

**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 Counterclaim a Complaint for Divorce with or without Children. A Request for Service (Uniform Domestic Relations Form 28) must be filed with this form. The Parenting Proceeding Affidavit (Uniform Domestic Relations Form 3) must be filed, if you and your spouse have (a) minor child(ren), adult child(ren) attending high school, adult child(ren) with disabilities, and/or you or the Spouse are/is pregnant.

**COUNTERCLAIM FOR DIVORCE**

I, the Defendant, for this Counterclaim 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 Plaintiff resides in \_\_\_\_\_ County where this Complaint is filed.
3. The Plaintiff 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 children 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 maintain 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.

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

5. cont.  The Plaintiff is guilty of fraudulent contract.  
 The Plaintiff is guilty of gross neglect of duty.  
 The Plaintiff is guilty of habitual drunkenness.  
 The Plaintiff was imprisoned in a state or federal correctional institution at the time the Complaint was filed.  
 The Plaintiff procured a divorce outside this state by virtue of which the Plaintiff has been released from the obligations of the marriage, while those obligations remain binding on me.
6. The Plaintiff and I are owners of real estate and/or personal property.

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

The Plaintiff be required to pay spousal support.  
 The Plaintiff be named the residential parent and legal custodian of the following 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 Plaintiff 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 Plaintiff be ordered to pay child support and medical support.  
 I be restored to my prior name of: \_\_\_\_\_  
 The Plaintiff be required to pay attorney fees.  
 The Plaintiff 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