

DIVORCE WITHOUT CHILDREN

If you or your spouse own any real estate, have any type of pension plan, or have been married 10 years or more, you should consult a private attorney before using these forms.

You can also access informational pamphlets on these topics at:

<https://www.seols.org/information-on-dividing-assets-in-a-divorce-and-spousal-support/>

Form	Form Name	Purpose and Instructions
Uniform Dom. Relations Form #6	Complaint	Tells the Court that you want the Court to terminate your marriage.
Uniform Domestic Relations Form - Affidavit #1*	Affidavit of Basic Information, Income and Expenses	Tells the Court about your income situation.
Uniform Domestic Relations Form - Affidavit #2	Affidavit of Property and Debt	Tells the Court what property you have.
Uniform Domestic Relations Form - Affidavit #5*	Motion and Affidavit* or Counter Affidavit* for Temporary Orders without Oral Hearing	Not required. Tells the Court you want to have orders in place while the divorce is pending OR respond to the other side's request for temporary orders.
	Motion for Mutual Restraining Order and Mutual Restraining Order	Tells the Court that you are afraid your spouse will take certain actions to harm marital interests. Take a copy of Motion and Order to the Judge for signature.
Uniform Domestic Relations Form #31	Request for Service	Tells the Court where to send copies to the other party. *Certified mail is the normal method of service.
OH Sup. Ct. Civil Form 20*	Financial Disclosure/ Fee Waiver Affidavit	Tells the Court you cannot afford to pay the filing fee and asks the Court to waive the prepayment of the court costs.
Uniform Domestic Relations Form #14	Final Judgment for Divorce without children	Do NOT file this form. Take this form with you to the Final Hearing.

*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 completely before taking them to the Court. The court staff will not help you complete the forms.
- If you did not complete the Financial Disclosure/ Fee Waiver Affidavit, there is a filing fee.
- After completing the forms, you must make copies before you file the forms. You will need one copy for each other party and one copy for yourself. The Court will keep the original documents.
- Once you file the forms, the Clerk will send you notice of any court dates. Attend every court date.
- **NOTE:** If you move, call the Clerk with your new address

IN THE COURT OF COMMON PLEAS

DIVISION

COUNTY, OHIO

Name Case No. _____

Street Address Judge _____

City, State and Zip Code Magistrate _____

Plaintiff

vs.

Name

Street Address

City, State and Zip Code

Defendant

**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: This form is used to request a divorce if you and your spouse do not have (a) minor child(ren), adult child(ren) attending high school, or child(ren) with disabilities. Check to determine if you meet the residency requirement to file in this county. A Request for Service (Uniform Domestic Relations Form 31/Uniform Juvenile Form 10) must be filed with this form. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

COMPLAINT FOR DIVORCE WITHOUT CHILDREN

Now comes Plaintiff and states as follows:

1. Plaintiff has been a resident of the State of Ohio for at least six (6) months immediately before filing this Complaint.
2. Plaintiff has been a resident of _____ County for at least ninety (90) days immediately before filing this Complaint; OR
 Defendant resides in _____ County where this Complaint is filed.
3. Plaintiff and Defendant were married on _____ (date of marriage)
in _____ (city or county, and state).

4. Neither party is pregnant OR a party is pregnant.
5. Any child(ren) born from or adopted during this marriage or relationship, is/are now adults and none are mentally or physically disabled and incapable of supporting or maintaining themselves.
6. Military Service:
 Neither Plaintiff nor Defendant is an active-duty servicemember of the United States military.
 Plaintiff and/or Defendant is an active-duty servicemember of the United States military.
7. Plaintiff is entitled to a divorce from Defendant based upon 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 (1) year.
 - Plaintiff or Defendant had a Husband or Wife 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 is imprisoned in a state or federal correctional institution at the time of filing this Complaint.
 - Defendant procured a divorce outside this state by virtue of which Defendant has been released from the obligations of the marriage, while those obligations remain binding on Plaintiff.
8. Plaintiff and Defendant are owners of real estate and/or personal property.

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: *(check all that apply)*

- Defendant pay spousal support;
 - Plaintiff be restored to the former name of: _____;
 - Defendant pay Plaintiff's attorney fees;
 - Defendant pay the Court costs of the proceeding;
- and any further relief deemed proper.

