

**KNOX COUNTY**

**DIVORCE ANSWER**  
(WITHOUT CHILDREN)

## HOW TO FILE AN ANSWER TO A DIVORCE COMPLAINT WITHOUT AN ATTORNEY

As you know, from the attached letter, our office will not be able to represent you in Court in the divorce filed against you. **You have indicated that you and your spouse have no child(ren) born as issue of your marriage.** (If you and your spouse do have minor children born as issue to your marriage, call us before you use this packet.) Unfortunately, with our limited resources, we are not able to help everyone who applies for our services. It is best, if you can afford, to hire an attorney to help you. If you cannot afford an attorney, we can provide you with information on how to answer the Divorce Complaint filed against you so that you will have an opportunity to tell your side in Court. **IT IS VERY IMPORTANT THAT YOU ANSWER THE COMPLAINT AND THAT YOU ATTEND EVERY HEARING.** It is your responsibility to keep the Court and your spouse's attorney aware of your current address. **We will not be representing you in court.**

**YOU MUST ANSWER THE COMPLAINT WITHIN 28 DAYS OF  
THE DATE YOU WERE SERVED**

The SUMMONS is often the first page of the papers you received from the Court. It demands that you Answer the Complaint within **28 days after you are served with the Summons.** **YOU MUST FILE YOUR ANSWER WITHIN 28 DAYS AFTER YOU HAVE RECEIVED THE SUMMONS AND COMPLAINT.**

Immediately after the Summons should be the first page of the Divorce Complaint against you. Read the Complaint carefully. If you do not answer the Complaint in writing within 28 days after you receive it, the Court will believe what the complaint says is true and your spouse could get a divorce from you and everything they have asked for from the Court. If you do not answer the Complaint in writing,

you may not be notified of the final divorce hearing.

If you do not answer and do not appear at the final hearing, then you will not get your day in Court. Also, if you do not file an Answer to the Complaint, you may not receive any further notice from the Court about what is happening in your case until after the judge has made a final decision. **Again, it is very important that you keep the Court and the opposing attorney informed regarding your current address so you will receive notification of all Court hearings.**

### **HOW TO PREPARE YOUR WRITTEN ANSWER**

Preparing a written Answer to the Complaint is easy. Look at the Sample Answer attached to see how an Answer looks. You should type or neatly write your Answer. Your answers tell the Court what you believe is wrong in the Complaint and what you would like the Court to do for you in the divorce. Blank lines have been provided in the attached Answer form for you to use (Lines 6 and 7). Look at page 3 for what to put where. Look at the sample Answer showing how an Answer might look when it is completed.

Go through the Complaint paragraph by paragraph to see if the Complaint says anything you believe is wrong. For example, if the Complaint has the wrong marriage date, you should state in your Answer the correct information. Or if the Complaint says there are no debts of the marriage and you do not believe this is true, you should type or write in the blank lines of your Answer that there are debts of the marriage and list them.

Finally, you should also write or type in your Answer what you would like the judge to do for you. Below are some things you may ask the judge to do for you:

- spousal support for yourself
- division of your marital property (including debts)

- order your spouse to pay some or all of the debts of the marriage
- division of any pensions or retirement benefits

You can also ask the judge to consider the following:

- restore your maiden name
- mediation of certain disputes

At the end of your Answer, print your name, address, and phone number legibly. **SIGN YOUR NAME.**

Complete the Certificate of Service by filing in the name and address of your spouse's lawyer or your spouse's name and address if your spouse is doing the divorce him/herself.

**PLEASE NOTE:** The Court may require other documents to be filed with your Answer. If other documents are required by your court, those documents are included with this packet. You should complete those documents and if they are required to be notarized, you must sign them in front of a notary. You will be copying, serving and filing those documents in the same way and at the same time as your Answer.

