

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


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**MONTGOMERY** COUNTY, OHIO

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

**Instructions:** This form is used to request a divorce if you and your spouse have (a) minor child(ren), adult child(ren) attending high school, or child(ren) with disabilities, and/or you or the Spouse are/is pregnant. Check to determine if you meet the residency requirement to file in this county. A Request for Service (Uniform Domestic Relations Form 28) must be filed with this form. The Parenting Proceeding Affidavit (Uniform Domestic Relations Form - Affidavit 3) must be filed.

**COMPLAINT FOR DIVORCE WITH CHILDREN**

I, the Plaintiff, for this Complaint say:

1. I have been a resident of the State of Ohio for at least six months.
2.  I have been a resident of \_\_\_\_\_ County for at least 90 days immediately before the filing of this Complaint; or  
 The Defendant resides in \_\_\_\_\_ County where this Complaint is filed.
3. The Defendant and I were married to one another on \_\_\_\_\_ (date of marriage) in \_\_\_\_\_ (city or county, and state).

4. I state regarding child(ren) (check all that apply):

- There is/are no child(ren) expected from this marriage or relationship.
- There is/are child(ren) expected from this marriage or relationship and the approximate due date is: \_\_\_\_\_.
- There is/are no child(ren) from this marriage or relationship.
- The parties are parents of \_\_\_\_\_ (number) child(ren) from this marriage or relationship. Of the child(ren), \_\_\_\_\_ (number) is/are emancipated adult(s) and not under a disability. The following \_\_\_\_\_ (number) child(ren) is/are minor child(ren) and/or mentally or physically disabled and incapable of supporting or maintaining themselves (name and date of birth of each child):

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

I am not the parent of the following child(ren) (name and date of birth of each child):

\_\_\_\_\_

The Spouse is not the parent of the following child(ren) (name and date of birth of each child):

\_\_\_\_\_

The following child(ren) is/are subject to an existing order of parenting or support of another Court or agency:

Name of Child	Date of Birth	Name of Court or Agency
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. I state the following grounds for divorce exist (check all that apply):

- The Defendant and I are incompatible.
- The Defendant and I have lived separate and apart without cohabitation and without interruption for one year.
- The Defendant or I had a Spouse living at the time of the marriage.
- The Defendant has been willfully absent for one year.
- The Defendant is guilty of adultery.
- The Defendant is guilty of extreme cruelty.
- The Defendant is guilty of fraudulent contract.
- The Defendant is guilty of gross neglect of duty.
- The Defendant is guilty of habitual drunkenness.

5. cont.  The Defendant was imprisoned in a state or federal correctional institution at the time the Complaint was filed.  
 The Defendant procured a divorce outside this state by virtue of which the Defendant has been released from the obligations of the marriage, while those obligations remain binding on me.

6. The Defendant and I are / are not  owners of real estate and/or personal property (check one).

I request that a divorce be granted from the Defendant, that the Court determine an equitable division of debts and property, and as follows that (check all that apply):

- The Defendant be required to pay me spousal support.  
 The Plaintiff be named the residential parent and legal custodian of the following minor child(ren): \_\_\_\_\_

- The Defendant be named the residential parent and legal custodian of the following child(ren): \_\_\_\_\_

- The non-residential parent be granted specific parenting time.  
 The Defendant and I be granted shared parenting of the following child(ren): \_\_\_\_\_

\_\_\_\_\_ pursuant to a Shared Parenting Plan (Uniform Domestic Relations Form 17), which I will prepare and file with the Court.

- The Defendant be ordered to pay child support and medical support.  
 I be restored to my prior name of: \_\_\_\_\_  
 The Defendant be required to pay attorney fees.  
 The Defendant be required to pay the court costs of the proceeding.  
 The Court make the following additional orders: \_\_\_\_\_

\_\_\_\_\_ and that the Court grant such other and further relief as the Court may deem proper.

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

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