

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

## COSHOCTON DIVORCE - NO CHILDREN

\* All forms in **BOLD** must be signed in front of a notary.\*

### Forms to be completed by you

- ❶ **Complaint** - Tells the Court why you want a divorce and what you want.
- ❷ **Affidavit of Indigency** - Tells the Court you cannot afford to prepay the filing fee.
- ❸ **Instructions for Service** - Tells the Court where to send copies to your spouse.
- ❹ **Affidavit for Service** - If you do not know where your spouse lives **and** you have completed Form ❷ then complete this form to obtain service.
- A **Financial Affidavit** - Provides financial information to be used in your case.

### Additional Forms if You Need Immediate Orders

- ❺ **Ex Parte Motion for Temporary Orders** - Tells the Court what you are asking for now.
- ❻ **Affidavit for Temporary Orders** - Tells the Court why you need temporary orders now.

### After completing the forms

- Make three (3) copies of each completed form.
- Take the originals and three (3) copies to Clerk of Common Pleas Court.
- If you completed Form ❷, you will pay nothing at the time of filing.
- If you did not complete Form ❷, the filing fee is \$175.00
- If you filed:
  - Form ❷ then also give the Clerk Order A  Order for Filing Fees
  - Form ❺ then also give the Clerk Order B  Temporary Orders
  - Form ❹ then also give the Clerk Order D  Service

### After forms are filed

- Clerk will send you notice of any court dates. Attend all of these court dates.
- If you move, call the Clerk with your new address.
- Bring Order C Judgment Decree of Divorce to the final hearing. The judge will complete the form.

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

\_\_\_\_\_  
(Your Name) : Case Number \_\_\_\_\_  
: (Court will complete)

\_\_\_\_\_  
(Your Address) :

\_\_\_\_\_  
:

DOB: \_\_\_\_\_ :

Plaintiff, :

vs. : Judge/Magistrate \_\_\_\_\_  
: (Court will complete)

\_\_\_\_\_  
(Your Spouse's Name) :

\_\_\_\_\_  
(Your Spouse's Address) : **COMPLAINT FOR DIVORCE -**  
: **WITHOUT CHILDREN**

\_\_\_\_\_  
:

DOB: \_\_\_\_\_ :

Defendant. :

1. Plaintiff has been a resident of the State of Ohio for more than six months immediately prior to the filing of this Complaint, and (Check One)

- of \_\_\_\_\_ County for more than 90 days immediately prior to filing this Complaint and/or
- Defendant is a resident of \_\_\_\_\_ County.

2. Plaintiff and Defendant were married on \_\_\_\_\_ in  
(Insert Date)

\_\_\_\_\_, \_\_\_\_\_  
(City) (State)

3. We do not have any children together.
4. Wife is not currently pregnant.
5. Defendant has been guilty of: **(Check all that apply)**
- |  |  |
|--|--|
| <input type="checkbox"/> Gross Neglect of Duty | <input type="checkbox"/> Spouse is currently in prison           |
| <input type="checkbox"/> Adultery              | <input type="checkbox"/> Habitual Drunkenness                    |
| <input type="checkbox"/> Incompatability       | <input type="checkbox"/> Living separately for at least one year |
| <input type="checkbox"/> Extreme Cruelty       |  |

6. The parties **(Check One)**

- do not own real property
- do own real property located at

---

(Address, City, State)

7. The parties have personal property which: **(Check One)**

- has been divided
- has not been divided. Major property items not divided include \_\_\_\_\_

8. The parties: **(Check One)**

- do not have any debts
- have the following debts \_\_\_\_\_

**THE PLAINTIFF ASKS THE COURT FOR THE FOLLOWING RELIEF:**

- a. Grant this divorce;
- b. Equitably divide the property and debts.
- c. That the Court: **(Check all that apply)**
  - restore wife to her former name of  

---
  - order the Defendant not to dispose of property during this action.
  - order the Defendant to pay spousal support.
- d. Order the Defendant to pay the costs of this action; and
- e. Award any other relief the Court feels is fair and equitable.

