

COURT OF COMMON PLEAS

COUNTY, OHIO

\_\_\_\_\_  
Plaintiff

Case No. \_\_\_\_\_

Judge \_\_\_\_\_

v.

Magistrate \_\_\_\_\_

\_\_\_\_\_  
Defendant

**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. **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 (1) Motion and Affidavit or (2) Counter Affidavit.

**(1) Motion and Affidavit**

(Print Your Name) \_\_\_\_\_ files this Motion and Affidavit under Rule 75(N) of the Ohio Rules of Civil Procedure to request the temporary orders checked here.

Check only those that apply.

Residential parenting rights (custody)

Parenting time (visitation)

Child support

Spousal support (alimony)

Payment of debts and/or expenses

THE OTHER PARTY HAS 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.)

**(2) Counter Affidavit**

(Print Your Name) \_\_\_\_\_ 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.  My spouse and I are living separately.  
 Date of separation is \_\_\_\_\_ .
- My spouse and I are living together.
- We have no minor children. (Skip to number 5.)
- There are minor child(ren) who are adopted or born of this marriage.  
 (List children here.)

Name	Date of birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____

- In addition to the above children there is/are in my household:  
 \_\_\_\_\_ adult(s)  
 \_\_\_\_\_ other minor and/or dependent child(ren).

2. My child(ren) attend(s) school in:
- Father's school district
- Mother's school district
- Open enrollment
- Other (Explain.) \_\_\_\_\_ .
- All children do not attend school in the same district. (Explain.) \_\_\_\_\_

3.  I request to be named the temporary residential parent and legal custodian of the child(ren).  
 (Specify child(ren) if request is not for all children.) \_\_\_\_\_
- I do not object to my spouse being named the temporary residential parent of the child(ren).
- I request the following parenting time order:
- The Court's standard parenting order (See county's local rules of court.)
- A specific parenting time order as follows:

I have reached an agreement regarding parenting time with my spouse as follows:

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I request that my spouse's parenting time (visitation) be supervised. (Explain--supervised parenting time order will NOT be granted if the reasons are not explained.)

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Name of an appropriate supervisor \_\_\_\_\_

4.  A court or agency has made a child support order concerning the child(ren).

Name of Court/Agency \_\_\_\_\_

Date of Order \_\_\_\_\_

SETS No. \_\_\_\_\_

5. I request the Court to order my spouse to pay:

\$ \_\_\_\_\_ child support per month

\$ \_\_\_\_\_ spousal support per month

\$ \_\_\_\_\_ attorney fees, expert fees, court costs

The following debts and/or expenses:

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Other

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6.  I am willing to attend mediation.

I am not willing to attend mediation.

I request the following court services. (See local rules of court for available services.)

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State specific reasons why court services are required.

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**OATH**

(Do not sign until notary is present.)

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

\_\_\_\_\_  
Your Signature

Sworn before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

**NOTICE OF HEARING**

(Check with local court for scheduling procedure.)

You are hereby given notice that this motion for temporary orders will be heard upon affidavits only, and without oral testimony, before Judge/Magistrate \_\_\_\_\_, Hearing Room \_\_\_\_\_, at \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ floor.

**CERTIFICATE OF SERVICE**

Check the boxes that apply.

I delivered a copy of my:  Motion and Affidavit or  Counter Affidavit

On: (Date) \_\_\_\_\_, 20\_\_\_\_

To: (Print name of other party's attorney or, if there is no attorney, print name of the party.)

\_\_\_\_\_  
At: (Print address or fax number.) \_\_\_\_\_

- By:  U.S. Mail  
 Fax  
 Messenger  
 Clerk of courts (if address is unknown)

\_\_\_\_\_  
Your Signature