

APPENDIX "A"

STYLING OF CASES

NOTICE OF ADMINISTRATIVE APPEAL
APPROPRIATION ACTION
BREACH OF CONTRACT
ACTION TO CORRECT DEED
MANDAMUS ACTION
ACTION FOR DISCOVERY
DEFAMATION OF CHARACTER
DECLARATORY JUDGMENT
ACTION FOR DISSOLUTION OF
PARTNERSHIP
FORFEITURE OF REAL PROPERTY
FORECLOSURE
ACTION FOR FRAUD
ACTION FOR FOREIGN WITNESS
HABEAS CORPUS
ACTION FOR INJUNCTION
NOTICE OF APPEAL/LIQUOR CONTROL
LEGAL MALPRACTICE
ACTION FOR MONEY JUDGMENT
MEDICAL MALPRACTICE
PARTITION ACTION
PERSONAL INJURY
PRODUCT LIABILITY
ACTION TO QUIET TITLE
RIGHT OF ENTRY

ACTION TO RESCIND LAND CONTRACT
RIGHT OF PRIVACY VIOLATION
REPLEVIN
SUBROGATION ACTION
SEXUAL DISCRIMINATION
SEXUAL HARASSMENT
ACTION FOR SPECIFIC PERFORMANCE
TRANSFER OF FUNDS
UNLAWFUL TERMINATION OF
EMPLOYMENT
COMPLAINT TO ENFORCE ARBITRATION
COMPLAINT TO VACATE ARBITRATION
WRONGFUL DEATH ACTION
COMPLAINT FOR ANNULMENT
PETITION FOR DISSOLUTION OF
MARRIAGE WITH CHILDREN
PETITION FOR DISSOLUTION OF
MARRIAGE WITHOUT CHILDREN
DIVORCE COMPLAINT WITH CHILDREN
DIVORCE COMPLAINT WITHOUT
CHILDREN
PETITION IN DOMESTIC VIOLENCE
COMPLAINT FOR LEGAL SEPARATION
WITH CHILDREN
COMPLAINT FOR LEGAL SEPARATION
WITHOUT CHILDREN

COURT OF COMMON PLEAS
COUNTY, OHIO

Plaintiff/Petitioner _____ <div style="text-align: center;">v./and</div> Defendant/Petitioner _____	Case No. _____ Judge _____ Magistrate _____
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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 amounts. Do not leave any category blank. Write "none" where appropriate. 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 INCOME AND EXPENSES

Affidavit of _____
(Print Your Name)

Date of marriage _____ Date of separation _____

SECTION I - INCOME

	<u>Husband</u>	<u>Wife</u>
Employed	☐ Yes ☐ No	☐ Yes ☐ No
Employer	_____	_____
Payroll address	_____	_____
Payroll city, state, zip	_____	_____
Scheduled paychecks per year	☐ 12 ☐ 24 ☐ 26 ☐ 52	☐ 12 ☐ 24 ☐ 26 ☐ 52

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

	<u>Husband</u>	<u>Wife</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>Husband</u>	<u>Wife</u>
Base yearly income	\$ _____	\$ _____
Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Disability benefits		
☐ Workers' Compensation		
☐ Social Security		
☐ Other: _____	\$ _____	\$ _____
Retirement benefits		
☐ Social Security		
☐ Other: _____	\$ _____	\$ _____
Spousal support received	\$ _____	\$ _____
Interest and dividend income (source)		
_____	\$ _____	\$ _____
Other income (type and source)		
_____	\$ _____	\$ _____
TOTAL YEARLY INCOME	\$ _____	\$ _____

Supplemental Security Income (SSI) or public assistance	\$ _____	\$ _____
Court-ordered child support that you receive for minor and/or dependent child(ren) not of the marriage or relationship	\$ _____	\$ _____

SECTION II – CHILDREN AND HOUSEHOLD RESIDENTS

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

Name	Date of birth	Living with

In addition to the above children there is/are in your household:

_____ adult(s)

_____ other minor and/or dependent child(ren).

SECTION III – EXPENSES

List monthly expenses below for your present household.