<p><b>HOW TO SERVE AND TO FILE YOUR ANSWER AND ANY OTHER DOCUMENTS</b></p>
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After you have prepared, signed and notarized your Answer, and any other documents included, [SEE LIST ATTACHED "WHAT TO FILE"] you need to immediately make two (2) photocopies of all documents. (You cannot handwrite your copies.) That same day MAIL one set of these photocopies to the attorney who signed the Divorce Complaint. Although you do not have to mail the answer by certified mail, you may want to ask the post office to provide you with a Certificate of Mailing,

which proves you mailed the copy of your Answer and other documents on the date it was mailed, to the person to whom it was addressed.

**Within 3 days of mailing one copy of all documents to the attorney (or the other person who filed the complaint against you), take the original of your Answer and your remaining photocopies to the clerk of the common pleas court that served the divorce papers on you. Be sure that you go to the Common Pleas Court where the Divorce Complaint was filed. Take the complaint with you to the clerk's office and show it to the clerk to confirm that you are in the right place. Then give the clerk both your original Answer (and all other documents) and your photocopy. Ask the clerk to file-stamp the originals and the copies and to give you your copies back.**

The clerk will then keep the originals, which will go into the Judge's file so that the Judge can read them. The file-stamped photocopies will be returned to you. Keep your file-stamped copies in a safe place because it is your proof that you filed your Answer in the place and on the date showed in the file stamp. It is like a receipt. **IF THE CLERK REFUSES TO TAKE YOUR ANSWER, PLEASE CONTACT US IMMEDIATELY.**

### **AND THEN WHAT?**

After you are done with all of this, the Judge will have your Answer, the person who filed the Complaint against you will have a copy of your Answer, and you will have a copy of your Answer with proof that you have filed the original with the Court. Everyone will know where you stand and what you want from the divorce. The Court will then keep you updated on what happens in your case, and the person who filed the complaint against you will know where to send any additional papers that he or she may file.

You must keep the Court and the other side up-to-date on what your current address is and what your telephone number is, if you have a phone number. This is so that the Court and the other side can continue to communicate with you. If you move, they will not look for you. If any of the information you

gave the Court in your Answer changes, send another letter with the new information to the Clerk with the case number and parties' names. Make sure you include your old address and send a copy to your spouse's attorney.

**IMPORTANT!!**

**IF YOU ARE SENT ANY DOCUMENTS FROM THE COURT TO COMPLETE, YOU MUST DO SO BY THE TIME SPECIFIED. YOU MAY BE REQUIRED TO COMPLETE CHILD SUPPORT INFORMATION AT THE LOCAL CHILD SUPPORT ENFORCEMENT AGENCY. YOU MUST COOPERATE WITH ALL COURT REQUESTS. IF YOU RECEIVE ANY DOCUMENT WITH A NOTICE OF HEARING, YOU SHOULD GO TO THAT HEARING.**

The Court may schedule your case for what is called a pre-trial hearing. This is an informal meeting with the Judge and the people involved in the case to see what issues in the divorce are contested and what is not. The Judge will also decide how long the final hearing will take and what the issues will need to be decided.

Eventually, the Court will schedule your case for a final divorce hearing. At that hearing you will have the opportunity to present witnesses (including yourself) and other evidence against the statements in the Complaint and what you want from the divorce. After hearing evidence from both sides and deciding what evidence is properly admissible and what is not, the Judge will render a decision. Sometimes, the Judge gives his or her decision "from the bench" immediately after the hearing, or he or she gives the decision later, after having an opportunity to think about the case.

If, after you have followed all these steps, you learn that a decision has been rendered against you and you were not notified of the hearing and did not attend, please contact us immediately. If for some reason the Court or the person who filed against you acted improperly, give us a call right away. If the Court or the person who filed against you acted improperly and you were significantly hurt by their actions, we might be able to do something about that.

Good luck!

## HOW TO FILL IN THE BLANKS

You need to fill in the numbered blanks.

