



CUYAHOGA COUNTY COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS

DIVORCE FILING CHECKLIST

**If you have questions,
Call the Help Center at (216) 443-8880**

Documents Needed For Filing:

- ☐ Case Designation Sheet
- ☐ Instructions for Service
- ☐ Complaint for Divorce
- ☐ Affidavit of Military Service (must be notarized)
- ☐ Filing Fee: \$300.00 (with children)

Divorce With Children Also Must File:

- ☐ Parenting Proceeding Affidavit & IV-D Application (notary NOT needed)
- ☐ Health Insurance Statement (notary NOT needed)
- ☐ Child Support Administrative Order (if you have had one ordered)

How to File: [E-Filing](#), [Mail](#) or [Drop-Off](#)

**PLEASE READ THE ENTIRE NOTICE MAILED TO YOU
FOLLOW THE INSTRUCTIONS ON THE NOTICE**

WHAT TO DO AFTER YOU FILE:

- **All:** Check online docket for completion of service. If service is UNCLAIMED or REFUSED, then call the Help Center for further assistance.
- **If you have children:** Complete online Parent Education Seminar <https://www.divorce-education.com/oh/cuyahoga/>
- If your case is UNCONTESTED, you must CALL to the Help Center 2 weeks before your final hearing to have your Final Judgment Entry Pre-Approved.

**Download
the Court's App:
CourtConnect**



Register for E-Filing
[HERE](#)
to see your case info online

COURT OF COMMON PLEAS
CUYAHOGA COUNTY
DIVISION OF DOMESTIC RELATIONS
CASE DESIGNATION FORM

P L E A S E T Y P E

Case No.
Judge

Please list any Pending, closed or previously filed and dismissed Domestic Relations' Case(s) between the parties, list case number and judge: _____

I certify that to the best of my knowledge the within case is not related to any now pending or previously filed, except as noted above.

ANNULMENT (1830)
APPLICATION TO ESTABLISH FAMILY CASE (1895)
APPLICATION TO ADOPT ADMINISTRATIVE ORDER (1897)
DISSOLUTION - CHILDREN (1840)
DISSOLUTION - NO CHILDREN (1841)
DIVORCE - CHILDREN (1810)
DIVORCE - NO CHILDREN (1811)

DOMESTIC VIOLENCE (1850)
DATING VIOLENCE (1851)
LEGAL SEPARATION - CHILDREN (1821)
LEGAL SEPARATION - NO CHILDREN (1822)
UCCJEA - PARENTING REGISTRATION (1890)
UIFSA - PATERNITY ESTABLISHMENT (1561)
UIFSA - SUPPORT ESTABLISHMENT (1563)
UIFSA - SUPPORT REGISTRATION (1562)

Service: Certified Mail Waiver Personal Publication FedEx

Plaintiff's Length of Residence In: Cuyahoga County _____ Ohio _____

PARTY 1			PARTY 2		
FULL NAME:			FULL NAME:		
ALIAS NAME:			ALIAS NAME:		
DATE OF BIRTH:			DATE OF BIRTH:		
NUMBER OF THIS MARRIAGE:			NUMBER OF THIS MARRIAGE:		
ADDRESS:			ADDRESS:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
HOME PHONE:	CELL PHONE:		HOME PHONE:	CELL PHONE:	
EMAIL:			EMAIL:		

DATE OF MARRIAGE: _____ PLACE OF MARRIAGE: _____

CHILDREN'S NAMES:	M	F	DATE OF BIRTH:	AGE

Attorney of Record (Print or Type) _____

Signature _____

Ohio Supreme Court Registration Number _____

Email Address _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone _____

Cell Phone _____

Witness: _____ Address: _____

(COURT USE ONLY)

SET FOR HEARING ____ / ____ / ____

DATE OF FINAL JOURNAL ENTRY _____

MISCELLANEOUS NOTES:



CUYAHOGA COUNTY COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS

THE STATE OF OHIO
Cuyahoga County

IN THE COURT OF COMMON PLEAS
INSTRUCTIONS FOR SERVICE

v.

