

You must file these added forms if you are filing an ANSWER FOR DIVORCE in the Scioto County Court of Common Pleas Domestic Relations Division.

| Form | Form Name | Purpose and Instructions |
|-----------------------|--|---|
| Scioto County Form | Vital Statistics Sheet | To give the Court information about you and the other party, and your children (if applicable) |
| Scioto County Form 11 | Registration for the "Successful Co-Parenting" Class | Application to apply for the required co-parenting class. Take this form, along with \$25 application fee, to the clerk's office. |
| Scioto County Form | Notice of Filing | This form is contained in the "public file" to notify others what documents are held in the "confidential" file. |
| Scioto County Form 1 | Notice of Hearing | Use this form to ask the Court to set a hearing in your case |

***Affidavits must be signed in front of a Notary who will administer an Oath**

INSTRUCTIONS:

- All forms must either be typed or printed in ink. You must fill out the forms before taking them to the court. The Court staff will not help you complete the forms.
- Once you have completed the main packet and these added forms, you will take all your forms to the Judge's office on the third floor of the courthouse. A staff member will review your forms to decide if they are complete.
- If your packet and forms are complete, you will be given a slip of paper from the Judge's staff telling the Clerk that your packet is approved for filing. You can then make copies of all your forms and then take your packet, with the slip of paper, to the clerk's office for filing.



Domestic Relations Confidential Case Filing Information Sheet "Vital Statistics Sheet"

Instructions:

- Complete this form for all parties known at the time of filing. Provide the most appropriate Case Type and Party Type codes and descriptions.
- If additional space is needed, complete additional Confidential Case Filing Information Sheets.

Note: The **FULL** Social Security Number (SSN) is **required**.

Filing Date: _____

Style of Case: _____

Plaintiff/Petitioner Information:

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: ____/____/____ Gender: Male Female SSN: _____ - _____ - _____

Attorney (If represented by legal counsel): _____

Defendant/Respondent Information:

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: ____/____/____ Gender: Male Female SSN: _____ - _____ - _____

Attorney (If represented by legal counsel): _____

Employer Information

Plaintiff/Petitioner Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Defendant/Respondent Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

The following information regarding child(ren) is required.
Complete this section for any children subject to the action of this case.

CHILDREN:

Name: _____ DOB: ____/____/____
Name: _____ DOB: ____/____/____
Name: _____ DOB: ____/____/____
Name: _____ DOB: ____/____/____
Name: _____ DOB: ____/____/____
Name: _____ DOB: ____/____/____
Name: _____ DOB: ____/____/____
Name: _____ DOB: ____/____/____
Name: _____ DOB: ____/____/____
Name: _____ DOB: ____/____/____

Check if more than ten children and attach additional sheet.

Submitted by: _____

Bar ID (required by attorney): _____

Address (if not shown on previous page): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Attorney signature: _____

Client signature: _____

INSTRUCTIONS TO THE CLERK:

Please maintain this document in the CONFIDENTIAL portion of this case. Access to the record must be restricted to avoid access to the closed portion of the record.

Court of Common Pleas

Domestic Relations Division

Scioto County

602 7th Street, Portsmouth, Ohio 45662

Judge's Office: (740) 355-8316

Magistrate's Office: (740) 353-1646

Fax: (740) 355-8205

Successful Co-Parenting: A Family Stability Program

This Program is offered in conjunction
with The Ohio State University Extension

Completion of this program satisfies the requirements of Scioto DR Rule 6.02

REGISTRATION FORM

Your Name

Other Party's Name

Mailing Address

Mailing Address

City State Zip Code

City State Zip Code

Phone Number (Primary way to contact
you)

Phone Number

Name(s) and age(s) of your children:

Name Birthdate

Name Birthdate

Name Birthdate

Name Birthdate

-JUDGE JERRY L. BUCKLER-
-Magistrate Michael L. Jones-

- Case Number: _____
- Date of filing of Complaint for Divorce, or Petition for Dissolution: _____
- Have you previously completed the Successful Co-parenting program in the last two years?
 - Yes No If so, when? _____
- Has Children's Services been involved with the family?
 - Yes No If so, when? _____
- Are there any Domestic Violence, or Stalking Protection Orders currently in effect? Yes No If so, Case # _____
- Has there ever been a Domestic Violence, or Stalking Protection Order against either party? Yes No If so, Case # _____

Please answer the following questions honestly.

