LEGAL SEPARATION – WITHOUT CHILDREN

You will need to submit all of the following documents:

- Complaint for Legal Separation
- Notice of Hearing & Request for Service
- Affidavit of Income & Expenses
- Affidavit of Property & Debts

Please make sure that ALL of your documents are completely filled out and are signed, dated and notarized (where required).

IN THE COURT OF COMMON PLEAS
FAMLY COURT DIVISION
STARK COUNTY, OHIO

_____ (Name of Plaintiff)	:	Case # _____
_____	:	Judge _____
_____ (Address)	:	
vs.	:	**COMPLAINT FOR LEGAL SEPARATION (without children)**
_____ (Name of Defendant)	:	
_____	:	
_____ (Address)	:	

Plaintiff, for his/her Complaint, states the following:

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

2. Plaintiff and Defendant were married on _____ (date of marriage at _____ (city or county, and state).

3. There have been no children born as issue of the marriage.
   Wife ____is _____is not pregnant.

4. Plaintiff and Defendant _____ own real estate.
   _____ do not own real estate.

5. Plaintiff seeks a Legal Separation on the following grounds:

_____ Bigamy (either party already had a spouse at the time of marriage)
_____ Willful absence of the adverse party for one year
_____ Adultery
_____ Extreme cruelty
_____ Fraudulent contract
_____ Gross neglect of duty
_____ Habitual drunkenness
_____ Imprisonment of the adverse party in a state or federal correctional institution at the time of filing
_____ The parties have, without interruption for one year, lived separate & apart without cohabitation
_____ Incompatibility, unless denied by either party.

Wife requests that her surname be restored to _____.

WHEREFORE, Plaintiff prays that he/she be granted a Decree of Legal Separation, for an equitable division of property and debts, reasonable spousal support, and for costs herein, including a reasonable sum for expenses and attorney fees if any, and for such other relief the Court may find proper.

_____
Signature of Plaintiff

_____
Telephone number of Plaintiff

IN THE COURT OF COMMON PLEAS
FAMILY COURT DIVISION
STARK COUNTY, OHIO

_____ **CASE # _____**
Name

_____
Street Address

JUDGE _____

_____
City, State & Zip

Plaintiff,

v./and

_____
Name

_____
Street Address

_____
City, State & Zip

Defendant.

LEGAL SEPARATION

NOTICE OF HEARING AND REQUEST FOR SERVICE

A hearing will be held on this case on the _____ day of _____, 20___ at _____ o'clock ____.m. at the Stark County Family Court located at 110 Central Plaza South, 6th Floor, Canton, Ohio 44702.

If an Answer has not been filed or if the parties have entered into a written Separation Agreement, the hearing will proceed as an uncontested trial.
If an Answer has been filed and the parties have not reached an agreement, this hearing will be a Pretrial.

Instructions: This form is used when you want to ask for documents to be sent (served) to the other party. You must MARK the line with an "X" for the type of service you are requesting.

TO THE CLERK:

Please serve the pending documents on the following parties in the manner listed below:

____ **Defendant** at the address listed above

- ____ Certified Mail, Return Receipt Requested
- ____ Issuance to Sheriff of _____ County for
  ____Personal or ____ Residence Service
- ____ Ordinary US Mail, evidenced by a certificate of mailing (only if certified comes back unclaimed)
- ____ Other (specify) _____

____ **Other** (Name)_____

(Address)_____

- ____ Certified Mail, Return Receipt Requested
- ____ Issuance to Sheriff of _____ County for
  ____Personal or ____ Residence Service
- ____ Ordinary US Mail, evidenced by a certificate of mailing
- ____ Other (specify) _____

_____
Your Signature

_____
Your Name (printed)

_____
Phone number

IN THE COURT OF COMMON PLEAS
_____ DIVISION
_____ COUNTY, OHIO

_____
Plaintiff/Petitioner 1

vs./and

_____
Defendant/Petitioner 2

Case No. _____

Judge _____

Magistrate _____

Instructions: Check local court rules to determine when this form must be filed. This affidavit is used to make complete disclosure of income, expenses, and money owed. It is used to determine child and spousal support. Do not leave any category blank. For each item, if none, put "NONE." If you do not know exact figures for any item, give your best estimate, and put "EST." **If you need more space, add additional pages.**

AFFIDAVIT OF BASIC INFORMATION, INCOME, AND EXPENSES

Affidavit of _____
(Print Name)