1. Blank 1 Put County divorce papers filed in.
2. Blank 2a Put your spouse's name.  
Blank 2b Put your spouse's street address.  
Blank 2c Put your spouse's city, state and zip code.
3. Blank 3 Put Case No. (get from Complaint)
4. Blank 4 Put Judge's name. (Get from Complaint.)
5. Blank 5a Put your name.  
Blank 5b Put your correct street address.  
Blank 5c Put your city, state and zip code.
6. Blank 6 Put why your disagree with divorce or any problems you have.
7. Blank 7 Put what you want the Court to do.
8. Blank 8a Sign your name.  
Blank 8b Put your street address.  
Blank 8c Put your city, state and zip code.  
Blank 8d Put your phone number.
9. Blank 9 Put address of your spouse's lawyer.
10. Blank 10a Put date mailed.  
Blank 10b Put the month mailed.  
Blank 10c Put the year mailed.
11. Blank 11 Sign your name.

IN THE COURT OF COMMON PLEAS  
KNOX COUNTY, OHIO

-2a-  
Plaintiff's Name

CASE NO. -3-

-2b-  
Plaintiff's address

JUDGE -4-

-2c-

Plaintiff,

vs.

**DEFENDANT'S ANSWER**

-5a-  
Defendant's Name

-5b-  
Defendant's address

-5c-

Defendant.

I, the Defendant, answers the Complaint as follows:

-6-

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I ask the Court to:

-7-

I swear that the information contained in the foregoing Answer is true and correct to the best of my information and belief.

-8a-

Pro se

-8b-

(Address)

-8c-

(City and State)

-8d-

(Telephone Number)

### CERTIFICATE OF SERVICE

A copy of this document was served upon Plaintiff or Plaintiff's attorney at the following address:

-9- \_\_\_\_\_ by ordinary U.S. Mail, postage pre-paid, this -10a- day  
of -10b- \_\_\_\_\_, -10c- \_\_\_\_\_.

-11-

\_\_\_\_\_  
(Your signature)

IN THE COURT OF COMMON PLEAS  
KNOX COUNTY, OHIO

\_\_\_\_\_  
*Plaintiff's Name*

\_\_\_\_\_  
*Plaintiff's address*

\_\_\_\_\_

Plaintiff,

vs.

CASE NO. \_\_\_\_\_

JUDGE \_\_\_\_\_

**DEFENDANT'S ANSWER**

\_\_\_\_\_  
*Defendant's Name*

\_\_\_\_\_  
*Defendant's address*

\_\_\_\_\_

Defendant.

I, the Defendant, answer the Complaint as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I ask the Court to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I swear that the information contained in the foregoing Answer is true and correct to the best of my information and belief.

\_\_\_\_\_

Pro se

\_\_\_\_\_

(Address)

\_\_\_\_\_

(City and State)

\_\_\_\_\_

(Telephone Number)

**CERTIFICATE OF SERVICE**

A copy of this document was served upon Plaintiff or Plaintiff's attorney at the following address: \_\_\_\_\_ by ordinary U.S. Mail, postage pre-paid, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

(Your signature)

**Form 2**

**Instructions for Completing  
Financial Disclosure/Affidavit of Indigency  
Form OPD-206R**

The following instructions are for the *Financial Disclosure/Affidavit of Indigency* form (OPD-206R). The form is divided into ten sections, I-X. For the purpose of these instructions, spaces requiring an entry have been numbered.

**TO BE COMPLETED BY THE APPLICANT**

**I. PERSONAL INFORMATION**

- (1) Enter the name of the applicant.
- (2) Enter the Social Security number for which representation is being provided.
- (3) Enter the date of birth of the applicant. Use the format Month/Day/Year.
- (4) Enter the street address where the applicant receives mail. Include P.O. Box number, street number, and apartment number where applicable, as well as the city, state, and zip code.
- (5) Enter the home telephone number of the applicant. If there is no home telephone, write "none" in this space.
- (6) Enter the residential address of the applicant if it is different from the mailing address. If the mailing address and the residential address are the same, leave this space blank.
- (7) Enter the number of a telephone where the applicant may receive messages within 48 hours after the caller leaves them. This is especially important if there is no home telephone. There must be a way for the courts and the appointed attorney(s) to contact the applicant by telephone if necessary.

