

Common Pleas Court of Montgomery County, Ohio

Division of Domestic Relations

Divorce and Dissolution QUESTIONNAIRE

A2 B2 C2 D2

Judge _____

CASE NO. _____

Type of Action: Divorce Annulment Legal Separation Dissolution Currently Pregnant: Yes ___ No ___ Due Date: _____

Plaintiff/Petitioner

Defendant/Petitioner

NAME

last _____ first _____ middle _____

last _____ first _____ middle _____

Phone _____ MAIDEN NAME AND/OR ALIAS _____ Phone _____

ADDRESS

no. _____ street _____

no. _____ street _____

ADDRESS

city _____ county _____ state _____ zip _____

city _____ county _____ state _____ zip _____

SS# _____ Age _____ D.O.B. _____ Age _____ SS# _____

Yes ___ No ___ MILITARY - ACTIVE DUTY Yes ___ No ___

ATTORNEY

name _____ phone _____

name _____ phone _____

ADDRESS

COURT USE ONLY

Date Complaint/Petition Filed _____

Service Waived _____ PERS _____

Reg. Mail _____ Cert. Mail _____

Answer _____ Ans./ Counterclaim _____

Plaintiff Notice Date _____ Defendant Notice Date _____

Pretrial Date _____

Trial Date _____

Date Decree Filed _____

Date Case Dismissed _____

CROSS REFERENCES _____

(Bankruptcy, DV) _____

PED: Husband _____ Wife _____

SETS NUMBER: _____

Name Restoration: _____

DATE HEARD: _____ HEARD BY: _____

AWARDED TO: Husband Wife

GROUND(S): _____ Disso _____ Incompat _____ GN _____ EC
_____ Separate & Apart _____ Other

DECREE to be filed on/before _____

By Attorney _____

QDRO by _____

RESIDENTIAL PARENT:

Husband Wife Shared Parenting Not Applicable

PARENTING TIME:

Standard Standard after PAD

Per Decree None until further order

SUPPORT AMOUNT(S):

\$ _____ per month per child x _____ child(ren)
Healthcare _____ Dad _____ Mom

\$ _____ per month per child x _____ child(ren)
(No healthcare at reasonable cost)

\$ _____ Cash medical support

\$ _____ spousal support per month for _____

RETAIN JURISDICTION amount amount and duration

SOCIAL HISTORY

Marriage: Date _____ Place _____
City State

Cohabiting at present: Yes No Date of Separation _____ Who first left home: Husband Wife

WIFE

Ohio _____ Montgomery Co. _____
 City _____ State _____

Time of Residence in

Birthplace

EDUCATION

Elementary _____ High School _____
 College _____ Grad School _____
 Other (Specify) _____

Indicate Years Completed
 Degrees

OCCUPATION

Name of Employer

Position Held

Retired

Yes No

Payroll Address (street, city, zip)

Working Hours

Work Phone Number

Gross Earnings Per Year

\$ _____ from employment \$ _____ from pension

PUBLIC ASSISTANCE

Receive public assistance?

Application pending?

Yes No

Yes No

Yes No

Yes No

PARENTS

Father's name

Address

Mother's name

Address

Deceased

Deceased

Deceased

Deceased

PHYSICAL DESCRIPTION

Height _____ Weight _____

Hair Color _____ Eye Color _____

White ___ Black ___ Asian ___ Other ___

Height and Weight

Hair and Eye Color

Race

Height _____ Weight _____

Hair Color _____ Eye Color _____

White ___ Black ___ Asian ___ Other ___

CHILDREN OF PRESENT MARRIAGE

NAME	D.O.B	AGE	SEX	SS#	NAME OF SCHOOL	GRADE	LIVING WITH
1.							
2.							
3.							
4.							

