

Divorce W/No Children & No S.A. (H950)

- ___ Case number, names (Judge/Magistrate, Plaintiff, Defendant) and date of hearing.
- ___ Appearance on Complaint, Answer and/or Counterclaim.
- ___ In attendance was/were the parties, counsel, [or] other.
- ___ Residency requirement of Plaintiff: Ohio/6 months. Venue is proper in this county. The Court has personal jurisdiction over Defendant.
- ___ Military status of parties: Active [or] Inactive.
- ___ Verify that there are no minor child(ren) of this marriage (natural or adoptive) and inquire whether Wife is currently pregnant.
- ___ Check cause for divorce. Make sure correct boxes are checked.
- ___ Check that correct party is granted the divorce and the marriage contract is dissolved. Make sure correct boxes are checked.

DIVISION OF PROPERTY

- ___ Make sure "duration of the marriage" filled out correctly.
- ___ **Real Property:** The parties either have an interest in any real property or neither have an interest in any real property.
- ___ **Other Property and Debts:** If all personal property and debts divided to mutual satisfaction check the appropriate box. If there is separate property, marital property and debts to be divided then check the appropriate box and itemize them.
- ___ If there is real estate make sure that the names are correct and a copy of the legal description is attached.
- ___ **Retirement Assets:** If neither party has retirement assets to divide check the appropriate box. If retirement assets exist check appropriate boxes and fill in the required information.
- ___ If there are QDRO's [or] DOPO's involved in the case check the appropriate boxes and fill in required information.
- ___ **Equal/Equitable Property Division:** Check the appropriate box either for the equal division of the property or the division of property, though not equal, is equitable for the following reasons (list them).

SPOUSAL SUPPORT

- ___ If spousal support is being ordered then check the appropriate boxes

and list the factors supporting the award. Fill in required information: Monthly amount; commencement/termination dates; is it modifiable/jurisdiction reserved? Should be paid via OCSS.

___ **Temporary Support Arrearage/Overpayment:** Check box for either no arrearages/overpayments under the temporary support orders or there are arrearages/overpayments with an effective date and a dollar (\$____) amount must be provided. This includes but is not limited to child support, spousal support or cash medical, and uncovered health care expenses.

___ If arrearage finding is made check appropriate box for determining payment towards the arrearages.

___ **Monthly Payment of Support:** Make sure the numbers are correct for the monthly order that apply which include all applicable child support, spousal support, cash medical support and payment toward arrearage.

___ **Method to Secure Support Payments:** Directly [or] thru OCSS. If thru OCSS make sure the appropriate box for the method is checked and required information is provided.

___ If attorney fees are awarded as additional spousal support or property division then fill in the appropriate boxes.

___ Party restored to his/her former name, with DOB.

___ Third parties dismissed if necessary.

___ Court costs...check appropriate box.

___ JE signed by both parties and counsel, if applicable.

___ Casenote

INSTRUCTIONS FOR SERVICE

___ Information to be filled out by parties and counsel for proper service of the judgment entry upon them.

ATTACHMENT CHECKLIST

___ Legal description of real property, if applicable.

___ QDRO [or] DOPO, if required.

___ Military service affidavit, if applicable.