**II. OTHER PERSONS LIVING IN HOUSEHOLD**

- (8) Enter the names of other persons living in the applicant's household. These other persons may include children and other dependents as well as other financially contributing members of the household.
- (9) Enter the ages of the other persons living in the applicant's household.
- (10) Enter the relationship to the applicant of the other persons living in the household. For example, to indicate the relationship of a female child of the applicant, this space should read "daughter," not "father" or "mother."

*If there are more than four other persons living in the applicant's household, attach additional sheet that provides the same information for those not listed on the form.*

**III. MONTHLY INCOME / EMPLOYMENT**

*For each type of income, the applicant must enter their own earnings in the "Self" column, the spouse's earnings in the "Spouse" column, and the total earnings of other financially contributing persons living in*

the household in the "Household Members" column. In the "Total" column, enter the total income from each type by adding the amounts across each row.

**List monthly income figures for the following:**

- (11) Earnings or wages before taxes.
- (12) Unemployment compensation received.
- (13) Workers' compensation received.
- (14) Pension benefits received.
- (15) Social security benefits received.
- (16) Child support received from a parent not living in the household. Do not include ADC in the calculation of this amount.
- (17) Works First/TANF.
- (18) Disability pay.
- (19) Any other income source. **Note: Food stamps can no longer be considered as income. 51 USC 2107 (b).**
- (20) Any other income source.
- (21) Enter the total income for the household by adding together the amounts in the "Total" column.
- (22) Enter the name of the applicant's employer and the name(s) of the employer(s) of any other employed household member(s).
- (23) Enter the address and phone number of the employer(s).

**IV. ALLOWABLE MONTHLY EXPENSES**

**List monthly household expenses for the following:**

- (24) Child support actually paid for children not residing in the applicant's household.
- (25) Child care. This expense may not be claimed if any adult member of the applicant's household is unemployed.
- (26) Transportation to and from work. This may include bus fare or gasoline and parking expenses, but not auto insurance or repairs.
- (27) All types of insurance. This should include medical, dental, life, homeowners insurance, renters insurance, automobile insurance, etc.
- (28) Health and dental care that is over and above the amount paid for medical and dental insurance. This may include prescription medications, co-payments, the payment of deductibles, etc.
- (29) Medical expenses and other expenses incurred in caring for sick or injured family members.

(30) Enter the total of monthly expenses by adding together the entries in the "Amount" column.

#### **V. TOTAL INCOME**

(31) Enter the amount shown at "Subtotal A," the space identified in these instructions as number (20).

(32) Enter the amount shown at "Subtotal B," the space identified in these instructions as number (30).

(33) Enter the total monthly income at "Grand Total C" by subtracting the amount in space (32) from the amount in space (31).

#### **VI. ASSET INFORMATION**

*For each "Type of Asset" listed in this section, the applicant must describe the item(s) in the center column including length of ownership and the make, model, and year of the asset whenever applicable, and indicate the value of that item in the "Estimated Value" column. The following instructions clarify the types of assets about which information is requested.*

(34) "Real Estate/Home" includes any and all property and buildings owned or mortgaged by the applicant. The description of the property or buildings should include the length of ownership. The estimated current market value of the property or buildings should be entered in the "Estimated Value" column.

(35) List the total of all "Stocks/Bonds/CD's" owned by the applicant.

(36) "Automobiles" includes cars only.

(37) "Trucks/Boats/Motorcycles" includes any type of mechanically powered vehicle other than cars used for transportation.

(38) Other Valuable Property may include precious metals and/or stones, works of art, valuable collections, electronic equipment, farm equipment, etc. This category does not include home furnishings and clothing.