Respectfully submitted,

\_\_\_\_\_  
Plaintiff Signature (Your Signature)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

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

\_\_\_\_\_  
(Your Name)

Plaintiff,

vs.

Case No. \_\_\_\_\_  
(Court will complete)

Judge/Magistrate \_\_\_\_\_  
(Court will complete)

\_\_\_\_\_  
(Your Spouse's Name)

Defendant.

**AFFIDAVIT OF INDIGENCY AND  
APPLICATION FOR WAIVER OF  
FILING FEE**

I, \_\_\_\_\_, being first duly sworn and cautioned, depose and state as  
(Your Name)

follows:

1. I am the Plaintiff in the above-captioned case.
2. I do not have the funds or assets to pay the costs of the deposit or to pay for an attorney to represent me. If sufficient funds do become available to me in the future, I am willing to pay the costs at that time.
3. I therefore request that I be allowed to proceed in this matter without prepayment of costs.
4. I understand that the Court may assess the costs of this action at the conclusion of the case and that the costs may be assessed against me.

\_\_\_\_\_  
Affiant (Sign here in front of notary)

STATE OF OHIO, COUNTY OF \_\_\_\_\_, SS:

Sworn to before me and signed in my presence this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

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

\_\_\_\_\_  
(Your Name)

Case No. \_\_\_\_\_  
(Court will complete)

Plaintiff,

Judge/Magistrate \_\_\_\_\_  
(Court will complete)

vs.

\_\_\_\_\_  
(Your Spouse's Name)

Defendant.

**INSTRUCTIONS FOR SERVICE**

TO THE CLERK:

Please serve the Defendant with the Summons and the following documents: **(Check all that you filed.)**

\_\_\_\_\_ Complaint for Divorce

\_\_\_\_\_ Motion for Temporary Orders

\_\_\_\_\_ Affidavit of Plaintiff

\_\_\_\_\_ Parental Affidavit

\_\_\_\_\_ Affidavit of Indigency

\_\_\_\_\_ by CERTIFIED MAIL, ADDRESSEE ONLY at the following address: **(Check if you know your spouse's address)**

\_\_\_\_\_  
(Your Spouses Address)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Pursuant to O.R.C.P. 4.4(A)(2) so that notice is posted in the courthouse and two additional public places. Additionally, the complaint and summons will be mailed by ordinary mail, address correction requested to the defendant's last known address. (Check if you do not know your spouse's address. Also complete Form ①)

\_\_\_\_\_  
Plaintiff Signature (Your Signature)

\_\_\_\_\_  
Print Name (Your Name)

\_\_\_\_\_  
Street Address (Your Address)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

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

\_\_\_\_\_  
(Your Name)

Case No. \_\_\_\_\_  
(Court will complete)

Plaintiff,

Judge/Magistrate \_\_\_\_\_  
(Court will complete)

vs.

\_\_\_\_\_  
(Your Spouse's Name)

Defendant.

**AFFIDAVIT FOR SERVICE**  
**PURSUANT TO O.R.C.P. 4.4(A)(2)**

I, \_\_\_\_\_, being first duly sworn and cautioned, depose and state  
(Your Name)

as follows:

1. I have filed for a divorce and am not able to prepay the filing fees;
2. I do not know the current address of the defendant, my spouse;
3. I have made efforts to determine the defendant's current address but have been unable to do so;
4. The defendant's residence cannot be learned with reasonable effort;
5. The defendant's last known mailing address is:

\_\_\_\_\_  
(Your Spouse's Last Known Address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Affiant (Sign Here in Front of Notary)



STATE OF OHIO, COUNTY OF \_\_\_\_\_, SS:

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_.

\_\_\_\_\_  
Notary Public

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

CASE NO. \_\_\_\_\_

JUDGE: \_\_\_\_\_

\_\_\_\_\_  
SS# \_\_\_\_\_ DOB \_\_\_\_\_  
Plaintiff

**FINANCIAL AFFIDAVIT**

vs.