 Attorney or Self Represented Party Signature

 Printed Name

 Address

 City, State, Zip

 Phone Number

 Fax Number

 E-mail

 Supreme Court Reg No. (if any)

IN THE COURT OF COMMON PLEAS

 _____ **DIVISION**
 _____ **COUNTY, OHIO**

 Plaintiff/Petitioner 1

Case No. _____

vs./and

Judge _____

Magistrate _____

 Defendant/Petitioner 2

Instructions: Check local court rules to determine when this form must be filed. This affidavit is used to make complete disclosure of income, expenses, and money owed. It is used to determine child and spousal support. Do not leave any category blank. For each item, if none, put "NONE." If you do not know exact figures for any item, give your best estimate, and put "EST." **If you need more space, add additional pages.**

AFFIDAVIT OF BASIC INFORMATION, INCOME, AND EXPENSES

Affidavit of _____
 (Print Name)

Date of marriage _____ Date of separation _____

SECTION I – BASIC INFORMATION

Plaintiff/Petitioner 1

Defendant/Petitioner 2

Date of Birth _____	Date of Birth _____
Last 4 Digits of Social Security # XXX-XX-_____	Last 4 Digits of Social Security # XXX-XX-_____
Phone Number _____	Phone Number _____
Email Address _____	Email Address _____
Is an interpreter needed? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain: _____	Is an interpreter needed? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain: _____
Health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If health is not good, please explain:	Health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If health is not good, please explain:

Education: (<i>Check highest level achieved</i>) <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate	Education: (<i>Check highest level achieved</i>) <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate
Other Technical Certifications: Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Technical Certifications: Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION II – INCOME

	<u>Plaintiff/Petitioner 1</u>	<u>Defendant/Petitioner 2</u>
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Employment	_____	_____
Name of Employer	_____	_____
Payroll Address	_____	_____
Payroll City, State, Zip	_____	_____
Scheduled Paychecks Per Year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52

A. YEARLY INCOME, OVERTIME, COMMISSIONS, AND BONUSES FOR PAST THREE YEARS

	<u>Plaintiff/Petitioner 1</u>	Year	<u>Defendant/Petitioner 2</u>
Base yearly income	\$ _____	3 years ago — 20__	\$ _____
	\$ _____	2 years ago — 20__	\$ _____
	\$ _____	Last year — 20__	\$ _____
Yearly overtime, commissions, and/or bonuses	\$ _____	3 years ago — 20__	\$ _____
	\$ _____	2 years ago — 20__	\$ _____
	\$ _____	Last year — 20__	\$ _____

B. COMPUTATION OF CURRENT INCOME

	<u>Plaintiff/Petitioner 1</u>	<u>Defendant/Petitioner 2</u>
Base Yearly Income	\$ _____	\$ _____
Average yearly overtime, commissions, and/or bonuses over last 3 years (from part A)	\$ _____	\$ _____

	Plaintiff/Petitioner 1	Defendant/Petitioner 2
Unemployment Compensation	\$ _____	\$ _____
Disability Benefits		
Workers' Compensation	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Retirement Benefits		
Social Security	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Spousal Support Received	\$ _____	\$ _____
Interest and dividend income (<i>source</i>) _____	\$ _____	\$ _____
Other income (<i>type and source</i>) _____	\$ _____	\$ _____
TOTAL YEARLY INCOME	\$ _____	\$ _____
Supplemental Security Income (SSI) and/or public assistance	\$ _____	\$ _____
Social Security or Veteran's benefits received for child(ren)		
<input type="checkbox"/> Based on parent's disability		
<input type="checkbox"/> Based on child's disability	\$ _____	\$ _____
Child support you receive from a child support enforcement agency or court order for minor and/or dependent child(ren) not of the marriage or relationship	\$ _____	\$ _____

SECTION III – CHILDREN AND HOUSEHOLD RESIDENTS

Minor and/or dependent child(ren) who is/are adopted or born from this marriage or relationship:

Name	Date of birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to the above child(ren):
 Plaintiff/Petitioner 1 has _____ other minor biological or adopted child(ren).
 Defendant/Petitioner 2 has _____ other minor biological or adopted child(ren).
 There is/are _____ adult(s) in your household.

SECTION IV – EXPENSES

List monthly expenses below for your present household.

A. MONTHLY HOUSING EXPENSES

Rent or first mortgage (including taxes and insurance)	\$ _____
Second mortgage/equity line of credit	\$ _____
Real estate taxes (if not included above)	\$ _____
Renter or homeowner’s insurance (if not included above)	\$ _____
Homeowner or condominium association fee	\$ _____
Utilities	
◦ Electric	\$ _____
◦ Gas, fuel oil, propane	\$ _____
◦ Water and sewer	\$ _____
◦ Telephone and/or cell phone	\$ _____
◦ Trash collection	\$ _____
◦ Cable/satellite television	\$ _____
◦ Internet service	\$ _____
Cleaning	\$ _____
Lawn service and/or snow removal	\$ _____
Other: _____	\$ _____
_____	\$ _____
TOTAL MONTHLY:	\$ _____

B. OTHER MONTHLY LIVING EXPENSES

Food	
◦ Groceries (including food, paper, cleaning products, toiletries, and other)	\$ _____
◦ Restaurant	\$ _____
Transportation	
◦ Vehicle loan, lease	\$ _____
◦ Vehicle maintenance	\$ _____
◦ Gasoline	\$ _____

◦ Parking, public transportation	\$ _____
Clothing	
◦ Clothes (other than child(ren)'s)	\$ _____
◦ Dry cleaning and laundry	\$ _____
Personal grooming	
◦ Hair and nail care	\$ _____
◦ Other: _____	\$ _____
Other: _____	\$ _____
TOTAL MONTHLY:	\$ _____