Date of marriage _____ Date of separation _____

SECTION I – BASIC INFORMATION

Plaintiff/Petitioner 1	Defendant/Petitioner 2
Date of Birth _____	Date of Birth _____
Last 4 Digits of Social Security # XXX-XX-_____	Last 4 Digits of Social Security # XXX-XX-_____
Phone Number _____	Phone Number _____
Email Address _____	Email Address _____
Is an interpreter needed? ☐ Yes or ☐ No If yes, explain: _____	Is an interpreter needed? ☐ Yes or ☐ No If yes, explain: _____
Health: ☐ Good ☐ Fair ☐ Poor If health is not good, please explain:	Health: ☐ Good ☐ Fair ☐ Poor If health is not good, please explain:

Education: (*Check highest level achieved*) ☐ Grade School ☐ High School ☐ Associate ☐ Bachelor's ☐ Post Graduate	Education: (*Check highest level achieved*) ☐ Grade School ☐ High School ☐ Associate ☐ Bachelor's ☐ Post Graduate
Other Technical Certifications: Active Member of the U.S. Military ☐ Yes ☐ No	Other Technical Certifications: Active Member of the U.S. Military ☐ Yes ☐ No

SECTION II – INCOME

	Plaintiff/Petitioner 1	**Defendant/Petitioner 2**
Employed	☐ Yes ☐ No	☐ Yes ☐ No
Date of Employment	_____	_____
Name of Employer	_____	_____
Payroll Address	_____	_____
Payroll City, State, Zip	_____	_____
Scheduled Paychecks Per Year	☐ 12 ☐ 24 ☐ 26 ☐ 52	☐ 12 ☐ 24 ☐ 26 ☐ 52

A. YEARLY INCOME, OVERTIME, COMMISSIONS, AND BONUSES FOR PAST THREE YEARS

	Plaintiff/Petitioner 1		Year	**Defendant/Petitioner 2**
Base yearly income	$_____	3 years ago —	20___	$ _____
	$_____	2 years ago —	20___	$ _____
	$_____	Last year —	20___	$ _____
Yearly overtime, commissions, and/or bonuses	$_____	3 years ago —	20___	$_____
	$_____	2 years ago —	20___	$_____
	$_____	Last year —	20___	$_____

B. COMPUTATION OF CURRENT INCOME

	Plaintiff/Petitioner 1	**Defendant/Petitioner 2**
Base Yearly Income	$_____	$_____
Average yearly overtime, commissions, and/or bonuses over last 3 years (from part A)	$_____	$_____

	Plaintiff/Petitioner 1	Defendant/Petitioner 2
Unemployment Compensation	$_____	$_____
Disability Benefits		
Workers' Compensation	$_____	$_____
Social Security	$_____	$_____
Other: _____	$_____	$_____
Retirement Benefits		
Social Security	$_____	$_____
Other: _____	$_____	$_____
Spousal Support Received	$_____	$_____
Interest and dividend income (*source*) _____	$_____	$_____
Other income (*type and source*) _____	$_____	$_____
TOTAL YEARLY INCOME	$_____	$_____
Supplemental Security Income (SSI) and/or public assistance	$_____	$_____
Social Security or Veteran's benefits received for child(ren) ☐ Based on parent's disability ☐ Based on child's disability	$_____	$_____
Child support you receive from a child support enforcement agency or court order for minor and/or dependent child(ren) not of the marriage or relationship	$_____	$_____

SECTION III – CHILDREN AND HOUSEHOLD RESIDENTS

Minor and/or dependent child(ren) who is/are adopted or born from this marriage or relationship:

Name	Date of birth	Living with

In addition to the above child(ren):
Plaintiff/Petitioner 1 has_____other minor biological or adopted child(ren).
Defendant/Petitioner 2 has_____other minor biological or adopted child(ren).
There is/are_____adult(s) in your household.

SECTION IV – EXPENSES

List monthly expenses below for your present household.

A. MONTHLY HOUSING EXPENSES

Rent or first mortgage (including taxes and insurance)	$_____
Second mortgage/equity line of credit	$_____
Real estate taxes (if not included above)	$_____
Renter or homeowner's insurance (if not included above)	$_____
Homeowner or condominium association fee	$_____
Utilities	
° Electric	$_____
° Gas, fuel oil, propane	$_____
° Water and sewer	$_____
° Telephone and/or cell phone	$_____
° Trash collection	$_____
° Cable/satellite television	$_____
° Internet service	$_____
Cleaning	$_____
Lawn service and/or snow removal	$_____
Other: _____	$_____
_____	$_____
TOTAL MONTHLY:	**$**_____

B. OTHER MONTHLY LIVING EXPENSES

Food	
° Groceries (including food, paper, cleaning products, toiletries, and other)	$_____
° Restaurant	$_____
Transportation	
° Vehicle loan, lease	$_____
° Vehicle maintenance	$_____
° Gasoline	$_____