(39) "Cash on Hand" includes any U.S. currency immediately available to the applicant.

(40) "Money owed to applicant" includes tax refunds, anticipated dividends, or any accounts payable expected from an individual or an organization for which agreed upon services or goods were provided by the applicant for an agreed upon price.

(41) "Other" refers to any other type of asset owned by the applicant to which a dollar value can be attached.

(42) Enter the name of the bank at which the checking account is held, the account number, and the current balance of the checking account.

(43) Enter the name of the bank at which the savings account is held, the account number, and the current balance of the savings account.

(44) Enter the name of the credit union at which an account is held, the account number, and the current balance of the account.

- (45) Enter the "Grand Total" of the applicant's assets by adding together the amounts entered in the "Estimated Value" column.

## **VII. MONTHLY LIABILITIES - OTHER EXPENSES**

*The applicant must enter the monthly amount of each "Type of Liability" listed in this section. The following instructions clarify the liabilities about which information is requested.*

- (46) "Rent/Mortgage" refers to any payment made for living quarters. The total amount paid must be entered in this space.
- (47) "Food" refers to the amount spent on food by the applicant's household. The dollar value of food purchased with food stamps should be included in the amount entered.
- (48) "Electric" refers to the cost of electricity purchased from a regulated electricity provider. If the cost of electricity is included in the monthly rent, no dollar amount should be entered here.
- (49) "Gas" refers to the cost of natural gas or L.P. gas purchased from a regulated natural gas or L.P. gas provider. If this cost is included in the monthly rent, no dollar amount should be entered here.
- (50) "Fuel" refers to the cost of gasoline purchased for purposes other than transportation to and from work, plus the amount of other fuels purchased for other necessary reasons such as heating and the operation of farm machinery.
- (51) "Telephone" refers to the cost of all local and long distance telephone calls.
- (52) "Cable" refers to the cost of cable television service.
- (53) "Water/Sewer/Trash" refers to the cost of each of these services. If the applicant is not billed directly for one or more of these services, no dollar amount should be entered here.
- (54) "Credit Cards" refers to the total of the minimum monthly payments currently owed on all major credit cards, department store cards, or independent credit cards held by the applicant.
- (55) "Loans" refers to the total monthly payments on all loans including student loans, automobile loans, and loans for other purposes. Home mortgages are not to be included in this category.
- (56) "Taxes Owed" refers to the monthly amount of federal, state, and local taxes owed by the applicant. These include current taxes withheld by the employer as well as past tax debt that is currently being repaid.
- (57) "Other" refers to any other regular monthly expenditure (e.g. education for children or self, rent-to-own items, etc.).
- (58) Enter the "Grand Total E" by adding together all the liabilities and other expenses in the section.

## **VIII. GRAND TOTALS**

- (59) Enter the "Total Monthly Income." This is the same number found at "Grand Total C," or number (33) of these instructions.
- (60) Enter the "Total Assets." This is the same number found at "Grand Total D," or number (45) of these instructions.
- (61) Enter the "Total Monthly Liabilities/Other Expenses." This is the same amount found at "Grand Total E," or number (61) of these instructions.

## **IX. AFFIDAVIT OF INDIGENCY**

- (62) Print or type the name of the applicant.
- (63) Enter the signature of the applicant and the date of signature as witnesses by a notary public.

### **TO BE COMPLETED BY A NOTARY PUBLIC**

- (64-65) Enter the date the signing of the affidavit was witnessed.
- (66) Enter the county in which the signing of the affidavit was witnessed.
- (67) Enter the state in which the signing of the affidavit was witnessed.
- (68) The notary public must sign and stamp the form.

### **TO BE COMPLETED BY THE JUDGE**

## **X. JUDGE CERTIFICATION**

*This section of the form should only be completed if the applicant is unable to fill out the financial disclosure form and/or sign the affidavit of indigency. In such a case, the judge may indicate by his or her signature that the applicant is indeed indigent.*

- (69) List the reason the client is unable to sign the form.
- (70) The judge must sign any form that cannot be properly completed by the applicant.

