

INSTRUCTION FOR COMPLETING & FILING THE ANSWER

Caption: Fill in your spouse's name as "Plaintiff", your spouse's address and the number of your spouse's marriages.

Fill in your name as "Defendant", your address and the number of your marriages.

Fill in the Case Number and Judge that appear on the Complaint.

Paragraphs 1 through 7: State whether you "admit" or "deny" each paragraph of the Complaint by putting an X in the appropriate box for each numbered paragraph corresponding to the paragraphs numbered in the Complaint.

Signature: You must sign the Complaint and include a daytime phone number.

You must file the Answer with the [Clerk of Courts](#) located on the ground floor of the Cuyahoga County Courthouse, 1 W. Lakeside Avenue, Cleveland, Ohio 44113.

CERTIFICATE OF SERVICE

You must mail a copy of the Answer to the other party (or their lawyer). To certify that you have done so, you must attach a Certificate of Service to the Motion. A form is included in this package for your convenience. Fill in the name and address in the spaces provided, and sign the form.

**COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
CUYAHOGA COUNTY, OHIO**

PLAINTIFF	:	CASE NO. _____
ADDRESS	:	
CITY, STATE, ZIP CODE	:	
NUMBER OF THIS MARRIAGE _____	:	
vs	:	JUDGE _____
DEFENDANT	:	
ADDRESS	:	ANSWER
CITY, STATE, ZIP CODE	:	
NUMBER OF THIS MARRIAGE _____	:	

Now comes Defendant and states the following as his/her Answer Plaintiff's Complaint:

1. Defendant ☐ admits ☐ denies the allegation contained in paragraph one of Plaintiff's Complaint.
2. Defendant ☐ admits ☐ denies the allegation contained in paragraph two of Plaintiff's Complaint.
3. Defendant ☐ admits ☐ denies the allegation contained in paragraph three of Plaintiff's Complaint.
4. Defendant ☐ admits ☐ denies the allegation contained in paragraph four of Plaintiff's Complaint.
5. Defendant ☐ admits ☐ denies the allegation contained in paragraph five of Plaintiff's Complaint.
6. Defendant ☐ admits ☐ denies the allegation contained in paragraph six of Plaintiff's Complaint.
7. Defendant ☐ admits ☐ denies the allegation contained in paragraph seven of Plaintiff's Complaint.

WHEREFORE, Defendant asks that Plaintiff's Complaint be dismissed, and that **he/she** be awarded such other relief as the Court finds fair, just and equitable, including that the cost of this action be paid by Plaintiff.

☐ The Defendant asks to appear remotely and that the court conduct any uncontested trial via live two-way video and audio conference technology.

PRINT NAME

SIGNATURE

ADDRESS

CITY, STATE, ZIP CODE

MOBILE TELEPHONE NUMBER

EMAIL ADDRESS

CERTIFICATE OF SERVICE

I certify that I mailed a copy of the attached Answer by ordinary U.S. mail on _____,
20____ to:

Name: _____

Address: _____

City/State/Zip: _____

SIGNATURE

**COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
CUYAHOGA COUNTY, OHIO**

Plaintiff

Address

City, State, Zip Code

Marital Residence: ☐ Yes ☐ No

Mobile Telephone Number

Attorney

Attorney Address

Attorney Telephone

vs.

Defendant

Address

City, State, Zip Code

Marital Residence: ☐ Yes ☐ No

Mobile Telephone Number

Attorney

Attorney Address

Attorney Telephone

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Case Number: _____

Judge: _____

**FINANCIAL DISCLOSURE STATEMENT
WITH AFFIDAVIT OF
PROPERTY, INCOME & EXPENSES**

(Your Name)

☐ Plaintiff (P) ☐ Defendant (D)

Your Date of Birth: _____

Date of Marriage: _____

Date of Separation _____

THIS STATEMENT MUST BE COMPLETED IN FULL AND FILED WITH THE COURT SEVEN (7) DAYS PRIOR TO THE FIRST PRETRIAL CONFERENCE, AND UPDATED THEREAFTER IN ACCORDANCE WITH LOCAL RULE OR AS ORDERED BY THE COURT. A COPY OF THIS STATEMENT SHALL ALSO BE SERVED ON THE OPPOSING PARTY OR HIS/HER COUNSEL.