° Parking, public transportation $_____

Clothing

° Clothes (other than child(ren)'s) $_____

° Dry cleaning and laundry $_____

Personal grooming

° Hair and nail care $_____

° Other: _____ $_____

Other: _____ $_____

TOTAL MONTHLY: $_____

C. MONTHLY MINOR CHILD-RELATED EXPENSES
(for child(ren) of the marriage or relationship)

Work and/or education-related child care $_____

Other child care $_____

Extraordinary parenting time travel cost $_____

School tuition $_____

School lunches $_____

School supplies $_____

Extracurricular activities and lessons $_____

Clothing $_____

Child(ren)'s allowances $_____

Special and extraordinary needs of child(ren) (not included elsewhere) $_____

Other: _____ $_____

TOTAL MONTHLY: $_____

D. MONTHLY INSURANCE PREMIUMS

Life $_____

Auto $_____

Health $_____

Disability $_____

Other: _____ $_____

TOTAL MONTHLY: $_____

E. MONTHLY WORK AND EDUCATION EXPENSES FOR SELF

Mandatory work expenses (union dues, uniforms, or other)	$_____
Additional income taxes paid (not deducted from wages)	$_____
Tuition	$_____
Books, fees, and other	$_____
College loan	$_____
Other: _____	$_____
_____	$_____
TOTAL MONTHLY:	**$**_____

F. MONTHLY HEALTH CARE EXPENSES
(not covered by insurance)

Physicians	$_____
Dentists and orthodontists	$_____
Optometrists and opticians	$_____
Prescriptions	$_____
Other: _____	$_____
TOTAL MONTHLY:	**$**_____

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) [for child(ren) who were not born of this marriage or relationship and were not adopted by these parties]	$_____
Child support for child(ren) who were not born of this marriage or relationship and were not adopted by these parties	$_____
Expenses paid for adult child(ren) or other dependent(s)	$_____
Spousal support paid to former spouse(s)	$_____
Subscriptions and books	$_____
Charitable contributions	$_____
Memberships (associations and clubs)	$_____
Travel and vacations	$_____
Pets	$_____
Gifts	$_____
Attorney fees	$_____

Other: _____ $_____

_____ $_____

TOTAL MONTHLY: $_____

H. MONTHLY INSTALLMENT PAYMENTS INCLUDING BANKRUPTCY PAYMENTS

(*Do not repeat expenses already listed.*)
Examples: car, credit card, rent-to-own, or cash advance payments

To whom paid	Purpose	Balance due	Monthly payment
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
		TOTAL MONTHLY:	**$**

GRAND TOTAL MONTHLY EXPENSES (Sum of A through H): $_____

OATH OR AFFIRMATION
(*Do not sign until Notary Public is present*)

I, (print name)_____, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

_____
Your Signature

STATE OF _____ **)**
) SS
COUNTY OF _____ **)**

Sworn to or affirmed before me by_____this_____day of_____,_____.

_____
Signature of Notary Public

_____
Printed Name of Notary Public

Commission Expiration Date: _____

(Affix seal here)

IN THE COURT OF COMMON PLEAS
_____ DIVISION
_____ COUNTY, OHIO

_____
Plaintiff/Petitioner 1

vs./and

_____
Defendant/Petitioner 2

Case No. _____

Judge_____

Magistrate _____

Instructions: Check local court rules to determine when this form must be filed. List ALL OF YOUR PROPERTY AND DEBTS, THE PROPERTY AND DEBTS OF YOUR SPOUSE, AND ANY JOINT PROPERTY OR DEBTS. You must provide the most recent value for each asset and balance owed for each debt. Do not leave any category blank. For each item, if none, put "NONE." If you do not know exact figures for any item, give your best estimate, and put "EST." **If more space is needed, add additional pages.**

AFFIDAVIT OF PROPERTY AND DEBT

Affidavit of _____
(Print Name)

I. REAL ESTATE INTERESTS

Address	Present Fair Market Value	Titled To	Mortgage Balance	Equity
1._____ _____	$_____	_____	$_____	$_____
2._____ _____	$_____	_____	$_____	$_____

TOTAL SECTION I: REAL ESTATE INTERESTS: $_____

II. OTHER ASSETS

Category	Description	Titled To	Value
A. Vehicles and Other Certificate of Title Property	(Include model and year of automobiles, trucks, motorcycles, boats, motors, motor homes, trailers, ATVs, snowmobiles, jet skis, etc.)		
1. _____	_____	_____	$ _____
2. _____	_____	_____	$ _____