A. MONTHLY HOUSING EXPENSES

Rent or first mortgage (including taxes and insurance)	\$	_____
Real estate taxes (if not included above)	\$	_____
Real estate/homeowner's insurance (if not included above)	\$	_____
Second mortgage/equity line of credit	\$	_____
Utilities		
o Electric	\$	_____
o Gas, fuel oil, propane	\$	_____
o Water and sewer	\$	_____
o Telephone	\$	_____
o Trash collection	\$	_____
o Cable/satellite television	\$	_____
Cleaning, maintenance, repair	\$	_____
Lawn service, snow removal	\$	_____
Other: _____	\$	_____
	\$	_____
TOTAL MONTHLY :		\$ _____

B. OTHER MONTHLY LIVING EXPENSES

Food

- o Groceries (including food, paper, cleaning products, toiletries, other) \$ _____
- o Restaurant \$ _____

Transportation

- o Vehicle loans, leases \$ _____
- o Vehicle maintenance (oil, repair, license) \$ _____
- o Gasoline \$ _____
- o Parking, public transportation \$ _____

Clothing

- o Clothes (other than children's) \$ _____
- o Dry cleaning, laundry \$ _____

Personal grooming

- o Hair, nail care \$ _____
- o Other \$ _____

Cell phone

Internet (if not included elsewhere) \$ _____

Other \$ _____

TOTAL MONTHLY \$ _____

C. MONTHLY CHILD-RELATED EXPENSES

(for children of the marriage or relationship)

Work/education-related child care \$ _____

Other child care \$ _____

Unusual parenting time travel \$ _____

Special and unusual needs of child(ren) (not included elsewhere) \$ _____

Clothing \$ _____

School supplies \$ _____

Child(ren)'s allowances \$ _____

Extracurricular activities, lessons \$ _____

School lunches \$ _____

Other \$ _____

TOTAL MONTHLY \$ _____

D. INSURANCE PREMIUMS

Life	\$	_____
Auto	\$	_____
Health	\$	_____
Disability	\$	_____
Renters/personal property (if not included in part A above)	\$	_____
Other _____	\$	_____
TOTAL MONTHLY		\$ _____

E. MONTHLY EDUCATION EXPENSES

Tuition		
o Self	\$	_____
o Child(ren)	\$	_____
Books, fees, other	\$	_____
College loan repayment	\$	_____
Other _____	\$	_____
TOTAL MONTHLY:		\$ _____

F. MONTHLY HEALTH CARE EXPENSES
(not covered by insurance)

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

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren)	\$	_____
Child support for children who were not born of this marriage or relationship and were not adopted of this marriage	\$	_____
Spousal support paid to former spouse(s)	\$	_____
Subscriptions, books	\$	_____
Entertainment	\$	_____

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

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: _____

COURT OF COMMON PLEAS
COUNTY, OHIO

Plaintiff/Petitioner		Case No.
v./and		Judge
		Magistrate

Defendant/Petitioner

Instructions: Check local court rules to determine when this form must be filed.
This affidavit is used to disclose health insurance coverage that is available for children. It is also used to determine child support. It must be filed if there are minor children of the relationship. If more space is needed, add additional pages.

HEALTH INSURANCE AFFIDAVIT

Affidavit of _____
(Print Your Name)

Mother

Father

Are your child(ren) currently enrolled in a low-income government-assisted health care program (Healthy Start/Medicaid)?

☐ Yes ☐ No

☐ Yes ☐ No

Are you enrolled in an individual (non-group or COBRA) health insurance plan?

☐ Yes ☐ No

☐ Yes ☐ No

Are you enrolled in a health insurance plan through a group (employer or other organization)?

☐ Yes ☐ No

☐ Yes ☐ No

If you are not enrolled, do you have health insurance available through a group (employer or other organization)?

☐ Yes ☐ No

☐ Yes ☐ No

Does the available insurance cover primary care services within 30 miles of the child(ren)'s home?

☐ Yes ☐ No

☐ Yes ☐ No

Mother

Father

Under the available insurance, what would be the annual premium for a plan covering you and the child(ren) of this relationship (not including a spouse)?

\$ _____

\$ _____

Under the available insurance, what would be the annual premium for a plan covering you alone (not including children or spouse)?

\$ _____

\$ _____

If you are enrolled in a health insurance plan through a group (employer or other organization) or individual insurance plan, which of the following people is/are covered:

Yourself?

☐ Yes ☐ No

☐ Yes ☐ No

Your spouse?

☐ Yes ☐ No

☐ Yes ☐ No

Minor child(ren) of this relationship?

☐ Yes ☐ No

☐ Yes ☐ No

Number _____

Number _____

Other individuals?

☐ Yes ☐ No

☐ Yes ☐ No

Number _____

Number _____

Name of group (employer or organization) that provides health insurance

Address

Phone number

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: _____

APPLICATION FOR CHILD SUPPORT SERVICES
NON-PUBLIC ASSISTANCE APPLICANT

ODHS 7076 (Rev 11/92)

IMPORTANT: If you are receiving ADC or Medicaid, do not complete this application, because you became eligible for child support services when you became eligible to receive ADC or Medicaid.