A SUBSTANTIAL AND WILLFUL FAILURE BY A PARTY TO DISCLOSE FULLY ALL OF HIS/HER ASSETS, DEBTS, INCOME AND EXPENSES MAY SUBJECT THE PARTY TO MONETARY SANCTIONS PURSUANT TO R.C. 3105.171(E)(5), INCLUDING COMPENSATION TO THE OFFENDED SPOUSE OR A GREATER OR DISTRIBUTIVE AWARD OF MARITAL PROPERTY UP TO THREE TIMES THE VALUE OF THE NON-DISCLOSED ASSET, ETC.

I. PROPERTY

List **ALL OF YOUR PROPERTY AND DEBTS**, those of your partner, and joint property and debts. Do not leave any category blank. For each item, if none, write "NONE." If you do not know exact figures for any item, give your best estimate and write "EST."

A. Real estate interests: PLEASE STATE WHETHER ANY LEGAL ACTIONS ARE PENDING (i.e. FORECLOSURES, ETC.)

If more space is needed, attach extra pages.

See additional pages: ☐ YES

Address (Check box if legal action is pending)	Titled to (P), (D), or Both (Check box)	Present Fair Market Value	Names & Addresses of Mortgage/Lien Holders	Mortgage/Lien Balance Due	Monthly Mortgage/Lien Payments
A. <input type="checkbox"/>	(P) <input type="checkbox"/> (D) <input type="checkbox"/> Both <input type="checkbox"/>	\$		\$	\$
				\$	\$
B. <input type="checkbox"/>	(P) <input type="checkbox"/> (D) <input type="checkbox"/> Both <input type="checkbox"/>	\$		\$	\$
				\$	\$
TOTALS				\$	\$

B. Other assets: PLEASE STATE WHETHER ANY LEGAL ACTIONS ARE PENDING.

If more space is needed, attach extra pages.

See additional pages: ☐ YES

Category	Description	Titled to: (P), (D) or both	Present Fair Market Value	Balance on Liens/Loans (if any)	Monthly Payment on Liens/Loans
A. Vehicles	Include automobiles, trucks, motorcycles, boats, motor homes, etc. Identify year, make and name of Lien Holder	In Possession of (P) or (D)			
Check box if subject of pending legal action.			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
B. Financial Accounts	Include checking, savings, CDs, POD accounts, money market accounts, etc.				
Check box if subject of pending legal action.			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
C. Pensions & Retirement Plans	Identify each plan, including profit-sharing, IRAs, 401(k)s, etc.				
Check box if subject of pending legal action.			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
D. Publicly Held Stocks, Bonds, Securities & Mutual Funds	Identify name of company, type of shares, and number of shares.				
Check box if subject of pending legal action.			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Category	Description	Titled to: (P), (D) or both)	Present Fair Market Value	Balance on Liens/Loans (if any)	Monthly payment on Liens/Loans
E. Closely Held Business Interests	Identify business, type of ownership and percentage of stock				
Check box if subject of pending legal action.			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
F. Life insurance	Identify policy, beneficiary and whether a term life or whole life policy		Specify the amount of any cash surrender value.		
Check box if subject of pending legal action.			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
G. Safe Deposit box(es)	Give location and describe contents				
Check box if subject of pending legal action.			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
H. Miscellaneous Assets	Include collections, rare books, stamps, guns, antiques, art objects, computers machinery, personal injury/workers compensation claims, promissory notes, loans to others, tax refunds due, interests in estates or trusts, franchises, copyrights, etc.				
Check box if subject of pending legal action.			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
I. Furniture and Appliances	Attach detailed inventory if more space is needed <input type="checkbox"/> See attached inventory				
In your possession			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
In spouse's possession			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
TOTALS			\$	\$	\$

J. Transferred Assets	Explanation: List the name and address of any person (other than your spouse and creditors listed on this affidavit) to whom you have given money or property exceeding \$100.00 in value in the past 12 months.	Name and Address of Transferee	Present Fair Market Value	Reason for Transfer
Check box if subject of pending legal action.			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
TOTAL			\$	

C. Unsecured Debts: If you do not know exact figures for any item, give your best estimate and write "EST." List **ALL UNSECURED DEBTS INCLUDING CREDIT CARDS** (SECURED DEBTS SHOULD BE LISTED BESIDE THE ASSET SECURING THAT DEBT IN SECTIONS A & B ON PAGES 2 AND 3.)