C. MONTHLY MINOR CHILD-RELATED EXPENSES
(for child(ren) of the marriage or relationship)

Work and/or education-related child care	\$ _____
Other child care	\$ _____
Extraordinary parenting time travel cost	\$ _____
School tuition	\$ _____
School lunches	\$ _____
School supplies	\$ _____
Extracurricular activities and lessons	\$ _____
Clothing	\$ _____
Child(ren)'s allowances	\$ _____
Special and extraordinary needs of child(ren) (not included elsewhere)	\$ _____
Other: _____	\$ _____
TOTAL MONTHLY:	\$ _____

D. MONTHLY INSURANCE PREMIUMS

Life	\$ _____
Auto	\$ _____
Health	\$ _____
Disability	\$ _____
Other: _____	\$ _____
TOTAL MONTHLY:	\$ _____

E. MONTHLY WORK AND EDUCATION EXPENSES FOR SELF

Mandatory work expenses (union dues, uniforms, or other)	\$ _____
Additional income taxes paid (not deducted from wages)	\$ _____
Tuition	\$ _____
Books, fees, and other	\$ _____
College loan	\$ _____
Other: _____	\$ _____
_____	\$ _____
TOTAL MONTHLY:	\$ _____

F. MONTHLY HEALTH CARE EXPENSES

(not covered by insurance)

Physicians	\$ _____
Dentists and orthodontists	\$ _____
Optometrists and opticians	\$ _____
Prescriptions	\$ _____
Other: _____	\$ _____
TOTAL MONTHLY:	\$ _____

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) [for child(ren) who were not born of this marriage or relationship and were not adopted by these parties]	\$ _____
Child support for child(ren) who were not born of this marriage or relationship and were not adopted by these parties	\$ _____
Expenses paid for adult child(ren) or other dependent(s)	\$ _____
Spousal support paid to former spouse(s)	\$ _____
Subscriptions and books	\$ _____
Charitable contributions	\$ _____
Memberships (associations and clubs)	\$ _____
Travel and vacations	\$ _____
Pets	\$ _____
Gifts	\$ _____
Attorney fees	\$ _____

Other: _____ \$ _____
 _____ \$ _____
TOTAL MONTHLY: \$ _____

H. MONTHLY INSTALLMENT PAYMENTS INCLUDING BANKRUPTCY PAYMENTS

(Do not repeat expenses already listed.)
 Examples: car, credit card, rent-to-own, or cash advance payments

To whom paid	Purpose	Balance due	Monthly payment
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
		TOTAL MONTHLY:	\$ _____

GRAND TOTAL MONTHLY EXPENSES (Sum of A through H): \$ _____

IN THE COURT OF COMMON PLEAS

DIVISION
COUNTY, OHIO

Plaintiff/Petitioner 1

vs./and

Defendant/Petitioner 2

Case No.

Judge

Magistrate

Instructions: Check local court rules to determine when this form must be filed. List ALL OF YOUR PROPERTY AND DEBTS, THE PROPERTY AND DEBTS OF YOUR SPOUSE, AND ANY JOINT PROPERTY OR DEBTS. You must provide the most recent value for each asset and balance owed for each debt. Do not leave any category blank. For each item, if none, put "NONE." If you do not know exact figures for any item, give your best estimate, and put "EST." If more space is needed, add additional pages.

AFFIDAVIT OF PROPERTY AND DEBT

Affidavit of (Print Name)

I. REAL ESTATE INTERESTS

Table with 5 columns: Address, Present Fair Market Value, Titled To, Mortgage Balance, Equity. Rows 1 and 2 for listing property interests.

TOTAL SECTION I: REAL ESTATE INTERESTS: \$

II. OTHER ASSETS

Table with 4 columns: Category, Description, Titled To, Value. Section A: Vehicles and Other Certificate of Title Property. Rows 1 and 2 for listing other assets.

<u>Category</u>	<u>Description</u>	<u>Titled To</u>	<u>Value</u>
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____
6.	_____	_____	\$ _____

B. Financial Accounts

(Include checking, savings, CDs, POD accounts, money market accounts, etc.)

1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____

C. Pensions & Retirement Plans

(Include profit-sharing, IRAs, 401(k) plans, etc. Describe each type of plan)

1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____

D. Publicly Held Stocks, Bonds, Securities & Mutual Funds

(Name of company and number of shares)

1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____

<u>Category</u>	<u>Description</u>	<u>Titled To</u>	<u>Value</u>
E. Closely Held Stocks & Other Business Interests and Name of Company			
	(Type of ownership and number of shares)		
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
F. Life Insurance (Company Name and Term or Whole Life)			
	(Insured Life)		Cash Value and Loan Balance, if any
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
G. Furniture & Household Goods, Furnishings, and Appliances			
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
H. Safe Deposit Box			
(Give location and contents)			
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
I. All Other Assets Not Listed Above			
(including jewelry, art, tools, firearms, and other collectibles)		(If necessary, attach additional pages)	
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
TOTAL SECTION II: OTHER ASSETS:			\$ _____

III. SEPARATE PROPERTY CLAIMS

Separate property includes, but is not limited to, property owned before marriage and gifts or inheritances to only one spouse.

