

You must file these added forms if you are filing one of the following actions in the **Scioto County Court of Common Pleas Domestic Relations Division**:

- **DISSOLUTION WITHOUT CHILDREN**
- **DIVORCE WITHOUT CHILDREN**

Form	Form Name	Purpose and Instructions
Scioto County Form	Classification Form	To tell the Clerk what type of case you are filing
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 6	Mutual Restraining Order	<b>Required</b> by the Court when filing a divorce action. Give to the Clerk upon filing. The Judge will then sign and you will receive a copy of the signed Order in the mail from the Court.
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 will then take your packet, with the slip of paper, to the clerk's office for filing.**

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

**CLASSIFICATION FORM**

Case No. \_\_\_\_\_

Style: \_\_\_\_\_

Please check the appropriate box(es):

\_\_\_\_\_ **DR = Divorce**

\_\_\_\_\_ A: Termination of Marriage with Children

\_\_\_\_\_ B: Termination of Marriage without Children

\_\_\_\_\_ **DM = Dissolution**

\_\_\_\_\_ C: Dissolution of Marriage with Children

\_\_\_\_\_ D: Dissolution of Marriage without Children

\_\_\_\_\_ **DV = Domestic Violence**

\_\_\_\_\_ **DO = Other Domestic Relations Matters**

\_\_\_\_\_ E: Change of Custody

\_\_\_\_\_ F: Visitation Enforcement/Modification

\_\_\_\_\_ G: Child Support Enforcement/Modification

\_\_\_\_\_ I: U.I.F.S.A.

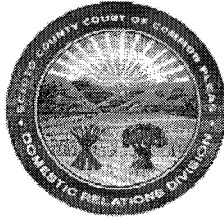
\_\_\_\_\_ J: Parentage

\_\_\_\_\_ K: All Others

Submitted By: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_



## 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: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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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.

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

	:	Case No.
PLAINTIFF	:	
	:	<b>JUDGE JERRY L. BUCKLER</b>
v.	:	<b>Magistrate Roxanne Hoover</b>
	:	
	:	<b>MUTUAL RESTRAINING ORDER</b>
DEFENDANT	:	

Pursuant to Scioto DR Rule 2.02, upon the filing of the Complaint in this matter both parties are restrained from doing the following:

- (1) Threatening, abusing, annoying, or interfering with the other party or the parties' child(ren);
- (2) Creating or incurring debt (such as a credit card) in the name of the other party or in the parties' joint names or cause a lien or loan to be placed against any of their real or personal property.
- (3) Selling, disposing of, or dissipating any asset, real or personal property, including without limitation: bank accounts, tax refunds, and money (other than regular income) of either party or a child.
- (4) Removing household goods and furniture from the marital residence without approval of the court or other party.
- (5) Changing or failing to renew the present health, life, home, automobile or other insurance coverage; remove the other party as beneficiary on any life, health, or retirement benefits without further order of this court.
- (6) Changing or establishing a new residence for the parties' minor children without the written consent of the other party or permission of the Court.

- (7) Claiming the children as dependents on any income tax return without approval of the court or other party.

It is the **ORDER** of the Court that above restraining order shall not prevent the payment of ordinary and necessary business and living expenses. Further, it is **ORDERED** that upon Plaintiff's filing of the Complaint, Plaintiff is deemed to have notice of the Mutual Restraining Order and the Clerk of Courts shall serve this Order upon Defendant along with summons.

**IT IS SO ORDERED.**

**ENTER:**

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**JERRY L. BUCKLER - JUDGE**  
**Court of Common Pleas**  
**Domestic Relations Division**

cc:

*Plaintiff*

*Defendant*

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: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CASE NO: \_\_\_\_\_

**JUDGE JERRY L. BUCKLER**  
**Magistrate Roxanne Hoover**

ATTORNEY: \_\_\_\_\_

TYPE OF HEARING REQUESTED:  
\_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

AMOUNT OF TIME REQUESTED:  
\_\_\_\_\_

ATTORNEY: \_\_\_\_\_

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

GUARDIAN AD LITEM: \_\_\_\_\_

**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 7<sup>th</sup> 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