I the undersigned, _____, request Child Support Services from the _____ County Child Support Enforcement Agency. I understand and agree to the following conditions:

- A. I am a resident of the County in which services are requested.
- B. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).

The Child Support Enforcement Agency can assist you in providing the following services:

1. Location of Absent Parents.

The agency can assist in finding where an absent parent is currently living, in what city, town or state. The applicant can request "Location Services Only", if the sole need is to find the whereabouts of the absent parent.

2. Establishment or Modification of Child Support and Medical Support.

The CSEA can assist you to obtain an order for support if you are separated, have been deserted or need to establish paternity (fatherhood). The CSEA can also assist you in changing the amount of support orders (modification), and to establish a medical support order.

3. Enforcement of Existing Orders.

The CSEA can help you collect current and back child support.

4. Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.

The agency can assist in collecting back support (arrearages) by intercepting a non-payor's federal and state income tax refunds on some cases.

5. Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.

The agency can help you get payroll deductions for current and back child support and can intercept unemployment compensation to collect child support.

6. Establishment of Paternity.

The agency can obtain an order for the establishment of paternity (fatherhood), if you were not married to the father of the child. An absent parent may request paternity services.

7. Collection and Disbursement of Payments.

The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Back support collected will be paid to you until all of the back support you are owed is paid.

If you received ADC in the past and support was assigned to the state, back support collected will be paid to the state after you receive back support owed to you.

8. Interstate Collection of Child Support.

The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.

C. The only fee you can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.

D. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

APPLICANT INFORMATION (INFORMATION ABOUT YOU)	
Name	Date of Birth
Social Security Number (SSN)	Current Marital Status (Check One) ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Deserted ☐ Widowed

Type(s) of Service(s) Requested: All services listed _____ Location of absent parent only _____

Other (please explain) _____

I understand that the Child Support Agency - within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support services (IV-D Services).

Signature of Applicant	Date
------------------------	------

Applicants Name (Last, First, Middle)	Telephone Number (Home)
Address (Street/Route, P.O. Box)	(Work)
City, State, and Zip Code	

INFORMATION ON CHILDREN

	Child 1	Child 2	Child 3	Child 4
a. Name				
b. Sex				
c. SSN				
d. Date of Birth (DOB)				
e. Name(s) of Absent Parent				
f. Has Paternity (Fatherhood) Been Established?				
g. Is There An Order For Support (Yes or No)				

ABSENT PARENT INFORMATION OR PARENT ORDERED TO PAY CHILD SUPPORT

	Absent Parent #1	Absent Parent #2	Absent Parent #3
Name			
Address			
City, State, Zip Code			
SSN			
Date of Birth (DOB)			
Name of Employer			
Address of Employer (City, State, Zip Code)			
Amount of Support Ordered (Wk, Bi-Wk, Mo)			
Case Number on Support Order			
Date of Support Order			
Location Where Order Was Issued (City, County, State)			
Military Service Give Date and Branch Entered			
Arrest Record: Give Date and Place of Arrest			
If the absent parent has been on Public Assistance Give Date and Place			
Give Name and Address of Current Spouse of Absent Parent			

- Have you ever been on public assistance? ☐ Yes ☐ No

When _____ Date _____ Where _____ City and State _____ County _____

(Do Not Write In This Space)		FOR AGENCY USE ONLY	
Case Name		Date Requested	Date Mailed or Provided
Case Number		Date Returned or File Date	

COURT OF COMMON PLEAS

____ COUNTY, OHIO

Plaintiff/Petitioner

Case No. _____

Judge _____

v./and

Magistrate _____

Respondent/Petitioner

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. 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

Affidavit of _____
(Print Your Name)

I. REAL ESTATE INTERESTS

Address	Present Fair Market Value	Titled To	Mortgage Balance	Equity (as of date)
1. _____	\$ _____	☐ Husband ☐ Wife ☐ Both	\$ _____	\$ _____
2. _____	\$ _____	☐ Husband ☐ Wife ☐ Both	\$ _____	\$ _____

