

IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS **Division**
GREENE **COUNTY, OHIO**

Name	:	Case No. _____
Street Address	:	
City, State and Zip Code	:	Judge <u> Hurley </u> _____
Plaintiff/Petitioner	:	
	:	Magistrate _____
	:	
vs.	:	
	:	
Name	:	<u>MOTION FOR CHANGE OF SPOUSAL SUPPORT</u>
Street Address	:	<u>AND MEMORANDUM IN SUPPORT</u>
City, State and Zip Code	:	
Defendant/Petitioner	:	

I, _____ (name), request this Court change my obligation to provide support or my right to receive support for former spouse as follows (check all that apply):

1. The amount of spousal support to be paid each month. The change I want the Court to order is:

2. The circumstances have changed since the Court issued the existing order. The change in circumstances and any other reason for the requested change are as follows:

Your Signature

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

**IN THE COURT OF COMMON PLEAS, GREENE COUNTY, OHIO
DOMESTIC RELATIONS DIVISION**

Name: _____,

CASE NO. _____

Address: _____

JUDGE HURLEY

DOB: _____

MAGISTRATE _____

PLAINTIFF/PETITIONER 1

vs.

Name: _____,

AFFIDAVIT OF FINANCIAL

Address: _____

DISCLOSURE

DOB: _____

DEFENDANT/PETITIONER 2

STATE OF OHIO, SS:

Now comes, _____, affiant herein, and having been duly cautioned and sworn, states that he/she has been advised that this affidavit may be used for any or all of the following purposes: (1) to make complete disclosure of affiant's income, liabilities, and expenses; (2) to assist in determining orders of support when applicable.

TEMPORARY ORDERS

I do not request a temporary order

I request a temporary order for Custody Child Support Spousal Support

OTHER ACTIVE CASES

A Domestic Violence Order: Case No. _____

A Juvenile Court Case: Case No. _____

An Administrative Child Support Case: SETS No. _____

Bankruptcy Case: Case No. _____

Date of Marriage: _____

Date of Separation: _____

PLAINTIFF/PETITIONER 1'S INCOME		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name: _____		
A. GROSS YEARLY INCOME FROM EMPLOYMENT		
Base Yearly Wages	\$ _____	
B. OTHER YEARLY INCOME		
Interest/Dividend Income	\$ _____	
Unemployment Compensation	\$ _____	
Worker's Compensation	\$ _____	
Social Security or Other Disability Benefits	\$ _____	
Gross Self-Employment Income	\$ _____	
Ordinary & Necessary Business Expenses	\$ _____	
Retirement in Pay Status	\$ _____	
C. OVERTIME, COMMISSION, AND BONUSES (Past 3 Year History; Year 3 is Most Recent)		
Year 1, 20____ \$ _____	Year 2, 20____ \$ _____	Year 3, 20____ \$ _____
TOTAL YEARLY INCOME FROM ALL SOURCES (A + B + Average of C)		\$ _____

DEFENDANT/PETITIONER 2'S INCOME		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name: _____		
A. GROSS YEARLY INCOME FROM EMPLOYMENT		
Base Yearly Wages	\$ _____	
B. OTHER YEARLY INCOME		
Interest/Dividend Income	\$ _____	
Unemployment Compensation	\$ _____	
Worker's Compensation	\$ _____	
Social Security or Other Disability Benefits	\$ _____	
Gross Self-Employment Income	\$ _____	
Ordinary & Necessary Business Expenses	\$ _____	
Retirement in Pay Status	\$ _____	
C. OVERTIME, COMMISSION, AND BONUSES (Past 3 Year History; Year 3 is Most Recent)		
Year 1, 20____ \$ _____	Year 2, 20____ \$ _____	Year 3, 20____ \$ _____
TOTAL YEARLY INCOME FROM ALL SOURCES (A + B + Average of C)		\$ _____

OTHER ASSETS & LUMP SUM INCOME

1. Describe income sources listed in Section B (i.e. disability income, interests or dividend income, rentals, annuities, etc.) Attach additional pages if needed.

Name & Address of Source:	Identifying Description:	Income or Benefits:

2. List any lump sum income (bonus, gifts, inheritance, etc.) in excess of \$500, expected to be received within the next six (6) months, not otherwise listed in this affidavit. Attach additional pages if needed.

Source:	Value: \$
Source:	Value: \$

3. List all funds on deposit in any and all accounts in any bank, savings & loan, credit union, regulated investment company, mutual fund or other financial institution. Account includes any of the following: checking, certificate of deposit ('CD'), investment, savings, retirement/pension accounts, IRA's, stock options, etc. Attach additional pages if needed.

