

COURT OF COMMON PLEAS

COUNTY, OHIO

Plaintiff

Case No.

Judge

v.

Magistrate

Defendant

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. **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 (1) Motion and Affidavit or (2) Counter Affidavit.

☐ (1) Motion and Affidavit

(Print Your Name) _____ files this Motion and Affidavit
under Rule 75(N) of the Ohio Rules of Civil Procedure to request the temporary orders checked here.

Check only those that apply.

- _____ Residential parenting rights (custody)
_____ Parenting time (visitation)
_____ Child support
_____ Spousal support (alimony)
_____ Payment of debts and/or expenses

THE OTHER PARTY HAS 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.)

☐ (2) Counter Affidavit

(Print Your Name) _____ 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. ☐ My spouse and I are living separately.
Date of separation is _____
- ☐ My spouse and I are living together.
- ☐ We have no minor children. (Skip to number 5.)
- ☐ There are minor child(ren) who are adopted or born of this marriage.
(List children here.)

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

- ☐ In addition to the above children there is/are in my household:
_____ adult(s)
_____ other minor and/or dependent child(ren).

2. My child(ren) attend(s) school in:

- ☐ My school district
- ☐ The other parent's school district
- ☐ Open enrollment
- ☐ Other (Explain.) _____
- ☐ All children do not attend school in the same district. (Explain.) _____

3. ☐ I request to be named the temporary residential parent and legal custodian of the child(ren).
(Specify child(ren) if request is not for all children.) _____
- ☐ I do not object to my spouse being named the temporary residential parent of the child(ren).
- ☐ I request the following parenting time order:
- ☐ The Court's standard parenting order (See county's local rules of court.)
- ☐ A specific parenting time order as follows: _____

☐ I have reached an agreement regarding parenting time with my spouse as follows:

☐ I request that my spouse's parenting time (visitation) be supervised. (Explain--supervised parenting time order will NOT be granted if the reasons are not explained.)

Name of an appropriate supervisor _____

4. ☐ A court or agency has made a child support order concerning the child(ren).

Name of Court/Agency _____

Date of Order _____

SETS No. _____

5. I request the Court to order my spouse to pay:

☐ \$ _____ child support per month

☐ \$ _____ spousal support per month

☐ \$ _____ attorney fees, expert fees, court costs

☐ The following debts and/or expenses:

☐ Other

6. ☐ I am willing to attend mediation.

☐ I am not willing to attend mediation.

☐ I request the following court services. (See local rules of court for available services.)

State specific reasons why court services are required.

OATH

(Do not sign until notary is present.)

I, (print name) _____, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document 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

Sworn before me and signed in my presence this _____ day of _____, _____.

Notary Public

My Commission Expires: _____

NOTICE OF HEARING

(Check with local court for scheduling procedure.)

You are hereby given notice that this motion for temporary orders will be heard upon affidavits only, and without oral testimony, before Judge/Magistrate _____, Hearing Room _____, at _____ a.m./p.m. on _____, 20____, at _____ floor.

CERTIFICATE OF SERVICE

Check the boxes that apply.

I delivered a copy of my: ☐ 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: ☐ U.S. Mail
☐ Fax
☐ Messenger
☐ Clerk of courts (if address is unknown)

Your Signature