# FINANCIAL DISCLOSURE/AFFIDAVIT OF INDIGENCY

## I. PERSONAL INFORMATION

Name (1)	SS# (2)	D.O.B. (3)
Mailing Address (4)	City (4)	State (4) Zip (4) Phone (5)
Residence (if different from above) (6)	Message Phone (within 48 hours) (7)	

## II. OTHER PERSONS LIVING IN HOUSEHOLD

Name (8)	Age (9)	Relationship (10)	Name (3)	Age	Relationship
Name	Age	Relationship	Name	Age	Relationship

## III. MONTHLY INCOME/EMPLOYMENT INFORMATION

Type of Income	Self	Spouse	Household	Total
Employment (Gross)	(11)			
Unemployment	(12)			
Worker's Comp.	(13)			
Pension	(14)			
Social Security	(15)			
Child Support	(16)			
Works First/TANF	(17)			
Disability	(18)			
Other	(19)			
Other	(20)			
Employer's Name (for all household members)(22)	SUBTOTAL A			(21)
Address				Phone

## IV. ALLOWABLE MONTHLY EXPENSES

## V. TOTAL INCOME

Type of Expense	Amount
Child Support Paid Out	(24)
Child Care (if working only)	(25)
Transportation for Work	(26)
Insurance	(27)
Medical/Dental	(28)
Medical & Associated Costs of Caring for Infirm Family Members	(29)
<b>SUBTOTAL B</b>	<b>(30)</b>

Total Monthly Income - Total Allowable Expenses = Total Income

SUBTOTAL A	(31)
- SUBTOTAL B	(32)
<b>GRAND TOTAL C</b>	<b>(33)</b>

## VI. ASSET INFORMATION

Type of Asset	Describe/Length of Ownership/Make, Model, Year (Where applicable)	Estimated Value
Real Estate/Home	Price:\$ Date Purchased: (34) Equity:	
Stocks/Bonds/CD's	(35)	
Automobiles	(36)	
Trucks/Boats/Motorcycles	(37)	
Other Valuable Property	(38)	
Cash on Hand	(39)	
Money Owed to Applicant	(40)	
Other	(41)	
Checking Acct. (Bank/Acct. #)	(42)	
Savings Acct. (Bank/Acct. #)	(43)	
Credit Union (Name/Acct.#)	(44)	

<b>GRAND TOTAL</b>	<b>(45)</b>
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VII. MONTHLY LIABILITIES/OTHER EXPENSES		VII. GRAND TOTALS	
Type of Liability	Amount		
Rent/Mortgage	(46)	Total Monthly Income	Grand Total C
Food	(47)		(59)
Electric	(48)		
Gas	(49)	Total Assets	Grand Total D
Fuel	(50)		(60)
Telephone	(51)		
Cable	(52)		
Water/Sewer/Trash	(53)		
Credit Cards	(54)	Total Monthly Liabilities and Other Expenses	Grand Total E
Loans	(55)		(61)
Taxes Owed	(56)		
Other	(57)		
<b>GRAND TOTAL E</b>	<b>(58)</b>		

**IX. AFFIDAVIT OF INDIGENCY**

I, \_\_\_\_\_ (62) \_\_\_\_\_ being duly sworn, say:

1. I am financially unable to retain private counsel without substantial hardship to me or my family.
2. I understand that I must inform my attorney if my financial situation should change before the disposition of my case.
3. I understand that if it is determined by the county, or by the Court, that legal representation was provided for me to which I was not entitled, I may be required to reimburse the county for the costs of representation provided. Any action filed by the county to collect legal fees hereunder must be brought within two years from the last date legal representation was provided.
4. I understand that I am subject to criminal charges for providing false financial information in connection with the above application for legal representation pursuant to Ohio Revised Code Section 120.05 and 2921.13.
5. I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

\_\_\_\_\_ (63) \_\_\_\_\_  
 Client Signature Date

**Notary Public:**  
 Subscribed and duly sworn before me according to law, by the above named applicant this \_\_\_(64)\_\_\_ day of  
 \_\_\_(65)\_\_\_, \_\_\_\_\_, County of \_\_\_(66)\_\_\_ and State of \_\_\_(67)\_\_\_.

