IN THE COURT OF COMMON PLEAS ASHTABULA COUNTY, OHIO

| Disintiff | | Case No. |
|-----------|-----|------------|
| Plaintiff | | Judge |
| | VS. | 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 | n. (Skip to number 5.) | |
| | There are minor child(ren) (List children here.) | who are adopted or born of this ma | arriage. |
| | Name | Date of birth | Living with |
| | | | |
| | In addition to the above ch | nildren there is/are in my household | l : |
| | | adult(s) | |
| | | other minor and/or depe | ndent child(ren). |
| 2. | My child(ren) attend(s) school in | n: | |
| | Father's school district | | |
| | Mother's school district | | |
| | Open enrollment | | |
| | Other (Explain.) | | |
| | All children do not attend s | school in the same district. (Explain | ı.) |
| 3. | I request to be named the (Specify child(ren) if reque | temporary residential parent and le | egal custodian of the child(ren). |
| | | se being named the temporary resi | dential parent of the child(ren). |
| | I request the following par | | () |
| | | standard parenting order (See cou | nty's local rules of court.) |
| | | arenting time order as follows: | , , |
| | | J | |
| | I have reached an agreem | nent regarding parenting time with r | ny spouse as follows: |
| | | s parenting time (visitation) be supe OT be granted if the reasons are n | , , , , , |
| | | | |

| | Name of ar | appropriate supervisor | |
|-------------------|---------------------------------|-----------------------------------|--|
| 4. | A court or a | gency has made a child suppor | t order concerning the child(ren). |
| | Name of Co | ourt/Agency | |
| | Date of Ord | ler | |
| | SETS No. | | |
| 5. | I request the Cou | irt to order my spouse to pay: | |
| | \$ | child support per mor | nth |
| | \$ | spousal support per r | nonth |
| | \$ | attorney fees, expert | fees, court costs |
| | The following | g debts and/or expenses: | |
| | | | |
| | | | |
| | Other | | |
| | | | |
| 6. | I am willing | to attend mediation. | |
| | I am not wil | ling to attend mediation. | |
| | I request th | e following court services. (See | local rules of court for available services.) |
| | | | |
| | | | |
| | State speci | fic reasons why court services a | re required. |
| | | | |
| | | | |
| | | | |
| | | | |
| | | OAT | гн |
| | | (Do not sign until n | |
| l (prin | ut nama) | | |
| this do | nt name) ocument and, to the | best of my knowledge and beli | , swear or affirm that I have read ef, the facts and information stated in this document |
| are tru perjur | | mplete. I understand that if I do | not tell the truth, I may be subject to penalties for |
| perjui | у. | | |
| | | | Your Signature |
| Sworr | hoforo mo and sig | nod in my procence this | day of |
| SWUII | i belote the and sig | ned in my presence this | day of , |
| | | | Notary Public |
| | | | My Commission Expires: |

NOTICE OF HEARING

(Check with local court for scheduling procedure.)

| Hearin | ng Room | , at | a.m./p.m. on | , 20 | , a |
|-------------------|----------------------------------|--|---|----------------|-----|
| | | | | , floor . | |
| | | | CERTIFICATE OF SERVICE | | |
| Check | the boxes tha | t apply. | | | |
| I deliv | ered a copy of | mv: ☐ Motion a | and Affidavit or Counter Affidavit | | |
| · GCIIV | | , | <u> </u> | | |
| On: | | · | | | |
| | (Date) | | | of the party.) | |
| On: | (Date) (Print name | | ttorney or, if there is no attorney, print name | , | |
| On: To: | (Date) (Print name | of other party's at | ttorney or, if there is no attorney, print name | , | |
| On: To: At: | (Date)(Print name (Print address | of other party's at | ttorney or, if there is no attorney, print name | , | |
| On: To: At: | (Print name (Print addres | of other party's at s or fax number.) | ttorney or, if there is no attorney, print name | , | |