If more space is needed, attach extra pages.

See additional pages: ☐ YES

Name of Creditor Purpose of Debt	Last 4 digits of account #	In name of (P), (D) or Joint	Used by (P), (D) or Both	Total Balance (principle and interest)	Monthly Payment
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
TOTALS				\$	\$

D. Separate Property Claims as defined in Ohio Revised Code §3105.17(A)(6)(a)

If more space is needed, attach extra pages. See additional pages: ☐ YES

Category	Description	Details supporting your claim of separate ownership	Present Fair Market Value	Present Debt (If any)
Inheritances			\$	\$
Property Owned Before Marriage			\$	\$
Passive Income and Appreciation			\$	\$
Property Acquired after a Legal Separation Decree			\$	\$
Prenuptial Agreement			\$	\$
Personal Injury Compensation			\$	\$
Gifts Made Solely to One Spouse			\$	\$
TOTALS			\$	\$

II. Information Required for Support Calculation:

A. Minor or Dependent Children of this Marriage

(Include adopted children and any child of the parties who is over 18 and still attending high school or is mentally or physically disabled)

Child's Name	Date of Birth	Age	Residing with Plaintiff (P) or Defendant (D)

ARE THERE ANY OTHER SUPPORT ORDERS ESTABLISHED FOR THESE CHILDREN? ☐ YES ☐ NO

IF YES, ATTACH COPY OF ORDER AND PROVIDE THE FOLLOWING INFORMATION: DATE OF ORDER: _____ AMOUNT: \$ _____

CASE NUMBER: _____ SETS NUMBER: _____ COURT (or agency) NAME: _____

B. Other Minor Children Living in My Household.

Child's Name	Relationship to You	Date of Birth	Age	Court Ordered Support Received
				\$
				\$
				\$
TOTAL				\$

C. Other Minor Children of Mine, NOT Living in My Household.

Child's Name	Residing with	Date of Birth	Age	Court Ordered Support Paid
				\$
				\$
				\$
TOTAL				\$

III. Child Support Guideline Adjustment:

	Plaintiff (all figures per year)	Defendant (all figures per year)
Total court ordered child support you pay for other children	\$	\$
Total court ordered spousal support you pay to former spouse(s)	\$	\$
Number of your other dependent children living with you from another marriage or relationship		
Court ordered child support you receive for the dependent child(ren) you indicated on line above	\$	\$
Childcare expenses you pay for child(ren) of this marriage (employment or educational related)	\$	\$
Local income taxes paid or rate of tax where you live or work	\$ %	\$ %
Self-employment tax (5.6% of A.G.I.)	\$	\$
Health insurance premium for children (family plan cost minus individual plan cost)	\$	\$

IV. Annual Income [as defined in Ohio Revised Code §3119.01(B)(5)]:

A. Gross Annual Income from Employment (If not known, please estimate and write "EST" after each estimated figure.)

Gross Annual Employment Income ►	Plaintiff (P)		Defendant (D)	
	\$	<input type="checkbox"/> Salary <input type="checkbox"/> Wages	\$	<input type="checkbox"/> Salary <input type="checkbox"/> Wages
Name(s) of Employer(s)				
Payroll Address(es)				
City, State, Zip				
Check the number of paychecks per year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52		<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	
Year-to-date Gross Income	\$	Through date of:	\$	Through date of:
Prior Year's Tax Refund	\$		\$	
Benefits from Employment (Company Car, Club Memberships, Stock Options, etc.)				
1.	\$		\$	
2.	\$		\$	
3.	\$		\$	
Total Annual Value of Benefits:	\$		\$	