\_\_\_\_\_ (68) \_\_\_\_\_  
 Notary Signature

**X. JUDGE/ATTORNEY CERTIFICATION**

I hereby certify that the above-noted client is unable to fill out and/or sign this financial disclosure/affidavit for the following reason: \_\_\_\_\_ (69) \_\_\_\_\_.

I have determined that the applicant meets the criteria for receiving court appointed counsel.

\_\_\_\_\_ (70) \_\_\_\_\_  
 Judge/Attorney Signature Date

# FINANCIAL DISCLOSURE/AFFIDAVIT OF INDIGENCY

## I. PERSONAL INFORMATION

Name		SS#		D.O.B.	
Mailing Address			City	State	Zip
Residence (if different from above)			Phone ( )		
			Message Phone (within 48 hours) ( )		

## II. OTHER PERSONS LIVING IN HOUSEHOLD

Name 1)	Age	Relationship	Name 3)	Age	Relationship
Name 2)	Age	Relationship	Name 4)	Age	Relationship

## III. MONTHLY INCOME/EMPLOYMENT INFORMATION

Type of Income	Self	Spouse	Household	Total
Employment (Gross)				
Unemployment				
Worker's Comp.				
Pension				
Social Security				
Child Support				
Works First/TANF				
Disability				
Other				
Other				
Employer's Name (for all household members)	<b>SUBTOTAL A</b>			
Address				Phone ( )

## IV. ALLOWABLE MONTHLY EXPENSES

## V. TOTAL INCOME

Type of Expense	Amount								
Child Support Paid Out		Total Monthly Income - Total Allowable Expenses = Total Income  <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="width: 50%;">SUBTOTAL A</td><td style="width: 50%;"></td></tr> <tr><td>- SUBTOTAL B</td><td></td></tr> <tr><td><b>GRAND TOTAL C</b></td><td></td></tr> </table>		SUBTOTAL A		- SUBTOTAL B		<b>GRAND TOTAL C</b>	
SUBTOTAL A									
- SUBTOTAL B									
<b>GRAND TOTAL C</b>									
Child Care (if working only)									
Transportation for Work									
Insurance									
Medical/Dental									
Medical & Associated Costs of Caring for Infirm Family Members									
<b>SUBTOTAL B</b>									

## VI. ASSET INFORMATION

Type of Asset	Describe/Length of Ownership/Make, Model, Year (Where applicable)	Estimated Value
Real Estate/Home	Price:\$                      Date Purchased:                      Equity:	
Stocks/Bonds/CD's		
Automobiles		
Trucks/Boats/Motorcycles		
Other Valuable Property		
Cash on Hand		
Money Owed to Applicant		
Other		
Checking Acct. (Bank/Acct. #)		
Savings Acct. (Bank/Acct. #)		
Credit Union (Name/Acct.#)		
<b>GRAND TOTAL</b>		

VII. MONTHLY LIABILITIES/OTHER EXPENSES

VII. GRAND TOTALS

Type of Liability	Amount		
Rent/Mortgage		Total Monthly Income	Grand Total C
Food			
Electric			
Gas		Total Assets	Grand Total D
Fuel			
Telephone			
Cable			
Water/Sewer/Trash			
Credit Cards		Total Monthly Liabilities and Other Expenses	Grand Total E
Loans			
Taxes Owed			
Other			
<b>GRAND TOTAL E</b>			