Name & Address of Institution	Last 4 Digits of Account #	Name(s) on Account	Balance

4. Real Estate

Address of Property	Name(s) on Deed	Present Value

MINOR AND/OR DEPENDENT CHILDREN OF THIS MARRIAGE		
Child's Name:	Child's DOB:	Child Resides With:

INFORMATION REGARDING CHILDREN NOT OF THIS MARRIAGE		
	Plaintiff/Petitioner 1	Defendant/Petitioner 2
Number of Other Biological or Adopted Minor Children NOT of this marriage, NOT stepchildren		
Spousal Support Paid to a Former Spouse	\$	\$

CHILD CARE EXPENSES	
Does either party pay employment or school-related child care expenses for the minor child(ren) of this marriage?	
Plaintiff/Petitioner 1	<input type="checkbox"/> Yes <input type="checkbox"/> No \$_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Defendant/Petitioner 2	<input type="checkbox"/> Yes <input type="checkbox"/> No \$_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

HEALTH INSURANCE Group Health Insurance Available for Dependent Children	
Are your children currently enrolled in a low-income, government-assisted health care program (Medicaid/CareSource)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is either party enrolled in an individual (non-group or COBRA) health insurance plan?	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Neither
If neither party is enrolled, is health insurance available through a group (employer or other organization)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the available insurer cover primary services within 30 miles of the child's home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a party is enrolled in a health insurance plan through a group or individual insurance plan:	
Name of Party Providing Health Insurance: _____	
Employee Cost for Insurance: \$_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Type of Coverage: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____	
*If health insurance is provided, attach a copy of the front and back of the insurance card	

AFFIANT'S MONTHLY EXPENSES

List your ACTUAL expenses for your present household. If you expect changes in your expenses soon, attach a separate sheet with your ESTIMATED expenses. If you are living with your parents or someone is helping you with your living expenses, provide the

Person's Name: _____ The Amount of Support Provided: \$ _____

MONTHLY EXPENSES: HOUSING

1. Rent or Mortgage (including taxes and insurance)	\$
2. Utilities:	
Gas & Electric (level billing or average per month)	\$
Water & Sewer	\$
Cell Phone (# of Phones on Plan _____)	\$
Trash Collection	\$
Other: _____	\$

HOUSING TOTAL: \$ _____

MONTHLY EXPENSES: OTHER

1. Grocery (include food, laundry & cleaning products, toiletries, etc.)	\$
2. Gasoline & Oil	\$
3. Car Repairs	\$
4. Insurance (Life/Auto/Renter's)	\$
5. Medical (not covered by insurance)	\$
6. Clothing	\$
7. Internet/Cable/TV Subscription	\$
8. Other: _____	\$

OTHER TOTAL: \$ _____

MONTHLY DEBT PAYMENTS (Do not list expenses previously listed in Section A. Attach additional pages if needed.)

To Whom Paid (Write the name(s) account is under)	Purpose/Security (For car loans, write model & who drives it)	Monthly Payment	Total Balance Due
		\$	\$
		\$	\$
		\$	\$

MONTHLY DEBT PAYMENTS TOTAL: \$ _____

GRAND TOTAL MONTHLY EXPENSES: \$ _____

Affiant states that the information contained herein and attached hereto, is complete and accurate to the best of his/her information, knowledge, or belief under penalty of law.

- _____
 Signature of Affiant Plaintiff/Petitioner 1
 Signature of Affiant Defendant/Petitioner 2

Sworn to and subscribed in my presence this _____ day of _____,
_____.

Notary Public Signature

My Commission Expires: _____

Signature of Attorney for _____

Address

Address

Phone #

Supreme Court #

**IN THE COURT OF COMMON PLEAS, GREENE COUNTY, OHIO
DOMESTIC RELATIONS DIVISION**

_____,

PLAINTIFF

v.

_____,

DEFENDANT

CASE NO. _____

JUDGE HURLEY

MAGISTRATE _____

NOTICE OF HEARING

PLEASE TAKE NOTICE THAT THE _____

(Name of Motion)

will be heard on the _____ day of _____, **20**__, at _____ **AM/PM**
before **Judge/Magistrate** _____ in the Greene County Court of Common
Pleas, Division of Domestic Relations, 595 Ledbetter Road; Xenia, Ohio 45385.

“Failure of any party to appear, in person or by counsel, at the scheduled time and date may result in the case proceeding without your attendance, dismissal of that party’s pleadings/motions, or other appropriate sanctions.”

Assignment Commissioner

Service of Copy Upon:

(Plaintiff/1st Petitioner Name)

(Defendant/2nd Petitioner Name)

(Street Address)

(Street Address)

(City, State, Zip)

(City, State, Zip)



**GREENE COUNTY CLERK OF COURTS
ANDREW J. WILLIAMS, Clerk**

INSTRUCTIONS FOR SERVICE

TO: THE GREENE COUNTY CLERK OF COURTS

CASE NO. _____

YOU ARE INSTRUCTED TO MAKE SERVICE BY (select method):

PERSONAL CERTIFIED MAIL REGULAR MAIL

OTHER _____

UPON:

NAME: _____

ADDRESS:

SPECIAL INSTRUCTIONS FOR SERVER: Please serve the above party with a copy of the: Motion for Change of Spousal Support, Affidavit of Financial Disclosure, and Notice of Hearing

Attorney/Pro Se: _____

(Sign here)