Description	Why do you claim this as separate property?	Present Fair Market Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
TOTAL SECTION III: SEPARATE PROPERTY CLAIMS:		\$ _____

IV. DEBT

List ALL OF YOUR DEBTS, your spouse’s debts, and any joint debts. Do not leave any category blank. For each item, if none, put “NONE.” If you don’t know exact figures for any item, give your best estimate, and put “EST.” **If more space is needed to explain, please attach an additional page with the explanation and identify which question you are answering.**

Type	Name of Creditor	Name on Account	Total Debt Due	Monthly Payment
A. Secured Debt (Mortgages, Car, etc.)				
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____
B. Unsecured Debt (Credit cards, medical bills, other debts)				
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____

Type	Name of Creditor	Name on Account	Total Debt Due	Monthly Payment
4. _____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____
TOTAL SECTION IV: DEBT:			\$ _____	

V. BANKRUPTCY

Filed by	Date of Filing	Date of Discharge or Relief from Stay	Type of Case (Ch. 7, 11, 12, 13)	Current Monthly Payments
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
TOTAL SECTION V: BANKRUPTCY:			\$ _____	

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.

Your Signature

STATE OF _____)
) SS
 COUNTY OF _____)

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

Signature of Notary Public

Printed Name of Notary Public

Commission Expiration Date: _____

(Affix seal here)

IN THE COURT OF COMMON PLEAS

DIVISION

COUNTY, OHIO

Plaintiff _____ Case No. _____
vs. Judge _____
Magistrate _____
Defendant _____

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. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **If more space is needed, add additional pages.**

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

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 Civ.R. 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 (companionship or visitation)
 - _____ Child support
 - _____ Spousal support (if married)
 - _____ Payment of debts and/or expenses

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. The parties are living separately.
Date of separation is _____.
- The parties are living together.
- The parties have no minor children. (*Skip to number 6*)
- 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 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.

2. Movant's child(ren) attend(s) school in:
- _____ public school district
- Other: (*Explain*) _____
- All children do not attend school in the same district. (*Explain*)

3. 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)*)

4. 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 _____

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

Name of Court/Agency _____

Date of Order _____

SETS No. _____

6. Movant requests the Court to order the other parent or party to pay:

\$ _____ child support per month

\$ _____ spousal support per month (only if married)

\$ _____ attorney fees, expert fees, Court costs

The following debts and/or expenses:

Other: _____

7. Movant is willing to attend mediation.

Movant is not willing to attend mediation.

NOTICE OF HEARING

(Check with local Court to obtain a hearing date and time and for scheduling procedure)

You are hereby given notice that this Motion for Temporary Orders will come before the Court for consideration on Affidavits only, without oral testimony, before Judge/Magistrate _____, at _____ a.m./p.m. on _____, 20_____.

CERTIFICATE OF SERVICE

(Check the boxes that apply)

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

On: (Date) _____, 20 _____

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) _____

- By:
- As instructed in the Request for Service (Uniform Domestic Relations Form 31/Uniform Juvenile Form 10) filed with the Clerk of Courts
 - Regular U.S. Mail
 - Fax
 - Hand Delivery
 - Other: _____

Signature

IN THE _____ COUNTY COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION

_____:

Plaintiff,

vs.

_____:

Defendant.

Case No. _____

JUDGE _____

Magistrate _____

**MOTION FOR MUTUAL
RESTRAINING ORDER**

Now Comes _____ and respectfully requests that this Court issue and order
restraining the parties from 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 of 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.

WHEREFORE, _____ respectfully requests that the Court issue a temporary restraining order in this case consistent with the aforementioned terms.

(Your Signature)

State of OHIO, County of _____

Sworn/Affirmed and subscribed before me this date of _____

by _____

Notary Public, State of Ohio

My Commission Expires _____

CERTIFICATE OF SERVICE
(Check the boxes that apply)

I delivered a copy of the Motion for Mutual Restraining Order

On: (Date) _____, 20____

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) _____

By: As instructed in the Request for Service (Uniform Domestic Relations Form 31/Uniform Juvenile form 10) filed with the Clerk of Courts

Regular U.S. Mail

Fax

Hand Delivery

Other: _____

Signature

IN THE _____ COUNTY COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION

_____;

Plaintiff,

vs.

_____;

Defendant.

Case No. _____

JUDGE _____

Magistrate _____

MUTUAL RESTRAINING ORDER

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.

It is the ORDER of the Court that above restraining order shall not prevent the payment of ordinary and necessary business and living expenses. This Order is granted upon application by Plaintiff/Defendant and supported by affidavit. Objection to the Order may be made by a proper motion and counter-affidavit filed within fourteen (14) days, pursuant to Civ.R. 75(N)(2).

IT IS SO ORDERED.