\_\_\_\_\_  
SS# \_\_\_\_\_ DOB \_\_\_\_\_  
Defendant

**A. GENERAL**

VERIFIED FINANCIAL AFFIDAVIT OF \_\_\_\_\_

(Instructions: This form must be executed in full by each party. All blanks must be filled in as the testimony of the affiant. Values are to be verified or in the opinion of the affiant. The Affidavit must be filed with the first pleading of each party in every case or at any hearing requesting spousal support, child support, or division of property - whichever first occurs. If additional space is needed, please attach extra pages.)

1. Date of marriage: \_\_\_\_\_
2. Date separated: \_\_\_\_\_
3. Number of prior marriages, if any: \_\_\_\_\_
4. List of adults living in your household:  

Names	Relationship to you	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
5. List children of this marriage:  

Names	Date of Birth	With whom are they living?
_____	_____	_____
_____	_____	_____
_____	_____	_____
6. List names and addresses of your other children:



**C. ASSETS OF THE PARTIES**

Item	Ownership (H, W, JT)	Fair Market Value	Mtg./Loan Balance	Monthly Payment
1. Residence at				
2. Other Real Estate				
3. Automobiles and motor vehicles				
4. Number of rooms of furniture				
5. Personal effects (jewelry, etc.) and collectibles				
6. Tools				
7. Bank Accounts (including Certificates of Deposit)				
8. Stocks, Bonds				
9. Life Insurance, cash surrender value				
10. Trusts				
11. Pension or other retirement benefits, including 401(K) or like				
12. Miscellaneous				
		Total	Total	Total

**D. OTHER EXPENSES (List Monthly)**

1.	Rent or mortgage payment per month			
2.	Real estate taxes and house insurance per month (if not included in mortgage)			
3.	Federal income tax, social security and medicare tax			
4.	State income tax			
5.	City income tax			
6.	Other taxes			
7.	Other deductions (include and itemize) _____			
8.	Utilities:			
	Electric			
	Gas			
	Garbage			
	Water & Sewer			
	TV-Cable			
	Satellite/Dish			
	Telephone			
	Cell Phone			
	_____			
	_____			
9.	Automobile maintenance (license, insurance, gas, etc.)			
10.	Food for _____ persons per month			
11.	Clothing:     Self			
	Dependents			
12.	School:       Self			
	Dependents			
13.	Daycare expenses (attach written verification):			
14.	Health insurance premium paid			
15.	Union dues			
16.	Child support paid			
17.	Spousal support paid to another spouse			
18.	Medical/dental expenses:     Self			
	Dependents			
19.	Insurance premiums not included above			
20.	Credit card accounts and other loans and/or debts:			
	<u>Type</u>	<u>Balance</u>	<u>Monthly Payment</u>	<u>Account in Whose Name</u>
	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

21. Other miscellaneous expenses not listed above.

<u>Type</u>	Monthly Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_

I hereby certify that the above is a full and complete statement to the best of my knowledge and belief. Executed at \_\_\_\_\_, Ohio, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Plaintiff/Defendant

STATE OF OHIO, COSHOCTON COUNTY, SS:

Before me personally appeared the above party who, being duly sworn, acknowledges that the allegations contained therein are full, complete, and true and he/she verily believes.

\_\_\_\_\_  
Notary Public/Clerk

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

\_\_\_\_\_  
(Your Name)

Case No. \_\_\_\_\_  
(Court will complete)

Plaintiff,

Judge/Magistrate \_\_\_\_\_  
(Court will complete)

vs.

\_\_\_\_\_  
(Your Spouse's Name)

Defendant.