Case No. DR _____

Judge _____

Method of Service

CERTIFIED MAIL

ORDINARY MAIL

REGISTERED MAIL

PERSONAL (Please specify type)

RESIDENCE (Please specify type)

CUYAHOGA COUNTY SHERIFF

CUYAHOGA COUNTY SHERIFF

OUT OF COUNTY SHERIFF _____

OUT OF COUNTY SHERIFF _____

PROCESS SERVER _____

PROCESS SERVER _____

Name and Address of Party to Serve:

Name: _____

Street Address: _____

City/State/Zip: _____

Filing Party/ Attorney of Record

**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	:	COMPLAINT FOR DIVORCE
CITY, STATE, ZIP CODE	:	
NUMBER OF THIS MARRIAGE _____	:	

1. Plaintiff has been a resident of the State of Ohio for at least six (6) months and a resident of Cuyahoga County for more than ninety (90) days immediately prior to filing this Complaint.

2. Plaintiff and Defendant were married on _____, in _____, _____.

3. There is/are _____ child(ren) born as issue of this marriage, whose name(s) and date(s) of birth is/are as follows:

(DOB _____)	(DOB _____)	(DOB _____)
(DOB _____)	(DOB _____)	(DOB _____)
(DOB _____)	(DOB _____)	(DOB _____)

and the wife ☐ is ☐ is not pregnant.

4. Plaintiff seeks a divorce on the following ground(s):

- ☐ Plaintiff and Defendant have lived separate and apart without interruption and without cohabitation for at least one year.

☐ Plaintiff and Defendant are incompatible.

☐ Defendant has been guilty of the following:

☐ Gross Neglect of Duty

☐ Extreme Cruelty

☐ Adultery

☐ Bigamy

☐ Habitual Drunkenness

☐ Willful Absence of one year or more

☐ Imprisonment at the time of filing the Complaint

☐ Fraudulent Marriage Contract

5. Plaintiff and Defendant:

☐ do not own any real property

☐ own real property located at:

6. Plaintiff and Defendant have acquired certain personal property during the marriage.

☐ This property has been divided.

☐ The following property has not been divided

7. Plaintiff and Defendant

☐ have no debts

☐ have the following debts:

8. Military Service:

☐ Neither Plaintiff nor Defendant is an active duty service member of the United States Military.

☐ Plaintiff and/or ☐ Defendant is an active duty service member of the United States Military.

WHEREFORE, Plaintiff asks that **he/she** be granted a divorce from the Defendant, and that **he/she** be granted the following relief:

☐ Allocation of parental rights and responsibilities or ☐ shared parenting

☐ Child support including medical support;

☐ Spousal support;

☐ Ownership of the real property located at _____;

☐ An equitable division of personal property and/or debts;

☐ Restoration of maiden name _____;

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 Defendant.

☐ The Plaintiff asks to appear remotely and that the court conduct any uncontested trial via live two-way video and audio conference technology. Plaintiff also asks that any corroborating witness be allowed to participate remotely.

Respectfully Submitted,

PLAINTIFF

SIGNATURE

ADDRESS

CITY, STATE, ZIP CODE

MOBILE TELEPHONE NUMBER

EMAIL ADDRESS

WAIVER OF LEGAL COUNSEL

I understand that I have the right to be represented by an attorney in this proceeding. I have decided not to have an attorney assist me. By signing this Waiver, I confirm that I am waiving my right to legal representation for the purpose of this legal action.

I am aware that my spouse's attorney, if my spouse is represented by an attorney, does not represent me, or my interests.

I am aware that I could hire an attorney to advise and/or represent me but I am choosing to proceed without counsel.

I am freely and voluntarily choosing to sign the documents associated with this legal action with a full understanding of these documents and that I am choosing to proceed without counsel.

This waiver is being made voluntarily, with my full understanding and the same is of my own free will. It is my decision to proceed without counsel.