JUDGE/MAGISTRATE

To the Clerk: Serve a copy of the foregoing Entry upon all parties and counsel of record by ordinary mail.

IN THE COURT OF COMMON PLEAS

DIVISION

COUNTY, OHIO

IN THE MATTER OF:

A Minor

Name

Street Address

City, State and Zip Code

Case No. _____

Judge _____

Magistrate _____

Plaintiff/Petitioner 1

vs./and

Name

Street Address

City, State and Zip Code

Defendant/Petitioner 2/Respondent

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: This form is used when you want to request documents to be served on the other party. You must indicate the requested method of service by marking the appropriate box. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Please serve the following documents: *(check all that apply)*

Complaint for Divorce with Children

- Complaint for Divorce without Children
- Complaint for Parentage, Allocation of Parental Rights and Responsibilities
- Petition for Dissolution
- Motion and Affidavit or Counter Affidavit for Temporary Orders
- Motion for Change of Parental Rights and Responsibilities (Custody)
- Motion for Change of Parenting Time (Companionship and Visitation)
- Motion for Change of Child Support, Medical Support, Tax Exemption, or Other Child-Related Expenses
- Motion for Contempt and Affidavit
- Separation Agreement
- Parenting Plan
- Shared Parenting Plan
- Affidavit of Income and Expenses
- Affidavit of Property
- Parenting Proceeding Affidavit
- Health Insurance Affidavit
- Explanation of Health Care Bills
- Agreed Judgment Entry
- Other: (*specify*) _____

Please serve the following parties with the above marked documents:

- Defendant/Petitioner 2/Respondent at _____(address) by:
 - Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other: (*specify*) _____

- Plaintiff/Petitioner 1 at _____(address) by:
 - Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other: (*specify*) _____

- _____ County Child Support Enforcement Agency at _____(address) by:
 - Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other: (*specify*) _____

- Other _____ at _____ (address) by:
- Certified Mail, Return Receipt Requested
- Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
- Other: (*specify*) _____

SPECIAL INSTRUCTIONS TO SHERIFF:

 Attorney or Self Represented Party Signature

 Printed Name

 Address

 City, State, Zip

 Phone Number

 Fax Number

 E-mail

 Supreme Court Reg No. (if any)

FORM 20. CIVIL FEE WAIVER AFFIDAVIT AND ORDER

IN _____

)	CASE NO.
)	
Plaintiff,)	JUDGE
)	
vs.)	
)	
Defendant.)	<u>FINANCIAL DISCLOSURE / FEE- WAIVER AFFIDAVIT AND ORDER</u>

Pursuant to R.C. 2323.311, the below-named Applicant requests that the Court determine that the Applicant is an indigent litigant and be granted a waiver of the prepayment of costs or fees in the above captioned matter. The Applicant submits the following information in support of said request.

Personal Information			
Applicant's First Name	Applicant's Last Name		
Applicant's Date of Birth	Last 4 Digits of Applicant's SSN		
Applicant's Address			
Other Persons Living in Your Household			
First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Benefits			
I receive the following public benefits and my gross income, including the cash benefits marked below, does not exceed 187.5% of the federal poverty guidelines.			
Place an "X" next to any benefits you receive.			
Ohio Works First ¹ : ___ SSI ² : ___ Medicaid ³ : ___ Veterans Pension Benefit ⁴ : ___ SNAP / Food Stamps ⁵ : ___			
Monthly Income			
I am NOT able to access my spouse's income <input type="checkbox"/>			
	Applicant	Spouse (If Living in Household)	Total Monthly Income

Gross Monthly Employment Income, including Self-Employment Income (Before Taxes)	\$	\$	\$
Unemployment, Worker's Compensation, Spousal Support (If Receiving)	\$	\$	\$
TOTAL MONTHLY INCOME			\$
Liquid Assets			
Type of Asset	Estimated Value		
Cash on Hand	\$		
Available Cash in Checking, Savings, Money Market Accounts	\$		
Stocks, Bonds, CDs	\$		
Other Liquid Assets	\$		
Total Liquid Assets			\$
Monthly Expenses			
Column A		Column B	
Type of Expense	Amount	Type of Expense	Amount
Rent / Mortgage / Property Tax / Insurance	\$	Insurance (Medical, Dental, Auto, etc.)	\$
Food / Paper Products/Cleaning Products/Toiletries	\$	Child or Spousal Support that You Pay	\$
Utilities (Heat, Gas, Electric, Water / Sewer, Trash)	\$	Medical / Dental Expenses or Associated Costs of Caring for a Sick or Disabled Family Member	\$
Transportation / Gas	\$	Credit Card, Other Loans	\$
Phone	\$	Taxes Withheld or Owed	\$
Child Care	\$	Other (e.g. garnishments)	\$
Total Column A Expenses	\$	Total Column B Expenses	\$
TOTAL MONTHLY EXPENSES (Column A + Column B)			

I, _____, hereby certify that the information I have provided on
 (Print Name)
 this financial disclosure form is true to the best of my knowledge and that I am unable to prepay the costs or fees in this case.