TOTAL SECTION I: REAL ESTATE INTERESTS \$ _____

II. OTHER ASSETS

Category	Description (list who has possession)	Titled To	Value/Date of Value
A. Vehicles and Other Certificate of Title Property	(Include model and year of automobiles, trucks, motorcycles, boats, motors, motor homes, etc.)		
1. _____	_____	☐ Husband ☐ Wife ☐ Both	\$ _____
2. _____	_____	☐ Husband ☐ Wife ☐ Both	\$ _____
3. _____	_____	☐ Husband ☐ Wife ☐ Both	\$ _____
4. _____	_____	☐ Husband ☐ Wife ☐ Both	\$ _____
5. _____	_____	☐ Husband ☐ Wife ☐ Both	\$ _____
6. _____	_____	☐ Husband ☐ Wife ☐ Both	\$ _____
B. Financial Accounts	(Include checking, savings, CDs, POD accounts, money market accounts, etc.)		
1. _____	_____	☐ Husband ☐ Wife ☐ Both	\$ _____
2. _____	_____	☐ Husband ☐ Wife ☐ Both	\$ _____
3. _____	_____	☐ Husband ☐ Wife ☐ Both	\$ _____
4. _____	_____	☐ Husband ☐ Wife ☐ Both	\$ _____

<u>Category</u>	<u>Description</u> (List who has possession) (Include profit-sharing, IRAs, 401k plans, etc.; Describe each type of plan)	<u>Titled To</u>	<u>Value/Date of Value</u>
C. Pensions & Retirement plans		☐ Husband ☐ Wife ☐ Both	\$ _____
1. _____	_____	☐ Husband ☐ Wife ☐ Both	\$ _____
2. _____	_____	☐ Husband ☐ Wife ☐ Both	\$ _____
3. _____	_____	☐ Husband ☐ Wife ☐ Both	\$ _____
4. _____	_____	☐ Husband ☐ Wife ☐ Both	\$ _____

D. Publicly Held Stocks, Bonds, Securities & Mutual Funds		☐ Husband ☐ Wife ☐ Both	\$ _____
1. _____	_____	☐ Husband ☐ Wife ☐ Both	\$ _____
2. _____	_____	☐ Husband ☐ Wife ☐ Both	\$ _____
3. _____	_____	☐ Husband ☐ Wife ☐ Both	\$ _____
4. _____	_____	☐ Husband ☐ Wife ☐ Both	\$ _____

<u>Category</u>	<u>Description</u> (List who has possession) (Type of ownership and number)	<u>Titled To</u>	<u>Value/Date of Value</u>
E. Closely Held Stocks & Other Business Interests and Name of Company		☐ Husband ☐ Wife ☐ Both	\$ _____
1. _____	_____	☐ Husband ☐ Wife ☐ Both	\$ _____
2. _____	_____	☐ Husband ☐ Wife ☐ Both	\$ _____

F. Life Insurance Type (Term/Whole Life)	(Any cash value or loans)	(Insured party & value upon death)
1. _____	_____	☐ Husband ☐ Wife ☐ Both \$ _____
2. _____	_____	☐ Husband ☐ Wife ☐ Both \$ _____
3. _____	_____	☐ Husband ☐ Wife ☐ Both \$ _____
4. _____	_____	☐ Husband ☐ Wife ☐ Both \$ _____

<u>Category</u>	<u>Description</u>	<u>Who Has Possession</u>	<u>Value/Date of Value</u>
G. Furniture & Appliances			
(Estimate value of those in your possession, and value of those in your spouse's possession)			
1. _____	_____	☐ Husband ☐ Wife ☐ Both \$ _____	
2. _____	_____	☐ Husband ☐ Wife ☐ Both \$ _____	
3. _____	_____	☐ Husband ☐ Wife ☐ Both \$ _____	
4. _____	_____	☐ Husband ☐ Wife ☐ Both \$ _____	

H. Safe Deposit Box	(Give location and describe contents)	<u>Titled To</u>
1. _____	_____	☐ Husband ☐ Wife ☐ Both \$ _____
2. _____	_____	☐ Husband ☐ Wife ☐ Both \$ _____

I. Transfer of Assets

Explanation: List the name and address of any person (other than creditors listed on your Affidavit) who has received money or property from you exceeding \$300 in value in the past 12 months and the reason for each transfer.

1.	_____	_____	☐ Husband ☐ Wife ☐ Both	\$ _____
2.	_____	_____	☐ Husband ☐ Wife ☐ Both	\$ _____
3.	_____	_____	☐ Husband ☐ Wife ☐ Both	\$ _____
4.	_____	_____	☐ Husband ☐ Wife ☐ Both	\$ _____

Category	Description (Also list who has possession)	Titled To	Value/Date of Value
J. All Other Assets Not Listed Above			
Explanation: List any item you have not listed above that is considered an asset.			
1.	_____	☐ Husband ☐ Wife ☐ Both	\$ _____
2.	_____	☐ Husband ☐ Wife ☐ Both	\$ _____

TOTAL SECTION II: OTHER ASSETS \$ _____

III. SEPARATE PROPERTY CLAIMS: Pre-marital assets, gifts to one spouse only, inheritances

If you are making any claims in any of the categories below, explain the nature and amount of your claim. This includes, but is not limited to, inheritances, property owned before marriage, and any pre-marital agreements.

