

**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>
Petitioner 1	:		
and	:		Magistrate _____
	:		
Name	:		<b><u>PETITION FOR DISSOLUTION OF MARRIAGE</u></b>
Street Address	:		<b><u>WITH CHILDREN</u></b>
City, State and Zip Code	:		
Petitioner 2	:		

The Petitioners, \_\_\_\_\_ (my name) and \_\_\_\_\_ (spouse's name), say as follows:

1.  \_\_\_\_\_(your name or spouse's name) has been a resident of the State of Ohio for at least six months.  
 Both parties has/have been (a) resident(s) of the State of Ohio for at least six months.
  
2.  Petitioner 1 has been (a) resident of \_\_\_\_\_ County for at least 90 days immediately before the filing of this Petition.  
 Petitioner 2 has been (a) resident of \_\_\_\_\_ County for at least 90 days immediately before the filing of this Petition.

3. The Petitioners were married to one another on \_\_\_\_\_ (date of marriage) in \_\_\_\_\_ (city or county, and state).

4. Current Pregnancy

- There are no children expected from this marriage or relationship.
- There are children expected from this marriage or relationship and the approximate due date is: \_\_\_\_\_.

5. Children of the Marriage

The Petitioners have a total of \_\_\_\_\_ (number) of children from their marriage or relationship.

\_\_\_\_\_ (number) are emancipated adults and not under any disability.

\_\_\_\_\_ (number) are minor children.

\_\_\_\_\_ (number) are emancipated adults but mentally or physically disabled, and incapable of supporting or maintaining themselves.

**Name of Child**

**Date of Birth**

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

6. There were children born during the marriage or relationship who are not the biological children of both parties:

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Genetic testing was conducted: \_\_\_\_\_ (date), \_\_\_\_\_ (where).\*

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Genetic testing was conducted: \_\_\_\_\_ (date), \_\_\_\_\_ (where).\*

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Genetic testing was conducted: \_\_\_\_\_ (date), \_\_\_\_\_ (where).\*

**\*Proof of DNA testing must be provided to the Court.**

7.  The following child(ren) of this marriage or relationship is/are subject to a custody or parenting order in a different Court proceeding (name of each child and the Court that issued the custody or parenting order):

8. The Petitioners have entered into a Separation Agreement which is attached.

If Petitioners have (a) minor child(ren) (select one):

- The Petitioners have agreed to a Parenting Plan which is attached.
- The Petitioners have agreed to a Shared Parenting Plan which is attached.

9. The Petitioners further say as follows:

- We are both over 18 years of age.
- We are not under any legal disability.
- We waive all rights to receive summons for the dissolution action through the Clerk of Courts.
- We have read this Petition and voluntarily ask this Court to dissolve the marriage.

10.  The Petitioner \_\_\_\_\_ requests to be restored  
to the former name of: \_\_\_\_\_

The Petitioners request the Court for a Decree of Dissolution of their marriage pursuant to the terms of the Separation Agreement and the Shared Parenting Plan or Parenting Plan, if there is/are (a) child(ren).

\_\_\_\_\_  
My Signature

\_\_\_\_\_  
My Spouse's Signature

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Telephone number