**MOTION FOR TEMPORARY  
ORDERS**

The Plaintiff asks the Court for the following temporary orders: (Check each that you are asking for)

- 1.  Order Defendant to pay temporary spousal support;
- 2.  Order the Defendant not to sell, trade, give away, destroy, or otherwise dispose of our marital property;
- 3.  Order the Defendant to continue to pay the following marital debts: (Check each that you are asking for)
  - rent
  - housing payment
  - car
  - utilities
  - credit card
  - other
  - health insurance
  - property taxes
  - auto insurance

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4.  Give the Plaintiff exclusive possession of the following family vehicle:

Year	Model	License No.	VIN Number

5.  Give the Plaintiff exclusive possession of the family home located at:  
\_\_\_\_\_ (Address of Family Home)
6.  Order Defendant not to incur any more debt in the Plaintiff's name or from using the marital property as collateral for any debt.
7.  An order requiring Defendant to pay Plaintiff money for attorney's fees pursuant to R.C. § 3105.73 so that Plaintiff can hire an attorney.
8.  An order requiring Defendant not to remove Plaintiff from the health insurance.
9.  An order requiring that Defendant not close or spend money from the checking and savings account.

I will also complete and file Affidavit of Plaintiff for Temporary Relief.

\_\_\_\_\_  
Plaintiff Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone



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

\_\_\_\_\_  
(Your Name)

Case No. \_\_\_\_\_  
(Court will complete)

Plaintiff,

Judge/Magistrate \_\_\_\_\_  
(Court will complete)

vs.

\_\_\_\_\_  
(Your Spouse's Name)

Defendant.

**AFFIDAVIT OF PLAINTIFF  
FOR TEMPORARY RELIEF**

I, \_\_\_\_\_, being first duly sworn, depose and state  
(Your Name)

the following:

1. I am the Plaintiff in the above-captioned divorce case.
2. I have lived in Ohio for at least six (6) months and in \_\_\_\_\_ County for more than ninety (90) days.
3. I am married to the Defendant.
4. The reasons I need: (Check all that apply)

to stop the Defendant from disposing of marital property are: (Give details of any joint accounts, credit cards or property your spouse may be using.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

the Defendant to continue to pay the following debts: (Check all that apply)

- |   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> rent             | <input type="checkbox"/> utilities       | <input type="checkbox"/> Other |
| <input type="checkbox"/> car              | <input type="checkbox"/> credit card     |                                |
| <input type="checkbox"/> auto insurance   | <input type="checkbox"/> property taxes  |                                |
| <input type="checkbox"/> health insurance | <input type="checkbox"/> housing payment |                                |

because: \_\_\_\_\_  
\_\_\_\_\_

- exclusive possession of the family vehicle **(Give reasons you need this vehicle)**

Year	Model	License No.	VIN Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- exclusive possession of the family home located at \_\_\_\_\_  
\_\_\_\_\_

because **(Give reasons you need the home)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

the Defendant may have alternative living arrangements at:  
\_\_\_\_\_  
\_\_\_\_\_

- spousal support because: **(give reasons why spouse should be paying you support)**

- to stop the Defendant from incurring any further debt in my name or by using marital property as collateral because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I cannot afford to hire an attorney. Defendant can afford to pay an attorney. I need Defendant to pay me money to hire an attorney. I cannot protect my rights and interests if I am not awarded reasonable attorney fees.

Affiant says that the allegations are true and statements contained in the Affidavit are true to the best of the Affiant's knowledge.

**FURTHER AFFIANT SAYETH NAUGHT.**

\_\_\_\_\_  
Affiant (Sign in front of notary)

STATE OF OHIO  
COUNTY OF \_\_\_\_\_, SS:

SWORN TO and subscribed in my presence before me, a Notary Public, in and for said County and State, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

Order A

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

\_\_\_\_\_  
(Your Name)

Plaintiff,

vs.

\_\_\_\_\_  
(Your Spouse's Name)

Defendant.

Case No. \_\_\_\_\_  
(Court will complete)

Judge/Magistrate \_\_\_\_\_  
(Court will complete)

**JOURNAL ENTRY**  
**FILING FEES**

Plaintiff's motion for waiver of filing fees is/is not granted.

**IT IS SO ORDERED.**

\_\_\_\_\_  
JUDGE/MAGISTRATE (Court will complete)

**Order B**

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

\_\_\_\_\_  
(Your Name)

Plaintiff,

vs.