Date

PLAINTIFF (print name)

SIGNATURE

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

Plaintiff/Petitioner/Defendant-01

Case Number _____

Address

Judge _____

Defendant/Respondent/Defendant-02

**PARENTING PROCEEDING STATEMENT
(ORC 3127.23)**

Address

_____, states the following regarding issues relevant to

(Your name)

parenting of the following minor child(ren): (Names and birth dates of children) _____

DIRECTIONS: You must answer questions and provide all information requested. If you do not, it is possible the Court will be unable to make orders in your case. If you need more space to answer any question, please use a separate piece of paper and attach it to the back of this form. If the answers/information are not the same for all children, a separate affidavit must be filed for each child.

1. Beginning with the child(ren)'s present address, state the residence where the child(ren) lived within the last five years, and the names and relationship of the persons with whom the child(ren) lived during that period.

Period of Residence

Address and Person(s) at residence

Person(s) Relationship to Child

a. _____ to the present

a. _____

a. _____

b. _____ to _____

b. _____

b. _____

c. _____ to _____

c. _____

c. _____

2. Have you participated as a party, witness, or in any other capacity in any other proceedings concerning the allocation, between the parents of the same child, of parental rights and responsibilities for the care of the child including parenting time rights and the designation of the residential parent and legal custodian of the child or that otherwise concerned the custody of or visitation with the same child? No Yes

If "Yes" you must provide the Court name, address, case number and date of determination, if any on the line below:

3. Do you know of any proceedings that could affect the current proceeding, including proceedings for enforcement of child custody determinations; proceedings relating to domestic violence or protection orders; proceedings to adjudicate the child as an abused, neglected, or dependent child; proceedings seeking termination of parental rights; and adoptions ? No Yes

If "Yes" you must provide the Court name, address, case number and date of determination, if any on the line below:

4. State the **name and address** of any person or agency who is not a party to this proceeding and has physical custody of the child or claims to be a parent of the child who is designated the residential parent and legal custodian of the child or to have visitation rights with respect to the child or to be a person other than a parent of the child who has custody or visitation rights with respect to the child (ORC 3127.23(A)(3)). Not Applicable The following person(s): _____

(Name of person or agency)

Address City/State/Zip

The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.

Your Signature

PLAINTIFF/PETITIONER-01

vs.

DEFENDANT/PETITIONER-02
RESPONDENT

:
:
:
:

CASE NO. DR _____

JUDGE _____

**APPLICATION FOR CHILD SUPPORT SERVICES
NON-PUBLIC ASSISTANCE APPLICANT/RECIPIENT**

Applicant Name _____

Applicant Address _____

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

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

- A. I am a resident of Cuyahoga County.
- B. The only fee that can be charged for services is a one dollar application fee.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA.
- 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 recipients' personal interest.

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 in obtaining 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 Arrearage.**
The agency can assist in collecting back support (arrearage) 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.
- 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.
- 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.

APPLICANT INFORMATION

Name: _____	Date of Birth: _____
Home Address: _____ _____	Mailing Address: _____ _____
Home Phone #: _____	
Social Security #: _____	Sex: _____
Race: _____	<input type="checkbox"/> Single <input type="checkbox"/> Married
Relationship to Children: _____	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Military Service: _____	Ever been on Public Assistance? _____
(Branch, Dates) _____	(When and Where) _____

EMPLOYER INFORMATION

Employer Name: _____	Employer Phone #: _____
Employer Address: _____ _____	Is Medical Insurance Available? _____

	CHILD 1	CHILD 2	CHILD 3
Name:			
Sex:			
Race:			
Social Security #:			
Date of Birth:			
Home Address:			

Location of Birth: (Country, State, City)			
Has Paternity (Fatherhood) been Established?			
Name(s) of Absent Parent(s):			
Is there an Order for Support?			
Is the Child covered by Medical Insurance?			

