

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

PRO-SE LITIGANTS - INSTRUCTIONS FOR ANNULMENT * ALL DOCUMENTS MUST
BE TYPED OR NEATLY PRINTED*****

DOCUMENTS NECESSARY TO FILE FOR ANNULMENT: **NO DOUBLE SIDED PAGES***

1. Complaint for Annulment
2. Affidavit of Financial Disclosure - must be notarized
3. Divorce/Dissolution Questionnaire
4. Mutual Restraining Order
5. Instructions to the Clerk

NOTE: THE PLAINTIFF MUST BE PRESENT AT THE HEARING AND HAVE A WITNESS AVAILABLE TO CORROBORATE TESTIMONY.

The Compliance Office reviews all paperwork submitted by individuals representing themselves. **THE EMPLOYEES OF THE DOMESTIC RELATIONS COURT ARE FORBIDDEN TO OFFER LEGAL ADVICE OR ASSIST YOU IN FILING FOR ANNULMENT** The Compliance Office can refer you to reference materials that may help you, but cannot assist you in filling out any paperwork or give legal advice. We recommend that you seek advice from an attorney, either in private practice or at Legal Aid.

When the paperwork is properly completed, signed and notarized, bring the original documents to the Domestic Relations Court Compliance Office. Leave the documents with your name and phone number. **DOCUMENTS WILL BE REVIEWED IN THE ORDER THEY ARE RECEIVED. NO PAPERWORK WILL BE CHECKED WHILE THE PARTY WAITS.** After the paperwork is reviewed you will be notified by telephone or email as to whether your paperwork is properly completed. The paperwork will not be approved unless it is procedurally correct. Once the paperwork is **CORRECT**, you may pick it up at the receptionist's desk to **make the required copies.**

You will return the originals and copies to be stamped approved for filing. Once stamped approved, your documents will be sent directly to the Clerk of Courts for filing. You will be notified at this time to contact the Clerk to make payment. The filing fee for annulment is \$350.

*You will be responsible for following up and checking on service through the Clerk of Courts website, under Courtview.

Compliance with Local Rules of Court is required of all litigants. The local rules are available online at: [www.co.greene.oh.us/DRC/forms/DRC Local Rules of Court.pdf](http://www.co.greene.oh.us/DRC/forms/DRC%20Local%20Rules%20of%20Court.pdf)

PLEASE SUBMIT FORMS IN THE FOLLOWING ORDER

***SUBMIT ALL COPIES - No double sided pages**
***ORIGINALS ON TOP AS FOLLOWS:**

ANNULMENT, NO CHILDREN INVOLVED

COMPLAINT FOR ANNULMENT

- (Original & 4 copies)

AFFIDAVIT OF FINANCIAL DISCLOSURE

- (Original & 4 copies of each)

DIVORCE/DISSOLUTION QUESTIONNAIRE –

- (no copies needed)

MUTUAL RESTRAINING ORDER

- (Original & 4 copies)

INSTRUCTIONS TO THE CLERK – Be sure to sign this form

- (no copies needed)

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

Name : Case No. _____

Street Address :

City, State and Zip Code : Judge MARTIN
Plaintiff :
Magistrate _____

vs.

Name : **COMPLAINT FOR ANNULMENT**

Street Address :

City, State and Zip Code :
Defendant :

I, the Plaintiff, for this Complaint say:

1. I have been a resident of the State of Ohio for at least six months.
2. I have been a resident of _____ County for at least 90 days immediately before the filing of this Complaint; or
 The Defendant resides in _____ County where this Complaint is filed.
3. The Defendant and I were married to one another on _____ (date of marriage)
in _____ (city or county, and state).

4. I state regarding child(ren) (check all that apply):
- There is/are no child(ren) expected from this marriage or relationship.
 - There is/are child(ren) expected from this marriage or relationship and the approximate due date is: _____.

5. There is/are no child(ren) from this marriage or relationship.
- The Parties have a total of _____ (number) of children from the marriage or relationship.
- _____ (number) are emancipated adults and not under any disability.
 - _____ (number) are minor children.
 - _____ (number) are emancipated adults but mentally or physically disabled, and incapable of supporting or maintaining themselves.

Name of Child

Date of Birth

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6. I state the following grounds for annulment exist (check all that apply):
- The party in whose behalf it is sought to have the marriage annulled was under the age at which persons may be joined in marriage as established by section 3101.01 of the Revised Code, unless after attaining such age such party cohabited with the other as husband or wife
 - That the former husband or wife of either party was living and the marriage with such former husband or wife was then and still is in force
 - That either party has been adjudicated to be mentally incompetent, unless such party after being restored to competency cohabited with the other as husband and wife
 - That the consent of either party was obtained by fraud, unless such party afterwards, with full knowledge of the facts constituting the fraud, cohabited with the other as husband or wife
 - That the consent to the marriage or either party was obtained by force, unless such party afterwards cohabited with the other as husband or wife
 - That the marriage between the parties was never consummated although otherwise valid
7. The Defendant and I are owners of real estate and/or personal property.

I request that an annulment be granted from the Defendant, that the Court determine an equitable division of debts and property, and as follows that (check all that apply):

- I be restored to my prior name of: _____
- The Defendant be required to pay the court costs of the proceeding.
- The Court make the following additional orders:

and that the Court grant such other and further relief as the Court may deem proper.

Signature

Typed or Printed Name

Address Line 1

Address Line 2

Phone Number With Area Code

Email Address

PLAINTIFF/PETITIONER 1'S INCOME		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name: _____		
A. GROSS YEARLY INCOME FROM EMPLOYMENT		
Base Yearly Wages	\$ _____	
B. OTHER YEARLY INCOME		
Interest/Dividend Income	\$ _____	
Unemployment Compensation	\$ _____	
Worker's Compensation	\$ _____	
Social Security or Other Disability Benefits	\$ _____	
Gross Self-Employment Income	\$ _____	
Ordinary & Necessary Business Expenses	\$ _____	
Retirement in Pay Status	\$ _____	
C. OVERTIME, COMMISSION, AND BONUSES (Past 3 Year History; Year 3 is Most Recent)		
Year 1, 20____ \$ _____	Year 2, 20____ \$ _____	Year 3, 20____ \$ _____
TOTAL YEARLY INCOME FROM ALL SOURCES (A + B + Average of C)		\$ _____

DEFENDANT/PETITIONER 2'S INCOME		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name: _____		
A. GROSS YEARLY INCOME FROM EMPLOYMENT		
Base Yearly Wages	\$ _____	
B. OTHER YEARLY INCOME		
Interest/Dividend Income	\$ _____	
Unemployment Compensation	\$ _____	
Worker's Compensation	\$ _____	
Social Security or Other Disability Benefits	\$ _____	
Gross Self-Employment Income	\$ _____	
Ordinary & Necessary Business Expenses	\$ _____	
Retirement in Pay Status	\$ _____	
C. OVERTIME, COMMISSION, AND BONUSES (Past 3 Year History; Year 3 is Most Recent)		
Year 1, 20____ \$ _____	Year 2, 20____ \$ _____	Year 3, 20____ \$ _____
TOTAL YEARLY INCOME FROM ALL SOURCES (A + B + Average of C)		\$ _____

OTHER ASSETS & LUMP SUM INCOME

1. Describe income sources listed in Section B (i.e. disability income, interests or dividend income, rentals, annuities, etc.) Attach additional pages if needed.

Name & Address of Source:	Identifying Description:	Income or Benefits:

2. List any lump sum income (bonus, gifts, inheritance, etc.) in excess of \$500, expected to be received within the next six (6) months, not otherwise listed in this affidavit. Attach additional pages if needed.

Source:	Value: \$
Source:	Value: \$

3. List all funds on deposit in any and all accounts in any bank, savings & loan, credit union, regulated investment company, mutual fund or other financial institution. Account includes any of the following: checking, certificate of deposit ('CD'), investment, savings, retirement/pension accounts, IRA's, stock options, etc. Attach additional pages if needed.

Name & Address of Institution	Last 4 Digits of Account #	Name(s) on Account	Balance

4. Real Estate

Address of Property	Name(s) on Deed	Present Value

MINOR AND/OR DEPENDENT CHILDREN OF THIS MARRIAGE		
Child's Name:	Child's DOB:	Child Resides With:

INFORMATION REGARDING CHILDREN NOT OF THIS MARRIAGE		
	Plaintiff/Petitioner 1	Defendant/Petitioner 2
Number of Other Biological or Adopted Minor Children NOT of this marriage, NOT stepchildren		
Spousal Support Paid to a Former Spouse	\$	\$

CHILD CARE EXPENSES	
Does either party pay employment or school-related child care expenses for the minor child(ren) of this marriage?	
Plaintiff/Petitioner 1	<input type="checkbox"/> Yes <input type="checkbox"/> No \$_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Defendant/Petitioner 2	<input type="checkbox"/> Yes <input type="checkbox"/> No \$_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

HEALTH INSURANCE Group Health Insurance Available for Dependent Children	
Are your children currently enrolled in a low-income, government-assisted health care program (Medicaid/CareSource)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is either party enrolled in an individual (non-group or COBRA) health insurance plan?	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Neither
If neither party is enrolled, is health insurance available through a group (employer or other organization)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the available insurer cover primary services within 30 miles of the child's home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a party is enrolled in a health insurance plan through a group or individual insurance plan:	
Name of Parent Providing Health Insurance: _____	
Employee Cost for Insurance: \$_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Type of Coverage: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____	
*If health insurance is provided, attach a copy of the front and back of the insurance card	

AFFIANT'S MONTHLY EXPENSES

List your ACTUAL expenses for your present household. If you expect changes in your expenses soon, attach a separate sheet with your ESTIMATED expenses. If you are living with your parents or someone is helping you with your living expenses, provide the

Person's Name: _____ The Amount of Support Provided: \$ _____

MONTHLY EXPENSES: HOUSING

1. Rent or Mortgage (including taxes and insurance)	\$
2. Utilities:	
Gas & Electric (level billing or average per month)	\$
Water & Sewer	\$
Cell Phone (# of Phones on Plan _____)	\$
Trash Collection	\$
Other: _____	\$

HOUSING TOTAL: \$ _____

MONTHLY EXPENSES: OTHER

1. Grocery (include food, laundry & cleaning products, toiletries, etc.)	\$
2. Gasoline & Oil	\$
3. Car Repairs	\$
4. Insurance (Life/Auto/Renter's)	\$
5. Medical (not covered by insurance)	\$
6. Clothing	\$
7. Internet/Cable/TV Subscription	\$
8. Other: _____	\$

OTHER TOTAL: \$ _____

MONTHLY DEBT PAYMENTS (Do not list expenses previously listed in Section A. Attach additional pages if needed.)

To Whom Paid (Write the name(s) account is under)	Purpose/Security (For car loans, write model & who drives it)	Monthly Payment	Total Balance Due
		\$	\$
		\$	\$
		\$	\$

MONTHLY DEBT PAYMENTS TOTAL: \$ _____

GRAND TOTAL MONTHLY EXPENSES: \$ _____

Affiant states that the information contained herein and attached hereto, is complete and accurate to the best of his/her information, knowledge, or belief under penalty of law.

- _____
 Signature of Affiant Plaintiff/Petitioner 1
 Signature of Affiant Defendant/Petitioner 2

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

Notary Public Signature

My Commission Expires: _____

Signature of Attorney for _____

Address

Address

Phone #

Supreme Court #

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

_____,
PLAINTIFF/PETITIONER 1

CASE NO. _____

vs.

JUDGE MARTIN

_____,
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:	
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

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

_____,
PLAINTIFF

CASE NO. _____

JUDGE MARTIN

v.

_____,
DEFENDANT

**MUTUAL RESTRAINING
ORDERS**

IT IS ORDERED, PURSUANT TO THE COURT'S OWN MOTION, THAT EFFECTIVE WITH THE FILING OF THE COMPLAINT, FOR THE PLAINTIFF AND SERVICE OF PROCESS ON THE DEFENDANT, THAT EACH SPOUSE IS ENJOINED FROM COMMITTING ANY OF THE FOLLOWING ACTS:

1. Obstructing or interfering with the other spouse's parenting time or communication with the minor child(ren), or concealing the whereabouts of the minor child(ren) from the other spouse, except where a Protection Order has been issued.
2. Removing the minor children of the parties from Ohio except for holidays or vacations (not to exceed ten days).
3. Claiming the children as dependents on any income tax return without prior Court Order.
4. Disparaging, denigrating, or otherwise speaking ill of the other spouse to or in the presence of hearing of the minor child(ren).
5. Selling, removing, transferring, encumbering, pledging, damaging, hiding, concealing, assigning, or disposing of any and all property, real or personal, owned by both spouses, or either spouse, or a child, including household goods, vehicles, and the personal property of each, without the prior written consent of the other spouse or the Court.
6. Voluntarily changing the terms or beneficiary of, terminating coverage of, cashing in, borrowing against, encumbering, transferring, cancelling, or failing to renew any type of insurance, including health, automobile, life, disability, home, or fire insurance that provides coverage for a spouse or child(ren) of the parties.

7. Voluntarily liquidating, encumbering, borrowing against, cashing in, changing the beneficiary, terms or conditions of any retirement or pension plan or program that provides any benefit to a spouse or child(ren) of the parties and/or of either or both spouses.
8. Withdrawing, spending, encumbering, or disposing of funds deposited in any financial institution, including but not limited to bank accounts, savings accounts, money markets, credit unions, pension plans, Thrift savings or stock plans, or Certificates of Deposit. Each party may access financial accounts to pay normal living expenses.
9. Removing from the marital residence tangible personal property other than a spouse's own clothing and personal effects or tools, equipment, books, and papers incidental to the conduct of his/her trade, business, or profession.
10. Incurring debt on existing lines of credit or credit cards in the name of the other spouse or in the spouses' joint names, unless by prior agreement of the spouses or Order of the Court.
11. Each party is granted exclusive use of the automobile customarily used by them during the marriage.

IT IS SO ORDERED.

JUDGE CYNTHIA MARTIN



**GREENE COUNTY CLERK OF COURTS
ANDREW J. WILLIAMS, Clerk**

INSTRUCTIONS FOR SERVICE

TO: THE GREENE COUNTY CLERK OF COURTS

CASE NO: _____

YOU ARE INSTRUCTED TO MAKE SERVICE BY **(select method)**:

PERSONAL CERTIFIED MAIL REGULAR MAIL

OTHER _____

UPON: DEFENDANT

NAME: _____

ADDRESS:

SPECIAL INSTRUCTIONS FOR SERVER: Please serve the above party with a copy of the: Complaint for Annulment, Affidavit of Financial Disclosure, and Mutual Restraining

Attorney/Pro Se: _____
(Sign here)

**PROPER DRESS
REQUIRED TO ENTER
COURTROOM.
NO MUSCLE SHIRTS, TANK
TOPS, SHORTS,
OR CUT-OFFS.**

**ANY CLOTHING OF THIS
TYPE IS NOT PERMITTED**

****Court Personnel has discretion to decide if
you are dressed appropriately**