B. Annual Overtime, Commissions and Bonuses (If not known, please estimate and write "EST" after each estimated figure.)

				Plaintiff (P)		Defendant (D)	
				Base Income	Overtime, Commissions & Bonuses	Base Income	Overtime, Commissions & Bonuses
LAST YEAR:				\$	\$	\$	\$
2 YEARS AGO:				\$	\$	\$	\$
3 YEARS AGO:				\$	\$	\$	\$
THIS YEAR THROUGH ►	Month	Day	Year	\$	\$	\$	\$

C. Gross Annual Self-Employment Income (If not known, please estimate and write "EST" after each estimated figure.)
Use gross annual figures for most recent full year. See Ohio Revised Code §3119.01(C)(13)

Gross Annual Business Receipts	\$	Company Name	
Ordinary & Necessary Business Expenses	- \$	Company Address	
Net Annual Business Income	= \$	Nature of Business:	

D. Other Annual Income: Other income includes commissions (other than from employment), royalties, tips, rents, dividends, severance pay, interest, trust income, annuities, social security benefits (including retirement, disability and survivor benefits that are not need based), workers' compensation, unemployment insurance, spousal support actually received, recurring capital gains, etc. Also include military pay (including base pay, BAQ, BAS, specialty pay, variable housing allowance, training pay, combat pay, hazardous duty pay, etc). Need Based Assistance includes benefits received from a government-administered means-tested program such as Ohio works first, food stamps, SSI, disability financial assistance, etc. For complete definition of income see Ohio Revised Code Section 3119.01(C)(7). If exact amounts are not known, please estimate and write "EST" after each estimated figure.

If more space is needed, attach extra pages.

See additional pages: ☐ YES

Plaintiff (P)				Defendant (D)			
Other Income (Describe)		Need Based Assistance		Other Income (Describe)		Need Based Assistance	
	\$		\$		\$		\$
	\$		\$		\$		\$
	\$		\$		\$		\$
	\$		\$		\$		\$
Total Other Income	\$	Total Need Based Assistance	\$	Total Other Income	\$	Total Need Based Assistance	\$

E. Available Monthly Income

Plaintiff (P)				Defendant (D)			
Average Monthly Deductions		Total Gross Annual Income	\$	Average Monthly Deductions		Total Gross Annual Income	\$
Fed/State/Local Taxes	\$	Total Average Gross Monthly Income	Divide Gross Annual By 12 \$	Fed/State/Local Taxes	\$	Total Average Gross Monthly Income	Divide Gross Annual By 12 \$
Social Security Medicare	\$			Social Security Medicare	\$		
Health Insurance	\$			Health Insurance	\$		
Union Dues	\$	Average Monthly Deductions	Minus \$	Union Dues	\$	Average Monthly Deductions	Minus \$
Pensions	\$			Pensions	\$		
IRAs/401(k)s	\$	Available Monthly Income	Equals \$	IRAs/401(k)s	\$	Available Monthly Income	Equals \$
Support Orders	\$			Support Orders	\$		
Other:	\$			Other:	\$		
Total Average Deductions	\$			Total Average Deductions	\$		

V. Affiant's Monthly Living Expenses:

On pages 7 and 8 please list the **ACTUAL** expenses for your present household. Give estimated expenses if you do not have exact figures, and check the appropriate box if you give an estimated expense.