Category (Pre-marital Gift, Inheritance, etc., acquired after separation)	Description	Why do you claim this as a separate property?	Present Fair Market Value
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____

TOTAL SECTION III: SEPARATE PROPERTY CLAIMS \$ _____

IV. DEBT

List ALL OF YOUR DEBTS, the debts of your spouse, 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/Purpose of Debt	Account Name	Name(s) on Account	Total Debt Due	Monthly Payment
A. Secured Debt (Mortgages, Car, etc.)					
1.			☐ Husband ☐ Wife ☐ Joint	\$	\$
2.			☐ Husband ☐ Wife ☐ Joint	\$	\$
3.			☐ Husband ☐ Wife ☐ Joint	\$	\$
4.			☐ Husband ☐ Wife ☐ Joint	\$	\$
5.			☐ Husband ☐ Wife ☐ Joint	\$	\$
B. Unsecured Debt, including credit cards					
1.			☐ Husband ☐ Wife ☐ Joint	\$	\$
2.			☐ Husband ☐ Wife ☐ Joint	\$	\$
3.			☐ Husband ☐ Wife ☐ Joint	\$	\$
4.			☐ Husband ☐ Wife ☐ Joint	\$	\$
5.			☐ Husband ☐ Wife ☐ Joint	\$	\$
TOTAL SECTION IV: DEBT				\$	

V. BANKRUPTCY

Filed by: Wife,
Husband, Both

Date of Filing:
Case Number

Date of Discharge
or Relief from Stay

Type of Case
(Ch. 7, 11, 12, 13)

Current Monthly
Payments

1. ☐ Husband
☐ Wife
☐ Both

2. ☐ Husband
☐ Wife
☐ Both

TOTAL SECTION V: BANKRUPTCY \$

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:

APPENDIX "F"

IN THE COURT OF COMMON PLEAS
JEFFERSON COUNTY, OHIO

Plaintiff

vs.

Defendant

Case No. _____

FINAL PRETRIAL ORDER (REQUIRED FORM)

This action came before the Court at a final pretrial conference held on

at _____ M., pursuant to Rule 16, Ohio Rules of Civil Procedure

and Local Rule XV.

I APPEARANCES:

For Plaintiff:

For Defendant:

II NATURE OF ACTION AND JURISDICTION:

A. This is an action for

B. The jurisdiction of the Court is _____ disputed.

III TRIAL INFORMATION:

A. The estimated length of trial is _____ days.

B. (1) Trial to _____ has been set for
Pursuant to the General Order on Trial Assignment.

(2) A Trial Assignment will be made by the Court at a future date.

IV AGREED STATEMENTS AND LISTS:

(A) GENERAL NATURE OF THE CLAIMS OF THE PARTIES

(1) PLAINTIFF CLAIMS: (Set out brief summary without detail; an itemized statement of special damages should be included)

(2) DEFENDANT CLAIMS: (Set out brief summary without detail.)

(3) ALL OTHER PARTIES' CLAIMS: (Same type of statement where third parties are involved)

(B) UNCONTROVERTED FACTS

Suggested Language:

The following facts are established by admissions in the pleadings or by stipulations of counsel. (Set out uncontroverted or uncontested facts.)

(C) ISSUES OF FACT AND LAW

Suggested Language:

(1) CONTESTED ISSUES OF FACT: The contested issues of fact remaining for decision are: (set out)

(2) CONTESTED ISSUES OF LAW: The contested issues of law in addition to those implicit in the foregoing issues of fact, are: (set out). OR: There are not special issues of law reserved other than those implicit in the foregoing issues of fact.

(D) WITNESSES

Suggested Language:

(1) In the absence of reasonable notice to opposing counsel to the contrary, plaintiff will call, or will have available at the trial: (List). OR: Plaintiff may call: (List).

(2) In the absence of reasonable notice to opposing counsel to the contrary, defendant will call, or will have available at the trial: (List). OR: Defendant may call: (List).

(3) In the absence of reasonable notice to opposing counsel to the contrary, will call, or: May call: (List). (Use for third parties, if any.)

(4) In the event other witnesses are to be called at the trial a statement of their names and addresses and the general subject matter of their testimony will be served upon opposing counsel and filed with the Court at least Days prior to trial.