 Signature

NOTARY PUBLIC:
 Sworn to before me and signed in my presence this _____ day of _____, 20____,
 in _____ County, Ohio.

 Notary Public (Signature)

 Notary Public (Printed)
 My Commission expires: _____

If available, an individual duly authorized to administer this oath at the Clerk of Court's Office will do so at no cost to the Applicant.

ORDER

- Upon the request of the Applicant and the Court's review, the Court finds that the Applicant **IS** an indigent litigant and **GRANTS** a waiver of the prepayment of costs or fees in this matter. Pursuant to R.C. 2323.311(B)(3), upon the filing of a civil action or proceeding and the affidavit of indigency under division (B)(1) of this section, the clerk of the court shall accept the action, motion, or proceeding for filing.

- Upon the request of the Applicant and the Court's review, the Court finds that the Applicant is **NOT** an indigent litigant and **DENIES** a waiver of the prepayment of costs or fees in this matter. Applicant is granted thirty (30) days from the issuance of this Order to make the required advance deposit or security. Failure to do so within the time allotted may result in dismissal of the applicant's filing.

IT IS SO ORDERED

Judge / Magistrate

Date

[Effective: April 15, 2020.]

APPENDIX

2020 FEDERAL POVERTY LIMIT (FPL)

Persons in family/household	100% Poverty	100% Poverty Monthly Gross Income	187.5% Poverty	187.5% Poverty Monthly Gross Income
1	\$12,760	\$1,063.33	\$23,925	\$1,993.74
2	\$17,240	\$1,436.67	\$32,325	\$2,693.75
3	\$21,720	\$1,810	\$40,725	\$3,393.75
4	\$26,200	\$2,183.33	\$49,125	\$4,093.75
5	\$30,680	\$2,556.67	\$57,525	\$4,793.75
6	\$35,160	\$2,930	\$65,925	\$5,493.75
7	\$39,640	\$3,303.33	\$74,325	\$6,193.75
8	\$44,120	\$3,676.67	\$82,725	\$6,893.75

R.C. 2323.311(B)

(4) A judge or magistrate of the court shall review the affidavit of indigency as filed pursuant to division (B)(2) of this section and shall approve or deny the applicant's application to qualify as an indigent litigant. The judge or magistrate shall approve the application if the applicant's gross income does not exceed one hundred eighty-seven and five-tenths per cent of the federal poverty guidelines as determined by the United States department of health and human services for the state of Ohio and the applicant's monthly expenses are equal to or in excess of the applicant's liquid assets as specified in division (C)(2) of section 120-1-03 of the Administrative Code, as amended, or a substantially similar provision. If the application is approved, the clerk shall waive the advance deposit or security and the court shall proceed with the civil action or proceeding. If the application is denied, the clerk shall retain the filing of the action or proceeding, and the court shall issue an order granting the applicant whose application is denied thirty days to make the required advance deposit or security, prior to any dismissal or other action on the filing of the civil action or proceeding.

(6) Nothing in this section shall prevent a court from approving or affirming an application to qualify as an indigent litigant for an applicant whose gross income exceeds one hundred eighty-seven and five-tenths per cent of the federal poverty guidelines as determined by the United States department of health and human services for the state of Ohio, or whose liquid assets equal or exceed the applicant's monthly expenses as specified in division (C)(2) of section 120-1-03 of the Administrative Code, as amended, or a substantially similar provision.

¹Ohio Works First Income Limit: 50% FPL (R.C. 5107.10(D)(1)(a))

²SSI Income Limit: cannot have countable income that exceeds the Federal Benefit Rate (FBR). 2019 FBR: \$771 monthly for single disabled individual; \$1157 monthly for disabled couple (20 CFR 416.1100)

³Medicaid Income Limit:

Modified Adjusted Gross Income (MAGI):138% FPL (OAC 5160:1-4-01; 42 USC 1396a(a)(10)(A)(i)(VIII))

Aged, Blind or Disabled: \$791 for single person; \$1177 for disabled couple

⁴Veterans Pension Benefit Income Limit: \$13,535 annually / \$1,127 monthly for a single person; \$17,724 annually / \$1,477 monthly for a veteran with one dependent

⁵Supplemental Nutrition Assistance Program (SNAP) Income Limit: 130% FPL for assistance groups with nondisabled/nonelderly member; 165% FPL for elderly and disabled assistance groups (OAC 5101:4-4-11; Food Assistance Change Transmittal No. 61)

IN THE COURT OF COMMON PLEAS

DIVISION

COUNTY, OHIO

Name _____ Case No. _____
Street Address _____ Judge _____
City, State and Zip Code _____ Magistrate _____

Plaintiff

vs.

Name

Street Address

City, State and Zip Code

Defendant

JUDGMENT ENTRY – DECREE OF DIVORCE WITHOUT CHILDREN

This matter came on for final hearing on _____ before Judge Magistrate
_____ upon Plaintiff's Complaint for Divorce without Children filed on
_____ and/or Defendant's Counterclaim filed on _____ and upon
the following: _____.