A. MONTHLY HOUSING EXPENSES	Check box to right of each ESTIMATED expense
RENT OR FIRST MORTGAGE (circle one)	\$ <input type="checkbox"/>
REAL ESTATE TAXES (if not included above)	\$ <input type="checkbox"/>
REAL ESTATE/HOMEOWNERS INSURANCE (if not included above)	\$ <input type="checkbox"/>
SECOND MORTGAGE or EQUITY LINE, if any	\$ <input type="checkbox"/>
UTILITIES:	
• Electric (level billing or average/month)	\$ <input type="checkbox"/>
• Gas (if billed separately)	\$ <input type="checkbox"/>
• Fuel Oil/Propane	\$ <input type="checkbox"/>
• Water and Sewer	\$ <input type="checkbox"/>
• Telephone (basic monthly charge & average long distance)	\$ <input type="checkbox"/>
• Cable Television	\$ <input type="checkbox"/>
CLEANING, MAINTENANCE, REPAIR	
• Cleaning Service	\$ <input type="checkbox"/>
• Maintenance and home repairs Expenses	\$ <input type="checkbox"/>
LAWN SERVICE AND SNOW REMOVAL	\$ <input type="checkbox"/>
OTHER (specify):	\$ <input type="checkbox"/>
TOTAL HOUSING (A)	\$
B. OTHER MONTHLY LIVING EXPENSES	Check box to right of each ESTIMATED expense
FOOD, ETC.:	
• Groceries (include food, paper and cleaning products, toiletries, etc.)	\$ <input type="checkbox"/>
• Restaurant	\$ <input type="checkbox"/>
TRANSPORTATION, ETC.	
• Vehicle Loans and/or Leases	\$ <input type="checkbox"/>
• Vehicle Maintenance	\$ <input type="checkbox"/>
• Gasoline	\$ <input type="checkbox"/>
• Parking, Public Transportation	\$ <input type="checkbox"/>
CLOTHING, ETC.	
• Clothes (other than for children)	\$ <input type="checkbox"/>
• Dry Cleaning, Laundry	\$ <input type="checkbox"/>
PERSONAL GROOMING	
	\$ <input type="checkbox"/>
	\$ <input type="checkbox"/>
CELL PHONE	\$ <input type="checkbox"/>
OTHER (Specify):	\$ <input type="checkbox"/>
	\$ <input type="checkbox"/>
TOTAL OTHER LIVING EXPENSES (B)	\$

C. MONTHLY CHILD RELATED EXPENSES	Check box to right of each ESTIMATED expense	
Work/Educational Related Childcare	\$ <input type="checkbox"/>	
Clothing	\$ <input type="checkbox"/>	
School Supplies	\$ <input type="checkbox"/>	
Children's Allowances	\$ <input type="checkbox"/>	
Extracurricular Activities, Lessons	\$ <input type="checkbox"/>	
School Lunches	\$ <input type="checkbox"/>	
Other:	\$ <input type="checkbox"/>	
TOTAL CHILD RELATED EXPENSES (C)	\$ <input type="checkbox"/>	
D. MONTHLY INSURANCE PREMIUMS	Check box to right of each ESTIMATED expense	
Life	\$ <input type="checkbox"/>	
Auto	\$ <input type="checkbox"/>	
Health	\$ <input type="checkbox"/>	
Disability	\$ <input type="checkbox"/>	
Renters/Personal Property	\$ <input type="checkbox"/>	
Other (specify):	\$ <input type="checkbox"/>	
TOTAL INSURANCE PREMIUMS (D)	\$	
E. MONTHLY EDUCATIONAL EXPENSES	Check box to right of each ESTIMATED expense	
Description	You	Children
Tuition	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>
Books, Fees, etc.	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>
College Loan Repayment	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>
Other:	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>
Total Education Expenses for Each Column	\$	\$
TOTAL EDUCATION (E) (Add Both Columns)	\$	
F. MONTHLY HEALTH CARE EXPENSES (Not covered by insurance)	Check box to right of each ESTIMATED expense	
Description	You	Children
Physicians	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>
Dentists	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>
Optometrists/Opticians	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>
Prescriptions	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>
Other (specify):	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>
Total Health Care Expenses for Each Column.	\$	\$
TOTAL HEALTH CARE EXPENSES (F) (Add Both Columns)	\$	

CERTIFICATE OF SERVICE

The Financial Disclosure Statement with Affidavit of Property, Income & Expenses was sent by _____ mail to:

(Name of Attorney or Party)

(Address)

(City/State/Zip)

on _____
(Date sent)

PRINT NAME

SIGNATURE

ADDRESS

CITY, STATE, ZIP CODE

MOBILE TELEPHONE NUMBER

EMAIL ADDRESS

Signature of Attorney for ☐Plaintiff ☐Defendant

Attorney's Name and Registration Number

Address

City/State/Zip

Telephone Number