(5) There is reserved to each of the parties the right to call such rebuttal witnesses as may be necessary, without prior notice thereof to the other party.

(Note: Only witnesses listed in the Pretrial Order will be permitted to testify at the trial except witnesses called solely for the purpose of impeachment or for good cause shown.)

(E) EXPERT WITNESSES

Parties are limited to the following number of expert witnesses, including treating physicians; whose names have been disclosed to the other side:

Plaintiff

Defendant

(F) EXHIBITS

(Note: Needless Court time is taken up in the marking of exhibits during trial. Accordingly, the exhibit list should be prepared prior to trial and set forth in the Pretrial Order. Exhibits that are to be admitted without objection should be listed first, then followed by a listing of exhibits to which there may be objections, noting by whom the objection is made (if there are multiple adverse parties), the nature of the objection and the authority supporting the objection. Exhibit markers should be attached to all exhibits at the time they are shown to opposing counsel during the preparation of the Pretrial Order. A supply of marking tags for exhibits may be obtained from the court reporter. They should be attached to the upper right-hand corner whenever possible.

Except for good cause shown, the Court will not permit the introduction of any exhibits unless they have been listed in the Pretrial Order, with the exception of exhibits to be used solely for the purpose of impeachment.)

The Pretrial Order should note exhibits as follows:

APPENDIX A	Joint Exhibits
APPENDIX B	Plaintiff Exhibits
APPENDIX C	Defendant Exhibits
APPENDIX D	Third Party Exhibits

(G) **DEPOSITIONS**

(During the trial the reading of depositions frequently presents problems that can be eliminated by advance discussion and preparation. The Pretrial Order shall list depositions to be read in evidence and any objections thereto identifying the objecting Party, portions objected to, and grounds therefor. All irrelevant and redundant matter and all colloquy between counsel in the deposition must be eliminated when the deposition is read.)

Suggested Language:

Testimony of the following witnesses will be offered by deposition/video tape (if none, so state.)

(H) **DISCOVERY**

(Except for good cause, all discovery shall be completed before the Pretrial Order is signed by the Court. If discovery has not been completed, the proposed Pretrial Order shall state what discovery is yet to be done by each side, when it is scheduled, when it will be completed and whether any problems, such as objections or motions, are likely with respect to the uncompleted discovery.)

Suggested Language:

Discovery has been completed, OR: Discovery is to be completed by _____, OR: Further discovery is limited to _____, OR: The following provisions were made for discovery: (Specify) _____

(I) **MISCELLANEOUS ORDERS**

(1) Set forth any orders not properly includable elsewhere. OR:

(2) The foregoing stipulations and statements were amended at the final pretrial conference as follows:

V **MODIFICATION**

This final pretrial order may be modified at the trial of this action, or prior thereto, to prevent manifest injustice. Such modification may be made by application of counsel, or on motion of the Court.

VI **JURY INSTRUCTIONS**

Requests for special instructions shall be submitted to the Court at the commencement of trial. There is reserved to counsel the right to submit supplemental requests for instructions during trial, or at the conclusion of the evidence, on matter that cannot be

reasonably anticipated.

VII SETTLEMENT REPORTS

The parties have made a good faith effort to negotiate a settlement, OR:

VIII ADDITIONAL ACTION TAKEN

JUDGE

Attorney for Plaintiff

Attorney for Defendant

RESOLUTIONS 1999-14 and 1999-14-A
IN RE: LEGAL COUNSEL FOR INDIGENT INDIVIDUALS
FEE SCHEDULE

WHEREAS, Jefferson County recognizes its responsibility under the laws of the State of Ohio and the United States of America to provide legal counsel for indigent individuals charged with serious offenses in the Courts of Jefferson County; and

WHEREAS, the Board of Commissioners of the County of Jefferson, State of Ohio, has chosen to utilize an assigned counsel system under the authority of Ohio Revised Code Section 120.33; and

WHEREAS, the foregoing represents the schedule of fees set by the County Commissioners pursuant to Ohio Revised Code Section 120.33(A)(3) and Section 2941.51,

NOW THEREFORE, BE IT HEREBY RESOLVED, that pursuant to Ohio Revised Code Section 120.33 and Section 2941.51, the following plan is adopted for use by all the Courts within Jefferson County, Ohio:

TRIAL LEVEL PROCEEDINGS

1. Reimbursement for representation in trial level cases NOT INVOLVING A DEATH PENALTY SPECIFICATION will be made based on the maximum rate of \$50.00 per hour for out-of-court services and \$60.00 per hour for in-court services. REIMBURSEMENT FOR REPRESENTATION IN TRIAL LEVEL CASES INVOLVING A DEATH PENALTY SPECIFICATION WILL BE MADE BASED ON THE MAXIMUM RATE OF \$60.00 PER HOUR FOR BOTH IN-COURT AND OUT-OF-COURT SERVICES.

