

**IN THE COURT OF COMMON PLEAS**  
**DOMESTIC RELATIONS**      **Division**  


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**MONTGOMERY**              **COUNTY, OHIO**

Plaintiff	:	Case No. _____
	:	
Street Address	:	
	:	
City, State and Zip Code	:	Judge _____
	:	
vs.	:	Magistrate _____
	:	
Defendant	:	
	:	
Street Address	:	
	:	
City, State and Zip Code	:	

**Instructions:** This form is used in response to a filing of a Complaint for Divorce with Children. This form is used to agree with or dispute the statements made in the Complaint for Divorce with Children or a Counterclaim to a Divorce with Children.

**ANSWER TO COMPLAINT FOR DIVORCE WITH CHILDREN**  
 **REPLY TO COUNTERCLAIM**

1. I, \_\_\_\_\_ (name) **ADMIT or DENY** the following allegations, as listed in my Spouse's Complaint or Counterclaim.

- | <b>ADMIT</b>             | <b>DENY</b>              |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | My Spouse's state of residence.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | My Spouse's length of residence in state.                 |
| <input type="checkbox"/> | <input type="checkbox"/> | My Spouse's county of residence.                          |
| <input type="checkbox"/> | <input type="checkbox"/> | My Spouse's length of residence in county.                |
| <input type="checkbox"/> | <input type="checkbox"/> | My county of residence.                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | The date of our marriage.                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | The place of our marriage.                                |
| <input type="checkbox"/> | <input type="checkbox"/> | I am not pregnant.  |
| <input type="checkbox"/> | <input type="checkbox"/> | My Spouse is not pregnant.                                |
| <input type="checkbox"/> | <input type="checkbox"/> | The number of children from the marriage or relationship. |
| <input type="checkbox"/> | <input type="checkbox"/> | The names of children from the marriage or relationship.  |

- The dates of birth of children from the marriage or relationship.
- The child(ren) stated in the Complaint is/are subject to an existing order of parenting or support of another Court or agency.
- My Spouse and I are owners of real estate and/or personal property.

2. I further **ADMIT or DENY** the following grounds for divorce:

**ADMIT    DENY**

- My Spouse and I are incompatible.
- My Spouse and I have lived separate and apart without cohabitation and without interruption for one year.
- My Spouse or I had a Spouse living at the time of the marriage.
- I have been willfully absent for one year.
- I am guilty of adultery.
- I am guilty of extreme cruelty.
- I am guilty of fraudulent contract.
- I am guilty of gross neglect of duty.
- I am guilty of habitual drunkenness.
- I was imprisoned in a state or federal correctional institution at the time the Complaint was filed.
- I procured a divorce outside this state by virtue of which I have been released from the obligations of the marriage, while those obligations remain binding on my Spouse.

3. Anything not specifically admitted is denied.

4. Other information about the above admissions, denials, or responses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I ask that the request for a divorce be  dismissed  granted (select one), and I be awarded such other relief as the Court finds fair and equitable, including ordering the cost of this action be paid as the Court may determine.

\_\_\_\_\_  
 Your Signature

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Typed or printed Name

\_\_\_\_\_  
 Telephone number at which the Court may reach you or at which messages may be left for you

**CERTIFICATE OF SERVICE**

I delivered a copy of my Answer to Complaint for Divorce with Children

On: (date) \_\_\_\_\_

To: (name of your Spouse's attorney or, if there is no attorney, name of your Spouse)

\_\_\_\_\_  
At: (address or fax number) \_\_\_\_\_

By:  U.S. Mail  
 Fax  
 Personal delivery  
 Other: \_\_\_\_\_

\_\_\_\_\_  
Your Signature