IN THE COURT OF COMMON PLEAS

 DIVISION

 COUNTY, OHIO

 Plaintiff

 Vs.

 Case No.

 Judge

 Vs.

 Magistrate

WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.

Instructions: Check local court rules to determine when this form must be filed. This form is used to request temporary orders in your divorce or legal separation case. After a party serves a Motion and Affidavit, the other party has 14 days to file a Counter Affidavit and serve it on the party who filed the Motion. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **If more space is needed, add additional pages.**

MOTION AND AFFIDAVIT OR COUNTER AFFIDAVIT FOR TEMPORARY ORDERS WITHOUT ORAL HEARING

Check one box below to show whether you are filing a (A) Motion and Affidavit or (B) Counter Affidavit.

(A) Motion and Affidavit

_____ (name), the Movant, files this Motion and Affidavit under Civ.R. 75(N) and/or under R.C. 3109.043 to request the temporary orders checked here.

Check only those that apply.

Residential parenting rights (custody)

_ Parenting time (companionship or visitation)

Child support

____ Spousal support (if married)

Payment of debts and/or expenses

THE OTHER PARTY HAS FOURTEEN (14) DAYS FROM THE DATE ON WHICH THIS MOTION IS SERVED TO FILE A COUNTER AFFIDAVIT AND SERVE IT UPON THE PARTY WHO FILED THE MOTION. (See below)

(B) Counter Affidavit

Movant files this Counter Affidavit in response to a Motion and Affidavit.

Complete the following information, whether filing Motion and Affidavit or Counter Affidavit. (*Check all that apply*)

1.		The parties are living separately. Date of separation is The parties are living together. The parties have no minor children. (<i>Ski</i> , The parties have (a) minor child(ren) whe (<i>List child(ren) here</i>) Name	p to number 6)	m or adopted during this relationship. Living with		
			other biologic	cal or adopted minor child(ren). cal or adopted minor child(ren). ovant's household.		
2.	Movar	ant's child(ren) attend(s) school in: public school district Other: (<i>Explain</i>) All children do not attend school in the same district. (<i>Explain</i>)				
3.		Movant requests to be named the temporary residential parent and/or legal custodian of the child(ren): (<i>Specify child(ren) if request is not for all child(ren)</i>)				
		Movant does not object to the other parent or party being named the temporary residential parent and/or legal custodian of the child(ren): (<i>Specify child(ren) if request is not for all child(ren)</i>)				
4.	Movant has reached an agreement regarding parenting time (comparenting time) other parent or party as follows:		companionship or visitation) with the			

		Movant wishes to exercise the following parenting time (companionship or visitation):		
		Movant wishes for the other parent or party to exercise the following parenting time (companionship or visitation):		
Movant requests that the other parent or party's parenting time (or supervised: (<i>Explain the reason for request</i> .)		Movant requests that the other parent or party's parenting time (companionship or visitation) be supervised: (<i>Explain the reason for request</i> .)		
		Name of an appropriate supervisor		
5.		A Court or agency has made a child support order concerning the child(ren). Name of Court/Agency Date of Order SETS No.		
6.	Mova	<pre>nt requests the Court to order the other parent or party to pay: \$ child support per month \$ spousal support per month (only if married) \$ attorney fees, expert fees, Court costs The following debts and/or expenses:</pre>		
		Other:		
7.		Movant is willing to attend mediation. Movant is not willing to attend mediation.		

State specific reasons why Court services are required.

Printed Name

Address

City, State, Zip

Phone Number

Fax Number

E-mail

Supreme Court Reg No. (if any)

OATH OR AFFIRMATION

I, (print name)_____, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

	Signature
STATE OF)	
) SS COUNTY OF)	
Sworn to or affirmed before me by	thisday of

NOTICE OF HEARING

	(Che	eck with local Court to obt	ain a hearing date and time and for	r scheduling procedure)		
You ar	e herek	by given notice that this M	otion for Temporary Orders will co	ome before the Court for consideration		
on Affi	davits o	only, without oral testimon	y, before Judge/Magistrate	,		
at	a.m./p.m. on			_, 20		
			CERTIFICATE OF SERVICE			
I delive	ered a c	opy of the: 🗌 Motion and	I Affidavit or 🗌 Counter Affidavit			
On:	(Date	(Date) , 20		_		
To:	(Prin	rint name of other party's attorney or, if there is no attorney, print name of the party)				
At:	(Print address or fax number)					
By:		As instructed in the Request for Service (Uniform Domestic Relations Form 31/Uniform Juvenile Form 10) filed with the Clerk of Courts				
		Regular U.S. Mail				
		Fax				
		Hand Delivery				
		Other:				

Signature