FINDINGS

Upon a review of the record, testimony, and evidence presented, the Court makes the following findings:

- A. Check all that apply:
- Defendant was properly served with Summons, a copy of the Complaint, and both parties received Notice of Hearing.
 - Defendant filed a Waiver of Service.
 - Defendant filed an Answer to Plaintiff's Complaint.
 - Defendant failed to file an Answer to Plaintiff's Complaint or plead, despite being properly served with Summons, a copy of the Complaint.

- Defendant filed a Counterclaim.
 - Plaintiff filed a Reply to Defendant's Counterclaim.
 - Plaintiff failed to file a Reply to Defendant's Counterclaim.
- B. Plaintiff was present at the Hearing.
- _____ appeared as counsel for Plaintiff.
- Plaintiff failed to appear.
- Defendant was present at the Hearing.
- _____ appeared as counsel for Defendant.
- Defendant failed to appear.
- C. Plaintiff was a resident of the State of Ohio for at least six (6) months immediately before the Complaint and/or Counterclaim was/were filed.
- D. At the time the Complaint and/or Counterclaim was/were filed:
- Plaintiff was a resident of this county for at least ninety (90) days immediately before the filing.
 - Defendant was a resident of this county.
 - Venue is proper based upon: _____
- E. This Court has jurisdiction and venue is proper to determine all of the issues raised by the pleadings and motions.
- F. Plaintiff and Defendant were married on _____ (date of marriage)
in _____ (city or county, and state).
- G. The termination of marriage is the date of Final Hearing or the date specified:

- H. Children:
- Neither party is pregnant OR a party is pregnant.
- Any child(ren) born from or adopted during this marriage or relationship, is/are now adults and none are mentally or physically disabled and incapable of supporting or maintaining themselves.
- I. Military Service:
- Neither Plaintiff nor Defendant is an active-duty servicemember of the United States military.
 - Plaintiff and/or Defendant is an active-duty servicemember of the United States military; however, active-duty service did not impact the member's ability to prosecute or defend this action.
- J. The divorce should be granted on the following ground(s):
- Plaintiff and Defendant are incompatible.
 - Plaintiff and Defendant have lived separate and apart without cohabitation and without interruption for one (1) year.
 - Plaintiff or Defendant had a Husband or Wife living at the time of the marriage.
 - Plaintiff or Defendant has been willfully absent for one (1) year.

- Plaintiff or Defendant is guilty of adultery.
 - Plaintiff or Defendant is guilty of extreme cruelty.
 - Plaintiff or Defendant is guilty of fraudulent contract.
 - Plaintiff or Defendant is guilty of gross neglect of duty.
 - Plaintiff or Defendant is guilty of habitual drunkenness.
 - Plaintiff or Defendant was imprisoned in a state or federal correctional institution at the time the Complaint was filed.
 - Plaintiff or Defendant procured a divorce outside this state by virtue of which Plaintiff or Defendant has been released from the obligations of the marriage, while those obligations remain binding on Plaintiff or Defendant.
- K. Plaintiff and/or Defendant through testimony or affidavit made full and complete disclosure of all marital property, separate property, and any other assets, debts, income, and expenses.

- L. The Court finds that:
- the parties presented the Court with a written Separation Agreement or read a settlement of all issues into the record. The written Separation Agreement is attached hereto as Exhibit A. The Court finds the agreement to be a fair and equitable division of property and debts and an appropriate resolution of all issues, knowingly and voluntarily entered into by the parties.
 - a Magistrate's Decision was filed on: _____
 - no objections having been filed, the Court accepts the Magistrate's findings of fact and adopts the recommendations, making them the order of the Court.
 - the Court ruled upon all objections to the Magistrate's Decision by a separate Judgment Entry.
 - the parties did not present the Court with a written Separation Agreement or read a settlement of all issues into the record. Based upon the evidence presented by the parties who appeared, the Court makes the findings set forth herein upon which it makes a fair and equitable division of property and debts and an appropriate resolution of all issues of the parties.

The parties have the following separate assets:

Party	Asset	Value

The parties have the following separate debts:

Party	Debt	Balance

The parties have the following marital assets:

Asset	Value

The parties have the following marital debts:

Debt	Balance

The Court makes the following findings regarding the spousal support factors set forth in R.C. 3105.18:

M. The Court finds that Plaintiff incurred attorney fees and litigation expenses in the amount of \$ _____ and Defendant incurred attorney fees and litigation expenses in the amount of \$ _____. It is equitable that: (*select one*)

- Each party pay his or her attorney fees and litigation expenses, if any.
- Plaintiff pay all or part of Defendant’s attorney fees and litigation expenses as follows:

Defendant pay all or part of Plaintiff's attorney fees and litigation expenses as follows:

N. The Court further finds that: _____

JUDGMENT

Based upon the findings set forth above, it is, therefore, **ORDERED, ADJUDGED and DECREED** that:

FIRST: DIVORCE GRANTED

Plaintiff Defendant is/are granted a divorce on the grounds set forth above. Both parties are released from the obligations of their marriage except for those obligations listed below or as set forth in the attached Separation Agreement Magistrate's Decision which is incorporated in this Judgment Entry as if fully rewritten and/or as is set forth herein.