- Do you fear being in the same room with the other party during mediation?
 - Yes No
- Are you psychologically intimidated by the other party?
 - Yes No
- Are you physically intimidated by the other party?
 - Yes No
- Are you afraid of the other party for any other reason?
 - Yes No
- Does the other party have a drug or alcohol problem?
 - Yes No
- Has the other party ever been denied, or threatened to deny access to your children?
 - Yes No
- Do you have any serious concerns about your child(ren)'s emotional or physical safety?
 - Yes No
- On a scale of 1 to 10, do you feel safe being in the same room with the other parent and a mediator? (Please circle one)

| | | |
|-------------|-------------|------------------------|
| I Feel Safe | Sometimes | No! I do not feel safe |
| 1 2 3 | 4 5 6 | 7 8 9 10 |

Additional Comments or Concerns: _____

Signature

Date

Court of Common Pleas

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REGISTRATION FORM

**This Page Is Reserved for Court Use Only

- Is there a legitimate safety concern which would prevent the parties from attending the program at the same time?
 - Yes No

- Is this party involved in a Dissolution?
 - Yes No Date filed? _____ Case # _____

- Registration Date for Program Attendance:
○ _____

- Program Compliance Officer: _____

-JUDGE JERRY L. BUCKLER-

-Magistrate Michael L. Jones-

IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
SCIOTO COUNTY OHIO

Plaintiff

vs.

Defendant

Case No. _____

JUDGE JERRY L. BUCKLER
Magistrate Roxanne Hoover

NOTICE OF FILING

Please be advised the undersigned filed the following documents in the above captioned matter on the time-stamped date shown above:

- (1) Affidavit of Income and Expenses.
- (2) IV-D Application for Child Support Services.
- (3) Civil Fee Waiver Affidavit and Order.
- (4) Vital Statistics Form.

The same has been made a part of the confidential file in this matter.

(signature)

(print name)

(address)

cc: _____
(name of opposing party or attorney)

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

HEARING REQUESTED BY: _____ DATE: _____

NAME: _____

CASE NO: _____

ADDRESS: _____

JUDGE JERRY L. BUCKLER
Magistrate Roxanne Hoover

ATTORNEY: _____

TYPE OF HEARING REQUESTED: _____

NAME: _____

ADDRESS: _____

AMOUNT OF TIME REQUESTED: _____

ATTORNEY: _____

GUARDIAN AD LITEM: _____

ALL APPRAISALS AND/OR EVALUATIONS
HAVE BEEN COMPLETED:
_____ YES _____ NO _____ N/A

NOTICE OF HEARING

The above captioned case has been set for hearing before:

- Judge Jerry L. Buckler,
- Magistrate Roxanne Hoover

Domestic Relations Court, in Room 303, 301,
Scioto County Courthouse, 602 7th Street, Portsmouth, Ohio 45662,
on the _____ day of _____, 20____,
at _____ o'clock _____m.

PURSUANT TO OHIO REVISED CODE §3121.031, you are hereby notified:

1. At the hearing, both parties shall be asked to testify to the following: (a) their employment status (if employed, gross income per month, name and business address of employer); (b) their social security number and date of birth; (c) any other information necessary to enable the Court to issue any order described in §3121.03.
2. The parties shall take notice that the obligor is subject to an order for withholding a specific amount from his/her personal earnings if he/she is employed and to one or more other types of withholding or deduction order applies to all subsequent employers, other persons who pay or otherwise distribute income to the obligor and accounts.
3. The obligor may present evidence and testimony at the hearing to prove that any of the orders would not be proper because of mistake of fact.
4. **EITHER PARTY MAY BE ORDERED TO SEEK EMPLOYMENT.**
5. The parties should take notice that this is an order of the Court and a failure to appear at the stated hearing date may cause the action to be dismissed for lack of prosecution.

APPROPRIATE ATTIRE REQUIRED: NO SHORTS, NO CUT-OFF SHIRTS AND NO TANK TOPS!

Plaintiff

Defendant

Served by Bailiff