

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

PLAINTIFF

vs.

DEFENDANT

CASE NO. _____

JUDGE _____

MAGISTRATE _____

**PRE-TRIAL STATEMENT/AFFIDAVIT
OF PLAINTIFF/DEFENDANT**

I. GENERAL INFORMATION

- A. Age of the Parties:
Plaintiff-dob:_____ Defendant-dob:_____
- B. Date of Marriage:_____ Date of Separation:_____
- C. Minor Children: Names DOB Ages

- D. Current Residences: Plaintiff Defendant
- E. Income:
Place of Employment:
 Plaintiff Defendant

- Gross Income From Current Employment:
 Plaintiff Defendant

- Other Income: Plaintiff Defendant

- F. Extent of Education:
 Plaintiff Defendant

- G. (If child and/or spousal support is contested) Plaintiff/Defendant submits the attached budget. Be sure to include: housing, utilities, auto, food, day care, insurance, credit card debt, etc.

II. PLAINTIFF'S/DEFENDANT'S POSITION

A. Grounds:

B. Allocation of Parental Rights and Responsibilities:

1. Possession Times, Sole or Shared Parenting

2. Child Support

a. This party submits the attached child support worksheet.

b. (If applicable) This party believes that deviation from the worksheet amount is/is not appropriate in this case for the following reasons (including statutory factors):

c. Child Related Tax Issues (e.g. Dependency Exemptions)

3. Medical Insurance Coverage for Children

a. Will be carried by:

b. Uncovered ordinary expenses:

c. Uncovered extraordinary expenses:

d. Party entitled to reimbursement:

e. Marginal, out-of-pocket cost of medical insurance:

4. Other Contested Issues Related to Children:

C. **Division of Property/Debts**

1. Identify the duration of the marriage. State reasons if other than from the date of the marriage until the final hearing:

2. An equal division of marital property would be equitable/inequitable, for the following reasons:

3. A distributive award from spouse's separate property or income is/is not appropriate, for the following reasons:

The Plaintiff/Defendant certifies under oath that the following assets/liabilities exist and the valuations below are to the best of the party's knowledge.

Be sure to include all: real estate, household goods and furnishings, vehicles, pensions. All columns must be completed. If additional space is needed, you may attach additional page(s) in substantially the same format as provided below.

DESCRIPTION	FAIR MARKET VALUE	SEPARATE PROPERTY	SEPARATE PROPERTY	PROPOSED DIVISION OF MARITAL PROPERTY	PROPOSED DIVISION OF MARITAL PROPERTY	TRIAL EXHIBIT
		WIFE	HUSBAND	TO WIFE	TO HUSBAND	
REAL ESTATE						
Address						
Appraised by:						
Less 1 st Mortgage Bank Acct #						
Less 2 nd Mortgage Bank Acct #						
Less Other Bank Acct #						
EQUITY VALUE:						
Separate Property of:						
MARITAL EQUITY SUBJECT TO DIVISION						
MOTOR VEHICLES						
Vehicle Type:						
Vehicle Type:						
Vehicle Type:						
HOUSEHOLD GOODS						
Separate Household Property						
Marital Household Property						
DEFERRED ASSETS						
Pension-Employer Plan Name:						
Less Non-Marital Interest:						
Pension-Employer Plan Name:						
Less Non-Marital Interest:						
MARITAL EQUITY SUBJECT TO DIVISION						
IRA / KEOGH:						
Inst. Name:						
Acct# Acct Type						
Inst. Name:						
Acct# Acct Type						
Inst. Name:						
Acct# Acct Type						
Inst. Name:						
Acct# Acct Type						
Inst. Name:						
Acct# Acct Type						

DESCRIPTION	FAIR MARKET VALUE	SEPARATE PROPERTY	SEPARATE PROPERTY	PROPOSED DIVISION OF MARITAL PROPERTY	PROPOSED DIVISION OF MARITAL PROPERTY	TRIAL EXHIBIT
		WIFE	HUSBAND	TO WIFE	TO HUSBAND	
OTHER PROPERTY INTEREST						
Stocks:						
Company Name:						
Interest in Business:						
Business Name:						
Bonds: Type:						
Other:						
Other:						
Other:						
Other:						
TOTAL ASSETS:						
Mortgage (see real estate above)						
Student Loans (specify)						
INSTALLMENT LOANS						
Inst Name:						
Acct #						
Inst Name:						
Acct #						
Inst Name:						
Acct #						
Inst Name:						
Acct #						
SECURED LOANS						
Inst Name:						
Acct #						
State Collateral						
Inst Name:						
Acct #						
State Collateral						
CREDIT CARDS						
Inst Name:						
Acct #						
Inst Name:						
Acct #						
Inst Name:						
Acct #						
Inst Name:						
Acct #						
OTHER						
Inst Name:						
Acct#						
Type:						
Inst Name:						
Acct #						
Type:						
TOTAL LIABILITIES						
NET DISTRIBUTION						

D. **Spousal Support**

Payable by? _____ Monthly Amount? _____
Term? _____ Continuing Jurisdiction ? _____
Termination Events: _____

COBRA coverage - Available? _____ Appropriate? _____
Paid by? _____ Cost? _____/mo./yr.

In-Kind Cash Contribution: _____

E. Attorney Fees _____

III. OTHER ISSUES

A. The following discovery needs to be completed:

B. The following pretrial motions are pending:

C. This party anticipates calling the following witnesses:

D. Non-Compliance with Temporary Orders:

STATE OF OHIO :
 : SS
COUNTY OF FRANKLIN :

I certify under oath that all the information contained in this Pre-Trial Statement/Affidavit is true to the best of my knowledge. I understand and acknowledge that any changes in this statement, including but not limited to any statement of my budget, assets and liabilities, valuations and my stated position on any issue, shall be disclosed to the other party at least seven days before trial.

Affiant Plaintiff/Defendant

Sworn to and subscribed in my presence this _____ day of _____, 199__.

Notary Public

CERTIFICATE OF SERVICE

I hereby certify that a copy of the above Pre-Trial Statement/Affidavit was served by (method of service) _____ on the _____ day of _____, 199__ upon the following attorney/parties at the addresses listed below:

Attorney for Plaintiff/Defendant