



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

LEGAL SEPARATION 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 Legal Separation
- ☐ Affidavit of Military Service (must be notarized)
- ☐ Filing Fee: \$200.00 (without children)

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



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

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 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.

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 LEGAL SEPARATION
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 legal separation 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 legal separation 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