ABSENT PARENT INFORMATION		
PARENT 1	PARENT 2	PARENT 3

Name (and alias)			
Home Address:			
Mailing Address:			
Social Security #:			
Date of Birth:			
Location of Birth (Country, State, City)			
Race:			
Sex:			
Height / Weight:			
Hair / Eye Color:			
Identifying Marks (Tattoos, scars, etc):			
Names of Children:			
Name and Address of Employer			

Employer Phone #:			
Medical Insurance Provided?			
Support Order #:			
Date of Support Order:			
Amount of Support:	\$	\$	\$
Order Frequency:	Per	Per	Per
Location where Order was issued:			
Military Service (Branch, Dates)			
Ever Incarcerated? (Location, Dates):			
Arrest Record (Location, Dates):			
Name and Address of Current Spouse			
Father's Name:			
Mother's Name (Maiden):			
Ever been on Public Assistance? (Locations, Dates)			

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 (VI-D Services).

Signature of Applicant: _____

Date: _____

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

Plaintiff/Petitioner 1	Case No.	
	Judge	
v./and	Magistrate	

Defendant/Petitioner 2

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.**

STATEMENT OF HEALTH INSURANCE

This statement is made by _____
(Print Your Name)

_____ **Your Name** _____ **Other Parent**

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

	_____ Your Name _____	_____ Other Parent _____
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minor child(ren) of this relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Number _____
Other individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Number _____
Name of group (employer or organization) that provides health insurance	_____	_____
Address	_____	_____
	_____	_____
Phone number	_____	_____

STATEMENT OF TRUTH

The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.

Your Signature

CHILD SUPPORT DATA SHEET

For purposes of this worksheet: Parent A is Father or person designated as "Father" Parent B is Mother or person designated as "Mother"						
				Parent A (Father)	Parent B (Mother)	
Obligor Name: <i>(person paying support)</i>				<input type="checkbox"/>	<input type="checkbox"/>	
Obligee Name: <i>(person receiving support)</i>				<input type="checkbox"/>	<input type="checkbox"/>	
Parenting Plan Type: <input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared Parenting <input type="checkbox"/> Split						
Worksheet Line	Description			Parent A (Father)	Parent B (Mother)	
1	Annual Gross Income			\$	\$	
2	Annual Amount of Overtime, Bonuses & Commissions			\$	\$	
	a. Year 3 (3 years ago)			\$	\$	
	b. Year 2 (2 years ago)			\$	\$	
	c. Year 1 (last calendar year)			\$	\$	
3	Annual Self-Employment Income			\$	\$	
	a. Gross receipts from business			\$	\$	
	b. Ordinary & necessary business expenses			\$	\$	
4	Annual income from unemployment compensation			\$	\$	
5	Annual income from worker's compensation, disability insurance or social security disability/retirement benefits			\$	\$	
6	Other annual income or potential income			\$	\$	
9	Number of children of each party not subject to this order					
10	a. Check person to be health insurance obligor			<input type="checkbox"/>	<input type="checkbox"/>	
	b. Total, actual out-of-pocket costs for health insurance premiums for health insurance obligor			\$	\$	
11	Annual court ordered spousal support paid (if any)			\$	\$	
19	a. Check if parent has court-ordered parenting time			<input type="checkbox"/>	<input type="checkbox"/>	
	b. Check if Court's Parenting Time Guidelines are being applied to this order			<input type="checkbox"/>	<input type="checkbox"/>	
20	Annual amount of any non-means tested benefits received by the children subject to the order			\$	\$	
21	Parent paying child care costs:			<input type="checkbox"/>	<input type="checkbox"/>	
	a. Total annual child care expenses for all children of this order (minus any subsidies)			\$	\$	
	b) Age of each child subject to this order & c) Actual annual child care costs per child					
	Child	Age	Actual Child Care Costs	Child	Age	Actual Child Care Costs
	1			4		
	2			5		
	3			6		
25	a. If deviating child support, state reason:					
	b. If deviating child support, desired monthly amount to be paid:			\$	\$	
28	a. If deviating cash medical support, desired monthly amount to be paid			\$	\$	

The parties indicated below state that the information on this document was provided voluntarily for the purpose of preparing a child support worksheet.

Print Name

Signature

Date

Print Name

Signature

Date

Please contact an attorney with any questions about the information provided before submitting this form to the Court.