

**You must file these added forms if you are filing an action in the **Tuscarawas** County Court of Common Pleas Domestic Relations Division:**

Domestic Relations Case Designation Form	This form tells the Court what type of case you are filing.
Disclosure of Personal Identifier Information	This form gives the Court information about you and the other party, and your children (if applicable)
Child Support Worksheet	Complete at: <a href="https://ohiochildsupportcalculator.ohio.gov/home.html">https://ohiochildsupportcalculator.ohio.gov/home.html</a>

**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 the forms (and copies) to the Clerk's office for filing.**

In The Court of Common Pleas  
Tuscarawas County, Ohio  
General Trial Division

## Domestic Relations Case Designation Form

\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Plaintiff/Petitioner  
vs.  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Defendant(s)/Petitioner/Respondent

:  
:  
: Case Number: \_\_\_\_\_  
:  
:  
:  
: Judge: \_\_\_\_\_  
:  
:  
:

Has this case been previously filed and dismissed? Check one: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, list case number and judge: \_\_\_\_\_

List all open or closed case(s), involving your children, including case number and judge: (for example, a Juvenile Court case regarding custody and/or support) \_\_\_\_\_  
\_\_\_\_\_

**Please indicate which category:**

_____ A. Termination of Marriage w/children (Divorce)	_____ G. Establishment/ Enforcement/Modification of Support Domestic Violence
_____ B. Termination of Marriage w/o children (Divorce)	_____ H. Domestic Violence
_____ C. Dissolution of Marriage w/children	_____ I. U.I.F.S.A.
_____ D. Dissolution of Marriage w/o children	_____ J. Parentage
_____ E. Change/Establishment of Custody	_____ K. Other (i.e., Post Decree Property/ QDRO Issues)
_____ F. Visitation/Parenting Time Enforcement or Modification	

**Mediation:** Is this case appropriate for mediation? Check one: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Non-attorney/pro se litigant:**

\_\_\_\_\_  
Party Name (if not represented by an attorney)  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Address (continued)  
\_\_\_\_\_  
Home Telephone  
\_\_\_\_\_  
Cell Phone  
\_\_\_\_\_  
Email Address  
Rev. 12/18/2019

**Attorney:**

\_\_\_\_\_  
Attorney of Record  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Attorney Registration Number  
\_\_\_\_\_  
Firm Name  
\_\_\_\_\_  
Firm Address  
\_\_\_\_\_  
Firm Phone Number  
\_\_\_\_\_  
Attorney Email Address

## **Disclosure of Personal Identifier Information**

### **For a Domestic Relations or Other Civil Case**

Please complete the following information. You do not need to make copies of this page, but you must submit it with the first document you file that includes personal identifiers. This will allow the Court to have needed information without it being released to the general public.

Under Sup.R. 45(D)(1), "[w]hen submitting a case document to a court or filing a case document with a clerk of court, a party to a judicial action or proceeding shall omit personal identifiers from the document. Under Sup.R. 44(H), "personal identifiers" means social security numbers, except for the last four digits; financial account numbers, including but not limited to debit card, charge card, and credit card numbers; employer and employee identification numbers...."

The following information is considered to be the confidential "personal identifiers" in this case, which will be omitted from documents filed in this case.

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

**Name of Party:**

\_\_\_\_\_

**Personal Identifier Information:**

SSN: \_\_\_\_\_

Financial Account Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer/Employee ID Number:

\_\_\_\_\_

**Name of Party:**

\_\_\_\_\_

**Personal Identifier Information:**

SSN: \_\_\_\_\_

Financial Account Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer/Employee ID Number:

\_\_\_\_\_

**Minor Child Name (if applicable):**

\_\_\_\_\_

**Personal Identifier Information:**

SSN: \_\_\_\_\_

**Minor Child Name (if applicable):**

\_\_\_\_\_

**Personal Identifier Information:**

SSN: \_\_\_\_\_

**Minor Child Name (if applicable):**

\_\_\_\_\_

**Personal Identifier Information:**

SSN: \_\_\_\_\_

**Minor Child Name (if applicable):**

\_\_\_\_\_

**Personal Identifier Information:**

SSN: \_\_\_\_\_

SETS number, if applicable: \_\_\_\_\_

**Attached:**

- ☐ Additional pages for other parties' information
- ☐ Other information or documents exempt from disclosure under state, federal or common law

Identifier/Item: \_\_\_\_\_ Reference used: \_\_\_\_\_  
\_\_\_\_\_

**Completed by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone