

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

_____,
PLAINTIFF/PETITIONER 1

CASE NO. _____

vs.

JUDGE HURLEY

_____,
DEFENDANT/PETITIONER 2

**DIVORCE/DISSOLUTION
QUESTIONNAIRE**

Type of Action: <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Legal Separation <input type="checkbox"/> Annulment	
1st Language:	Is interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing Impaired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Marriage:	Date of Separation:
Place of Marriage:	
Parties Still Reside Together? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, who left home first?

CHILDREN FROM THIS MARRIAGE					
Name	DOB	Age	School	Grade	Resides With

REAL ESTATE
Owned by Plaintiff/Petitioner 1 Only:
Owned by Defendant/Petitioner 2 Only:
Joint Holdings:

PLAINTIFF/PETITIONER 1

Address:				Phone:	
Race:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other _____	Height:	Weight:	Hair Color:	Eye Color:
DOB:		Currently Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, due date:			
Birthplace:					
Length of Residence in OH:			Length of Residence in Greene Co:		

EDUCATION

Name of School	Years Attended	Degree Obtained	Type of Degree
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Employer:		Job Title:	
Active Duty: <input type="checkbox"/> Yes <input type="checkbox"/> No	Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Income: \$	

PUBLIC ASSISTANCE

Currently Receiving Public Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Application Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, assistance type: <input type="checkbox"/> Cash Grant <input type="checkbox"/> Medical	

PRIOR DIVORCES/DISSOLUTIONS

Date	Case #	Place

CHILDREN FROM PRIOR MARRIAGES/RELATIONSHIPS

Name	Age	Reside With You?	Support Paid?	Support Received?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

DEFENDANT/PETITIONER 2

Address:				Phone:	
Race:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other _____	Height:	Weight:	Hair Color:	Eye Color:
DOB:		Currently Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, due date:			
Birthplace:					
Length of Residence in OH:			Length of Residence in Greene Co:		

EDUCATION

Name of School	Years Attended	Degree Obtained	Type of Degree
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Employer:		Job Title:	
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PRIOR DIVORCES/DISSOLUTIONS

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CHILDREN FROM PRIOR MARRIAGES/RELATIONSHIPS

Name	Age	Reside With You?	Support Paid?	Support Received?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No