2. The prescribed maximum fee permitted in trial level proceedings are:

<u>Offense/Proceeding</u>	<u>Fee Maximum</u>
Aggravated Murder (w/specs) as per O.R.C. 2929.04(A) and 2941.14(B)	\$50,000

*Ohio Supreme Court Rule 20 of the Rules of Superintendence FOR THE COURTS OF OHIO requires the appointment of two (2) attorneys in capital offense cases. This fee is the maximum that will be paid on the combined bills of both attorneys appointed to the case.

Aggravated Murder (w/o specs)	\$ 8,000/1 attorney \$10,000/2 attorneys
Murder	\$ 5,000
Felony with Possible Life Sentence/ Repeat Violent Offender/ Major Drug Offender	\$ 5,000
Aggravated Felonies (degrees 1-3)	\$ 3,000
Felonies (degrees 4-5)	\$ 2,500

Misdemeanors (degrees 1-4)	\$ 1,000
Parole, Probation and all other proceedings not elsewhere classified	\$ 500
Contempt of Court	\$ 300

- Reimbursement for guilty or no contest pleas will be made based on the maximum rate of \$50.00 per hour for out-of-court serves and \$60.00 per hour for in-court services up to the prescribed maximums for each classification, or if selected by the board of commissioners, a flat rate for non-homicide felonies, misdemeanors, and juvenile proceedings.

JUVENILE PROCEEDINGS

- Reimbursement for representation in juvenile proceedings will be made based on the maximum rate of \$50.00 per hour for out-of-court services and \$60.00 per hour for in-court services.
- BEGINNING WITH APPOINTMENT DATES OF JANUARY 1, 2000 AND LATER. REIMBURSEMENT WILL NO LONGER BE MADE for social workers (non-attorneys) appointed as guardian ad litem.
- In abuse, dependency, and neglect cases, both the attorney and the guardian ad litem are entitled to bill the maximum fee allowed by the county for the initial dispositional hearing and each subsequent review hearing before the court.
- The prescribed maximum fee permitted in juvenile proceedings, including guardian ad litem is \$1,000.

APPELLATE LEVEL PROCEEDINGS

- Reimbursement for representation in appellate level proceedings not involving a death sentence shall be based on the maximum rate of \$50.00 per hour for out-of-court and \$60.00 per hour for in-court services.
- Reimbursement for representation of appellate level proceedings involving a death sentence will be made based on the maximum rate of \$60.00 per hour for both out-of-court and in-court services.
- The prescribed maximum fees permitted in appellate level proceedings are listed below. The rates apply to each appeal.

<u>Offense/Proceeding</u>	<u>Fee Maximum</u>
Aggravated Murder (death sentence imposed)	\$ 12,500 *
Aggravated Murder (sentence other than death)	\$ 5,000
Murder with Life Sentence/ Repeat Violent Offender/ Major Drug Offender/Sexually Violent Predator	\$ 3,000
Felonies/S.B. 2 & H.B. 1 Appeals	\$ 1,500
Misdemeanors	\$ 1,000
Other/Juvenile	\$ 1,000

IN THE COURT OF COMMON PLEAS OF JEFFERSON COUNTY, OHIO

Plaintiff

CASE NUMBER:

Vs.

MUTUAL RESTRAINING ORDER

Defendant

Pursuant to Local Rule 5 and the Affidavit filed by the Movant, during the pendency of this Divorce or pending further Court Order, **neither** Party shall:

1. Threaten, abuse, annoy, or interfere with the other Party or the Parties' child(ren);
2. Create or incur debt, such as credit card debt, 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. Sell, dispose of or dissipate 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. Remove household goods and furnishings from the marital residence without approval of the Court or other Party;
5. Change or fail to renew the present health, life, home, automobile, or other insurance coverage; remove the other Party as beneficiary of any life or retirement benefits without further Order of this Court;
6. Change or establish a new residence for the Parties' minor children without the written consent of the other Party or permission of the Court;
7. Lessen the time available for the other Party to spend with the Parties minor children so that such time is much less than before the filing of the divorce complaint.

If either Party requests a Hearing on any part of this Order, that Party's counsel is to contact the Magistrate's office at (740) 283-8625 for the scheduling of a Hearing as soon as the Docket permits.

