

Scioto County

602 7<sup>th</sup> Street, Portsmouth, Ohio 45662

Judge's Office: (740) 355-8316

Magistrate's Office: (740) 353-1646

Fax: (740) 355-8205

## Successful Co-Parenting: A Family Stability Program

This Program is offered in conjunction  
with The Ohio State University Extension

**Completion of this program satisfies the requirements of Scioto DR Rule 6.02**

### REGISTRATION FORM

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Other Party's Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

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

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

\_\_\_\_\_  
Phone Number (Primary way to contact  
you)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name(s) and age(s) of your children:

\_\_\_\_\_  
Name Birthdate

\_\_\_\_\_  
Name Birthdate

\_\_\_\_\_  
Name Birthdate

\_\_\_\_\_  
Name Birthdate

-JUDGE JERRY L. BUCKLER-  
-Magistrate Robert Johnson-

- Case Number: \_\_\_\_\_
- Date of filing of Complaint for Divorce, or Petition for Dissolution: \_\_\_\_\_
- Have you previously completed the Successful Co-parenting program in the last two years?
  - ☐ Yes      ☐ No If so, when? \_\_\_\_\_
- Has Children's Services been involved with the family?
  - ☐ Yes      ☐ No If so, when? \_\_\_\_\_
- Are there any Domestic Violence, or Stalking Protection Orders currently in effect?      ☐ Yes      ☐ No If so, Case # \_\_\_\_\_
- Has there ever been a Domestic Violence, or Stalking Protection Order against either party? ☐ Yes      ☐ No If so, Case # \_\_\_\_\_

Please answer the following questions honestly.

- Do you fear being in the same room with the other party during mediation?
  - ☐ Yes      ☐ No
- Are you psychologically intimidated by the other party?
  - ☐ Yes      ☐ No
- Are you physically intimidated by the other party?
  - ☐ Yes      ☐ No
- Are you afraid of the other party for any other reason?
  - ☐ Yes      ☐ No
- Does the other party have a drug or alcohol problem?
  - ☐ Yes      ☐ No
- Has the other party ever been denied, or threatened to deny access to your children?
  - ☐ Yes      ☐ No
- Do you have any serious concerns about your child(ren)'s emotional or physical safety?
  - ☐ Yes      ☐ No
- On a scale of 1 to 10, do you feel safe being in the same room with the other parent and a mediator? (Please circle one)

I Feel Safe		Sometimes		No! I do not feel safe
1	2	3	4	5
			6	7
				8
				9
				10

Additional Comments or Concerns: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Successful Co-Parenting: A Family Stability Program

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with The Ohio State University Extension

### REGISTRATION FORM

**\*\*This Page Is Reserved for Court Use Only**

- Is there a legitimate safety concern which would prevent the parties from attending the program at the same time?
  - ☐ Yes    ☐ No
- Is this party involved in a Dissolution?
  - ☐ Yes    ☐ No      Date filed? \_\_\_\_\_ Case # \_\_\_\_\_
- Registration Date for Program Attendance:
  - \_\_\_\_\_
- Program Compliance Officer: \_\_\_\_\_

-JUDGE JERRY L. BUCKLER-  
-Magistrate Robert Johnson-

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

\_\_\_\_\_  
**Plaintiff**

**vs.**

\_\_\_\_\_  
**Defendant**

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

**JUDGE JERRY L. BUCKLER  
Magistrate Robert Johnson**

**NOTICE OF FILING**

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)

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

HEARING REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CASE NO: \_\_\_\_\_

**JUDGE JERRY L. BUCKLER  
Magistrate Robert Johnson**

ATTORNEY: \_\_\_\_\_

TYPE OF HEARING REQUESTED: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

AMOUNT OF TIME REQUESTED: \_\_\_\_\_

ATTORNEY: \_\_\_\_\_

GUARDIAN AD LITEM: \_\_\_\_\_

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 7<sup>th</sup> 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