\_\_\_\_\_  
(Your Spouse's Name)

Defendant.

Case No. \_\_\_\_\_  
(Court will complete)

Judge/Magistrate \_\_\_\_\_  
(Court will complete)

**JUDGMENT ENTRY -  
TEMPORARY ORDERS**

Upon Motion for Temporary Orders and affidavits of Plaintiff and for good cause shown, this Court ORDERS the following:

- 1.  Mother  Father is named the temporary residential parent;
- 2.  Mother  Father will pay child support of \$ \_\_\_\_\_  
per \_\_\_\_\_ commencing on \_\_\_\_\_ (Based on  
attached child support worksheet).
- 3. Defendant shall pay temporary spousal support in the amount of \$ \_\_\_\_\_  
\_\_\_\_\_ a month:
- 4. Defendant shall pay Plaintiff \$ \_\_\_\_\_ for attorney's fees no  
later than \_\_\_\_\_. Plaintiff would be prevented from fully  
litigating his/her rights and adequately protecting his/her interests if this Court did  
not award Plaintiff reasonable attorney's fees.
- 5. Plaintiff is awarded temporary possession of the home and land located at  
\_\_\_\_\_.

6. Plaintiff is awarded temporary possession of the following motor vehicle:

\_\_\_\_\_

7. Defendant shall pay the following bills and/or debts:\_\_\_\_\_

\_\_\_\_\_

8. Defendant shall not injure, threaten, harass, or physically abuse Plaintiff;

9. Defendant shall not damage, destroy, sell or attempt to sell, dispose of, remove marital property, property of either party or the child(ren)'s personal property from Plaintiff's residence, or incur debts in Plaintiff's or Defendant's name for which Plaintiff may be held liable.

**IT IS SO ORDERED.**

\_\_\_\_\_  
JUDGE/MAGISTRATE (Court will complete)

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

\_\_\_\_\_  
(Your Name)

Case No. \_\_\_\_\_  
(Court will complete)

Plaintiff,

Judge/Magistrate \_\_\_\_\_  
(Court will complete)

vs.

\_\_\_\_\_  
(Your Spouse's Name)

**MAGISTRATE'S DECISION**

Defendant.

This matter came before the Court on \_\_\_\_\_, 20\_\_\_\_, for final hearing on Plaintiff's Complaint for Divorce. Present were \_\_\_\_\_

The Court FINDS as follows:

- A. The Plaintiff has been a resident of the State of Ohio for at least six months and of \_\_\_\_\_ County for at least ninety days immediately preceding the commencement of this action.
- B. The parties were married on \_\_\_\_\_ at \_\_\_\_\_ and no child(ren) have been born as issue of the marriage and the wife  is  is not now pregnant.
- C. The Court has *in personam* and subject matter jurisdiction.

- D. Defendant has been guilty of: **(Check all that apply)**
- |  |  |
|--|--|
| <input type="checkbox"/> Gross Neglect of Duty | <input type="checkbox"/> Spouse is currently in prison           |
| <input type="checkbox"/> Adultery              | <input type="checkbox"/> Habitual Drunkenness                    |
| <input type="checkbox"/> Incompatability       | <input type="checkbox"/> Living separately for at least one year |
| <input type="checkbox"/> Extreme Cruelty       |  |

E. The Plaintiff receives \$ \_\_\_\_\_ income from \_\_\_\_\_,  
(Employment, Social Security, etc.)  
per \_\_\_\_\_.  
(Week, Month)

F. The Defendant receives \$ \_\_\_\_\_ income from \_\_\_\_\_,  
(Employment, Social Security, etc.)  
per \_\_\_\_\_.  
(Week, Month)

G. The parties have acquired personal property during the marriage and the parties  do own real estate located at: \_\_\_\_\_  
\_\_\_\_\_  
 do not own any real estate.