	Category	Description	Titled To	Value
3.	_____	_____	_____	$ _____
4.	_____	_____	_____	$ _____
5.	_____	_____	_____	$ _____
6.	_____	_____	_____	$ _____
	B. Financial Accounts	(Include checking, savings, CDs, POD accounts, money market accounts, etc.)		
1.	_____	_____	_____	$ _____
2.	_____	_____	_____	$ _____
3.	_____	_____	_____	$ _____
4.	_____	_____	_____	$ _____
	C. Pensions & Retirement Plans	(Include profit-sharing, IRAs, 401(k) plans, etc. Describe each type of plan)		
1.	_____	_____	_____	$ _____
2.	_____	_____	_____	$ _____
3.	_____	_____	_____	$ _____
4.	_____	_____	_____	$ _____
	D. Publicly Held Stocks, Bonds, Securities & Mutual Funds	(Name of company and number of shares)		
1.	_____	_____	_____	$ _____
2.	_____	_____	_____	$ _____
3.	_____	_____	_____	$ _____
4.	_____	_____	_____	$ _____

Category	Description	Titled To	Value
E. Closely Held Stocks & Other Business Interests and Name of Company	(Type of ownership and number of shares)		
1. _____	_____	_____	$ _____
2. _____	_____	_____	$ _____
F. Life Insurance (Company Name and Term or Whole Life)	(Insured Life)		Cash Value and Loan Balance, if any
1. _____	_____	_____	$ _____
2. _____	_____	_____	$ _____
3. _____	_____	_____	$ _____
4. _____	_____	_____	$ _____
G. Furniture & Household Goods, Furnishings, and Appliances			
1. _____	_____	_____	$ _____
2. _____	_____	_____	$ _____
3. _____	_____	_____	$ _____
4. _____	_____	_____	$ _____
H. Safe Deposit Box (Give location and contents)			
1. _____	_____	_____	$ _____
2. _____	_____	_____	$ _____
3. _____	_____	_____	$ _____
4. _____	_____	_____	$ _____
I. All Other Assets Not Listed Above (including jewelry, art, tools, firearms, and other collectibles)	(If necessary, attach additional pages)		
1. _____	_____	_____	$ _____
2. _____	_____	_____	$ _____

TOTAL SECTION II: OTHER ASSETS: $ _____

III. SEPARATE PROPERTY CLAIMS
Separate property includes, but is not limited to, property owned before marriage and gifts or inheritances to only one spouse.

	Description		Why do you claim this as separate property?	Present Fair Market Value
1.	_____	_____	_____	$ _____
2.	_____	_____	_____	$ _____
3.	_____	_____	_____	$ _____
4.	_____	_____	_____	$ _____

TOTAL SECTION III: SEPARATE PROPERTY CLAIMS: $ _____

IV. DEBT

List ALL OF YOUR DEBTS, your spouse's debts, and any joint debts. Do not leave any category blank. For each item, if none, put "NONE." If you don't know exact figures for any item, give your best estimate, and put "EST." **If more space is needed to explain, please attach an additional page with the explanation and identify which question you are answering.**

	Type	**Name of Creditor**	**Name on Account**	**Total Debt Due**	**Monthly Payment**
	A. Secured Debt (Mortgages, Car, etc.)				
1.	_____	_____	_____	$_____	$_____
2.	_____	_____	_____	$_____	$_____
3.	_____	_____	_____	$_____	$_____
4.	_____	_____	_____	$_____	$_____
5.	_____	_____	_____	$_____	$_____
	B. Unsecured Debt (Credit cards, medical bills, other debts)				
1.	_____	_____	_____	$_____	$_____
2.	_____	_____	_____	$_____	$_____
3.	_____	_____	_____	$_____	$_____

	Type	Name of Creditor	Name on Account	Total Debt Due	Monthly Payment
4.	_____	_____	_____	$_____	$_____
5.	_____	_____	_____	$_____	$_____

TOTAL SECTION IV: DEBT: $ _____

V. BANKRUPTCY

	Filed by	Date of Filing	Date of Discharge or Relief from Stay	Type of Case (Ch. 7, 11, 12, 13)	Current Monthly Payments
1.	_____	_____	_____	$_____	$_____
2.	_____	_____	_____	$_____	$_____

TOTAL SECTION V: BANKRUPTCY: $ _____

OATH OR AFFIRMATION

(Do not sign until Notary Public is present)

I, (print name)_____, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

_____
Your Signature

STATE OF _____)
) SS
COUNTY OF _____)

Sworn to or affirmed before me by_____this_____day of_____,_____.

_____
Signature of Notary Public

_____
Printed Name of Notary Public

(Affix seal here)

Commission Expiration Date: _____

PRINT