

Common Pleas Court of Montgomery County, Ohio
DOMESTIC RELATIONS DIVISION
Divorce and Dissolution Questionnaire

A2 B2 C2 D2

JUDGE Case No.

Type of Action: Divorce Annulment Legal Separation Dissolution

Plaintiff / Petitioner

Defendant / Petitioner

NAME Last First Middle Last First Middle

MAIDEN NAME OR ALIAS

ADDRESS Street# Street Name Apt.# Street# Street Name Apt.#

ADDRESS City State Zip County City State Zip County

PHONE Area Code Phone Number Area Code Phone Number

SSN: DOB AGE SSN: DOB AGE

ACTIVE DUTY MILITARY? YES, STATIONED: ACTIVE DUTY MILITARY? YES, STATIONED:

CURRENTLY PREGNANT? YES, DUE DATE: CURRENTLY PREGNANT? YES, DUE DATE:

ATTORNEY NAME

ATTORNEY PHONE Area Code Phone Number Area Code Phone Number

ATTORNEY ADDRESS

COURT USE ONLY

DATE HEARD: BY:

Date Complaint / Petition Filed AWARDED TO: Plaintiff /Petitioner Defendant / Petitioner

Service: Waived PERS Reg. Mail Cert. Mail GROUNDS: Disso Incompat GN EC Separate & Apart Other

Answer: Ans./Counterclaim DECREE to be filed on/before

Pl.Notice Date Def. Notice Date By Attorney

QDRO / DOPO by

Pretrial Date RESIDENTIAL PARENT: Plaintiff/Petitioner Defendant/Petitioner

Trial Date Shared Parenting N/A

Date Decree Filed

Date Case Dismissed PARENTING TIME: Standard Standard after PAD

CROSS REFERENCES Per Decree None until Further Order

(Bankruptcy, DV) SUPPORT AMOUNT(S):

PED: Pet/PL. Pet/DEF. \$ per MONTH per child x child(ren)

Name Restoration: Healthcare Pet/PL. Pet/DEF.

SETS #: \$ per MONTH per child x child(ren)

(No healthcare at reasonable cost)

Retain Support Jurisdiction \$ Cash Medical

Amount Amount & Duration \$ Spousal Support/month for

# SOCIAL HISTORY

Marriage: Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Cohabiting at Present: \_\_\_\_ Yes \_\_\_\_ No, Date of Separation \_\_\_\_\_ Who first left home? \_\_\_\_\_

**Plaintiff / Petitioner**

**Defendant / Petitioner**

Ohio \_\_\_\_\_ Montgomery Co. \_\_\_\_\_

**Time of Residence In**

Ohio \_\_\_\_\_ Montgomery Co. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**Birthplace**

City \_\_\_\_\_ State \_\_\_\_\_

**EDUCATION**

(indicate years completed)

Elementary \_\_\_\_\_ High School \_\_\_\_\_

Elementary \_\_\_\_\_ High School \_\_\_\_\_

College \_\_\_\_\_ Grad School \_\_\_\_\_

College \_\_\_\_\_ Grad School \_\_\_\_\_

Other (Specify) \_\_\_\_\_

**Degrees**

Other (Specify) \_\_\_\_\_

**OCCUPATION**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Retired?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Currently Working?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Employer**

**Position**

**Working Hours**

**Payroll Address**

(City, State, Zip)

**Work Phone Number**

\$ \_\_\_\_\_ from Employer \$ \_\_\_\_\_ from Pension **GROSS Earnings PER YEAR** \$ \_\_\_\_\_ from Employer \$ \_\_\_\_\_ from Pension

**PUBLIC ASSISTANCE**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Receive Public Assistance?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Application Pending?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**PHYSICAL DESCRIPTION**

Height \_\_\_\_\_ Weight \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

**RACE**

\_\_\_\_ White \_\_\_\_ Black \_\_\_\_ Asian Other \_\_\_\_\_

\_\_\_\_ White \_\_\_\_ Black \_\_\_\_ Asian Other \_\_\_\_\_

**Children of Present Marriage**

| Name | D.O.B. | Age | Sex | SS# | School (Name) | Grade | Living With |
|------|--------|-----|-----|-----|---------------|-------|-------------|
| 1    |        |     |     |     |               |       |             |
| 2    |        |     |     |     |               |       |             |
| 3    |        |     |     |     |               |       |             |
| 4    |        |     |     |     |               |       |             |
| 5    |        |     |     |     |               |       |             |
| 6    |        |     |     |     |               |       |             |
| 7    |        |     |     |     |               |       |             |
| 8    |        |     |     |     |               |       |             |
| 9    |        |     |     |     |               |       |             |
| 10   |        |     |     |     |               |       |             |