H. The debts of the marriage are:

CREDITOR	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____



- I. Neither party is a member of the U.S. Armed Forces nor involved in a bankruptcy.

**IT IS THEREFORE ORDERED, ADJUDGED AND DECREED** that the Plaintiff is hereby granted a divorce from the Defendant.

**IT IS FURTHER ORDERED** as follows:

- 1. Each party shall live separate and apart from the other. Each shall go his or her own way without direction, control or molestation from the other as though unmarried. Each agrees and shall not annoy nor interfere with the other in any manner.
- 2. The Plaintiff is awarded, free and clear of any claim by the Defendant, the following property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Defendant is awarded, free and clear of any claim by the Defendant, the following property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The debts will be divided as follows:

CREDITOR	HUSBAND/WIFE	DEBT AMOUNT
----------	--------------	-------------

_____		
_____		
_____		
_____		

4. Both parties shall refrain from using the other party's credit.
5. All payments between the parties are not intended to be spousal support and they are not be included in the income of the payee, pursuant to § 71 of the Tax Reform Act of 1984, and such payments are not to be deducted from the income of the payor, pursuant to § 215 of the Tax Reform Act of 1984.
6. The \_\_\_\_\_'s maiden name of \_\_\_\_\_ is hereby restored.
7. Costs to be paid by the following (Check one that applies):
- Plaintiff
  - Defendant
  - Split equally between the parties.
  - Other \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MAGISTRATE

***NOTICE OF RIGHT TO OBJECT:*** Any party may file objections to this decision. The objections must be filed within fourteen days after the Clerk file-stamps the decision. The objections shall be specific and particular. The Judge shall review the objections on the basis of a transcript of all the relevant evidence submitted to the Magistrate, or on the basis of an Affidavit of that evidence if a transcript is not available.

**Order D**

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

\_\_\_\_\_  
(Your Name)

Plaintiff,

vs.

\_\_\_\_\_  
(Your Spouse's Name)

Defendant.

Case No. \_\_\_\_\_  
(Court will complete)

Judge/Magistrate \_\_\_\_\_  
(Court will complete)

**JUDGMENT ENTRY**

The Plaintiff having filed an Affidavit pursuant to Civil Rule 4.4(A)(2) which satisfies the Court that the residence of the Defendant is unknown, and the Court being satisfied that due diligence has been exercised by Plaintiff, now ORDERS the Clerk of Courts to post service of notice pursuant to O.R.C. Rule 4.4(A)(2) and any applicable local rules.

\_\_\_\_\_  
JUDGE

cc: Plaintiff

# PRIVATE HEALTH INSURANCE QUESTIONNAIRE

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

SETS NO.: \_\_\_\_\_

**Section A**  
Personal Information

PRINT NAME (  Mother  Father )  
 \_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 City State Zip Code  
 \_\_\_\_\_

( )  
 Home Telephone Number  
 \_\_\_\_\_  
 ( )  
 Cell Phone Number  
 \_\_\_\_\_

**Check ALL applicable boxes and fill-in ALL blanks.**

My child(ren) is/are covered by low-income government-assisted health care coverage (Healthy Start/Medicaid, etc.)

**Section B**  
List of Plans

I have the following private health insurance policies, contracts or plans to cover the child(ren) available to me.

<u>Name of policy, contract or plan</u>	<u>Name of Insurance Company</u>	<u>Entity/group through which policy, contract or plan is available</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Section C**  
No Private Health Insurance

I DO NOT HAVE the child(ren) enrolled in private health insurance because:

- health insurance is not available through my employer or another group policy, contract or plan that will cover the child(ren).
- I declined enrollment of the child(ren) in health insurance available through my employer or another group policy, contract or plan, but I am enrolled in a policy, contract or plan for myself.
- I am not yet eligible to enroll in private health insurance through employment or another group policy, contract or plan, but I will become eligible on (month/day/year) \_\_\_/\_\_\_/\_\_\_
- I expect to enroll the child(ren) when I become eligible.
- Other reason the child(ren) is/are not enrolled (explain): \_\_\_\_\_  
 \_\_\_\_\_

**Section D**  
Current Private Health Insurance Enrollment

I DO HAVE the child(ren) enrolled in private health insurance through:

- an individual (non-group) policy, contract or plan.
- a group policy, contract or plan.