SECOND: PROPERTY

The parties' property shall be divided as follows:

A. Plaintiff is awarded the following separate property: _____

B. Defendant is awarded the following separate property: _____

C. Each party is awarded all of the household goods, furniture, furnishings, and other personal property currently in their respective possession, free and clear of any claim of the other party, except as specifically set forth in Sections D, E, and F below.

D. Plaintiff is awarded the following real estate and items of personal property, free and clear from all claims of Defendant:

E. Defendant is awarded the following real estate and items of personal property, free and clear from all claims of Plaintiff:

F. Other orders regarding property: _____

G. The parties shall take all necessary steps to transfer legal title and possession of property and take appropriate actions to implement and effectuate the division of retirement accounts within thirty (30) days of this Judgment Entry. The Court reserves jurisdiction over the completion, filing, qualification and/or approval of any document necessary to transfer assets.

H. Other orders regarding transfers: _____

THIRD: DEBT

The parties' debts shall be divided as follows:

A. Plaintiff shall pay the following debts and hold Defendant harmless from all claims:

B. Defendant shall pay the following debts and hold Plaintiff harmless from all claims:

- C. Bankruptcy
The Court has continuing jurisdiction to determine whether a debt assigned to a party qualifies as an exception to discharge in bankruptcy according to federal law.
- D. Neither party shall incur liabilities against the other party in the future.

FOURTH: SPOUSAL SUPPORT

- A. Spousal Support Not Awarded
 Neither Plaintiff nor Defendant shall pay spousal support to the other, subject to any jurisdiction reserved in Section E below.
- B. Spousal Support Awarded
 Plaintiff Defendant shall pay spousal support to Plaintiff Defendant in the amount of \$_____ per month commencing on _____. Spousal support shall continue for a period of _____ months OR until further order of this Court.
- C. Method of Payment of Spousal Support
 Spousal support payments shall be made directly to Plaintiff Defendant.
 Spousal support payments, plus two percent (2%) processing charge, shall be made to the Ohio Child Support Payment Central, P. O. Box 182372, Columbus, Ohio 43218-2372, as administered through the _____ County Child Support Enforcement Agency by: income withholding or other _____.
- D. Termination of Spousal Support
Spousal support shall terminate earlier than the above stated date upon Plaintiff's or Defendant's death or in the event of the following:
 The cohabitation of the person receiving support in a relationship comparable to marriage.
 The remarriage of the person receiving support.
 Other: (*specify*) _____
- E. Reservation of Jurisdiction
Under all circumstances, the Court shall retain jurisdiction over the issue of spousal support to hear and determine a Motion for Relief from Judgment pursuant to Civ.R. 60(B).
On other matters involving spousal support: (*check all that apply*)
 The Court shall retain jurisdiction to modify the amount of the spousal support order.
 The Court shall NOT retain jurisdiction to modify the amount of the spousal support order.
 The Court shall retain jurisdiction to modify the duration of the spousal support order.
 The Court shall NOT retain jurisdiction to modify the duration of the spousal support order.
 The Court shall retain jurisdiction to establish or modify the amount and/or duration of spousal support in the event either party files bankruptcy.
- F. Other orders regarding spousal support: _____

G. Arrearage or Overpayment

- Any temporary spousal support arrearage or overpayment shall survive this Judgment Entry.
- Any temporary spousal support arrearage or overpayment shall not survive this Judgment Entry.
- Other: _____

FIFTH: NAME

_____ is restored to the former name of _____

SIXTH: OTHER ORDERS

SEVENTH: TEMPORARY ORDERS

All temporary orders in this case are terminated.

EIGHTH: PAYMENT OF ATTORNEY FEES AND LITIGATION EXPENSES (select one)

- Each party shall pay his/her own attorney fees and litigation expenses, if any.
- Plaintiff shall pay _____ of attorney fees and litigation expenses incurred by Defendant. The same shall be paid as follows: _____
- Defendant shall pay _____ of attorney fees and litigation expenses incurred by Plaintiff. The same shall be paid as follows: _____

NINTH: COURT COSTS

Court costs are:

- Taxed to the deposit. Court costs due above the deposit shall be paid as follows: _____
- Other: (specify) _____

TENTH: CLERK OF COURTS

The Clerk of Courts shall provide:

a certified copy to: _____

a file stamped copy to: _____

JUDGE

Plaintiff Signature

Defendant Signature

Printed Name

Printed Name

Plaintiff's Attorney Signature

Defendant's Attorney Signature

Printed Name

Printed Name

Supreme Court Reg No.

Supreme Court Reg No.

NOTICE. This is a final appealable order. The Clerk is directed to serve upon all parties notice of this Judgment Entry and its date of entry upon the journal in accordance with Civ.R. 5(B), in the manner provided in Civ.R. 58(B).