IT IS SO ORDERED.

Dated: _____

Judge or Magistrate

Proof of Service

A copy of the forgoing Mutual Restraining Order has been served on the other Party (choose one of the following methods) _____ this ____ day of _____, 20____.
(with the Summons)(with the Complaint)(with the Answer) or (Other(describe))

Attorney for Plaintiff/Defendant

COURT OF COMMON PLEAS

COUNTY, OHIO

_____ Plaintiff/Petitioner	Case No. _____
v./and	Judge _____
	Magistrate _____

Defendant/Petitioner/Respondent

Instructions: Check local court rules to determine when this form must be filed.
By law, an affidavit must be filed and served with the first pleading filed by each party in every parenting (custody/visitation) proceeding in this Court, including Dissolutions, Divorces and Domestic Violence Petitions. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. If more space is needed, add additional pages.

PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))

Affidavit of _____
(Print Your Name)

Check and complete ALL THAT APPLY:

1. ☐ I request that the court not disclose my current address or that of the child(ren). My address is confidential pursuant to R.C. 3127.23(D) and should be placed under seal to protect the health, safety, or liberty of myself and/or the child(ren).
2. ☐ Minor child(ren) are subject to this case as follows:

Insert the information requested below for all minor or dependent children of this marriage. You must list the residences for all places where the children have lived for the last **FIVE** years.

Child's Name		Date of Birth	Sex	Relationship
_____		_____	_____	_____
_____		_____	_____	_____
_____		_____	_____	_____
_____		_____	_____	_____
_____		_____	_____	_____

Period of Residence	Check if Confidential	Person(s) With Whom Child Lived (name & address)	Relationship
_____ to present	☐ Address Confidential?	_____	_____
_____ to _____	☐ Address Confidential?	_____	_____
_____ to _____	☐ Address Confidential?	_____	_____
_____ to _____	☐ Address Confidential?	_____	_____

b. Child's Name _____ Place of Birth _____
 Date of Birth _____ Sex ☒ Male ☐ Female

☐ Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

Period of Residence	Check if Confidential	Person(s) With Whom Child Lived (name & address)	Relationship
_____ to present	☐ Address Confidential?	_____	_____
_____ to _____	☐ Address Confidential?	_____	_____
_____ to _____	☐ Address Confidential?	_____	_____
_____ to _____	☐ Address Confidential?	_____	_____

c. Child's Name _____ Place of Birth _____
 Date of Birth _____ Sex ☐ Male ☒ Female

☐ Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

Period of Residence	Check if Confidential	Person(s) With Whom Child Lived (name & address)	Relationship
_____ to present	☐ Address Confidential?	_____	_____
_____ to _____	☐ Address Confidential?	_____	_____
_____ to _____	☐ Address Confidential?	_____	_____
_____ to _____	☐ Address Confidential?	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CHILDREN, ATTACH A SEPARATE PAGE AND CHECK THIS BOX ☐.

3. Participation in custody case(s): (Check only one box.)

- ☐ I HAVE NOT participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case.
☐ I HAVE participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case. For each case in which you participated, give the following information:

- a. Name of each child: _____
- b. Type of case: _____
- c. Court and State: _____
- d. Date and court order or judgment (if any): _____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CUSTODY CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX ☐.

4. Information about other civil case(s) that could affect this case: (Check only one box.)

- ☐ I HAVE NO INFORMATION about any other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this case.
- ☐ I HAVE THE FOLLOWING INFORMATION concerning other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning a child subject to this case. Do not repeat cases already listed in Paragraph 3. Explain:

- a. Name of each child: _____
- b. Type of case: _____
- c. Court and State: _____
- d. Date and court order or judgment (if any): _____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX ☐.

5. Information about criminal case(s):

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

<u>Name</u>	<u>Case Number</u>	<u>Court/State/County</u>	<u>Convicted of What Crime?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX ☐.

6. Persons not a party to this case who has physical custody or claims to have custody or visitation rights to children subject to this case: (Check only one box.)

☐ I DO NOT KNOW OF ANY PERSON(S) not a party to this case who has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

☐ I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

a. Name/Address of Person

☐ Has physical custody

☐ Claims custody rights

☐ Claims visitation rights

Name of each child:

b. Name/Address of Person

☐ Has physical custody

☐ Claims custody rights

☐ Claims visitation rights

Name of each child:

c. Name/Address of Person

☐ Has physical custody

☐ Claims custody rights

☐ Claims visitation rights

Name of each child:

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: _____