Date child(ren) was/were enrolled in private health insurance: (month/day/year) \_\_\_/\_\_\_/\_\_\_

Provided through:  Employer  Current Spouse  Other: \_\_\_\_\_

Name of policyholder: \_\_\_\_\_  
 Policyholder Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Policyholder Phone No.: ( ) \_\_\_\_\_  
 Name of policy, contract or plan: \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_  
 Insurance Co. Claims Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Insurance Co. Claims Phone No: ( ) \_\_\_\_\_  
 Group Number: \_\_\_\_\_  
 Identification/Subscriber Number: \_\_\_\_\_

**Section E**  
Accessibility of primary care service

**My child(ren) has/have primary care services** (health care/laboratory services customarily provided by a general practitioner, internal medicine, family medicine physician, or pediatrician) **accessible with this private health insurance:**

- within **30 miles** of the child(ren)'s home.
- because the child(ren) **live(s)** in a geographic area where the residents customarily travel farther than 30 miles for their child(ren)'s primary care services.
- because primary care services are **only accessible by public transportation**. (Primary care services are accessible by public transportation and the person responsible for taking the child(ren) for primary care service is dependent upon public transportation).

The cost for private health insurance benefits that cover me and/or my child(ren) or will cover us when I am eligible is: (Do not include the amount that an employer or other person/entity pays for health insurance.)

Single coverage	\$ _____	per month
Single coverage plus one	\$ _____	per month
Single coverage plus two	\$ _____	per month
Family coverage (unlimited dependents)	\$ _____	per month
Other (explain): _____	\$ _____	per month

I want to enroll/continue to have the child(ren) enrolled in the private health insurance plan in which I am currently enrolled/will become eligible to enroll in **even if the cost exceeds 5% of my TOTAL ANNUAL GROSS INCOME** (Health Insurance Maximum).

**Number of Dependents currently enrolled or who will be enrolled when I become eligible:** \_\_\_\_\_

Name of Dependent	Relationship to You
_____	_____
_____	_____
_____	_____
_____	_____

In addition to my premium for private health insurance I must pay the following:

Annual Deductible:	\$ _____	Office Visits:	\$ _____
Prescriptions:	\$ _____	Urgent Care:	\$ _____
Emergency Rm.:	\$ _____	Other:	\$ _____

Type of Coverage:  PPO  HMO  Traditional (unrestricted providers)  Other: \_\_\_\_\_

**My private health insurance covers the following services:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Doctor's Office Visits | <input type="checkbox"/> Hospital Room & Board            | <input type="checkbox"/> Home Health Care          |
| <input type="checkbox"/> Emergency Care         | <input type="checkbox"/> Mental Health In-patient         | <input type="checkbox"/> Mental Health Out-patient |
| <input type="checkbox"/> Medical Supplies       | <input type="checkbox"/> Substance Abuse Care             | <input type="checkbox"/> Durable Medical Equipment |
| <input type="checkbox"/> Prescription Drugs     | <input type="checkbox"/> Diagnostic Testing               | <input type="checkbox"/> Laboratory                |
| <input type="checkbox"/> Surgery                | <input type="checkbox"/> 2 <sup>nd</sup> Surgical Opinion | <input type="checkbox"/> Skilled Nursing Home      |
|   |   | <input type="checkbox"/> Other: _____              |

Attach a copy of all participant cards, prescription cards, and summary plan descriptions.

**Section G**  
Certification

I, \_\_\_\_\_ (print name), certify that the information I have provided on this **PRIVATE HEALTH INSURANCE QUESTIONNAIRE** is true and accurate to the best of my knowledge.

Date Questionnaire completed (month/day/year) \_\_\_\_\_

Signature  Mother  Father \_\_\_\_\_