IX. AFFIDAVIT OF INDIGENCY

I, \_\_\_\_\_ being duly sworn, say:

1. I am financially unable to retain private counsel without substantial hardship to me or my family.
2. I understand that I must inform my attorney if my financial situation should change before the disposition of my case.
3. I understand that if it is determined by the county, or by the Court, that legal representation was provided for me to which I was not entitled, I may be required to reimburse the county for the costs of representation provided. Any action filed by the county to collect legal fees hereunder must be brought within two years from the last date legal representation was provided.
4. I understand that I am subject to criminal charges for providing false financial information in connection with the above application for legal representation pursuant to Ohio Revised Code Sections 120.05 and 2921.13.
5. I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**Notary Public:**

Subscribed and duly sworn before me according to law, by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, County of \_\_\_\_\_ and State of \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

X. JUDGE/ATTORNEY CERTIFICATION

I hereby certify that the above-noted client is unable to fill out and/or sign this financial disclosure/affidavit for the following reason: \_\_\_\_\_

I have determined that the applicant meets the criteria for receiving court appointed counsel.

\_\_\_\_\_  
Judge/Attorney Signature

\_\_\_\_\_  
Date

**IN THE COURT OF COMMON PLEAS  
KNOX COUNTY, OHIO**

\_\_\_\_\_  
Plaintiff,  
  
vs.  
  
\_\_\_\_\_  
Defendant.

Case No. \_\_\_\_\_  
(Court will complete)  
  
Judge/Magistrate \_\_\_\_\_  
(Court will complete)

**AFFIDAVIT OF INDIGENCY**

STATE OF OHIO,  
COUNTY OF KNOX

I, \_\_\_\_\_, am the Plaintiff/Defendant in the above-captioned case.

2. I do not have the funds or assets to pay the costs of the deposit or to pay for an attorney to represent me. If sufficient funds do become available to me in the future, I am willing to pay the costs at that time.

3. I therefore request that I be allowed to proceed in this matter without prepayment of costs.

\_\_\_\_\_  
Affiant (Sign here in front of notary)

Sworn to before me and signed in my presence this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

IN THE COURT OF COMMON PLEAS  
KNOX COUNTY, OHIO

\_\_\_\_\_  
Plaintiff,

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

vs.

Judge/Magistrate \_\_\_\_\_

\_\_\_\_\_  
Defendant.

**JUDGMENT ENTRY**  
**(ON AFFIDAVIT OF INDIGENCY)**

Upon Affidavit of the Plaintiff and for good cause shown, it is hereby ordered that Plaintiff/Defendant be allowed to proceed without prepayment of costs in this matter.

IT IS SO ORDERED

\_\_\_\_\_  
MAGISTRATE/JUDGE

IN THE COURT OF COMMON PLEAS  
KNOX COUNTY, OHIO

Plaintiff/Petitioner \_\_\_\_\_ :

Address \_\_\_\_\_

v.

Defendant/Petitioner \_\_\_\_\_ :

Address \_\_\_\_\_

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

CSEA No. \_\_\_\_\_

: Family File No. \_\_\_\_\_

: JUDGE \_\_\_\_\_

: MAGISTRATE \_\_\_\_\_

**Health Insurance Disclosure Affidavit (HIDA)**

**INSTRUCTIONS:** This affidavit must be filed according to local rules of court. You are required to disclose all requested information. You may need to consult your employer and insurer to complete this form. There is a continuing duty to update the information contained in this form. If more space is needed, attach additional page(s). Please type or print legibly.

**Children Subject To Support Order**

Husband / Father / Other	
DOB	SS#
Street Residence Address	

Wife / Mother / Other	
DOB	SS#
Street Residence Address	

Name	
DOB	SS#

Name	
DOB	SS#

Name	
DOB	SS#

Name	
DOB	SS#

You are to disclose all requested information in the column for you and in the column for the other party.

**Part I  
Husband / Father / Other**

Name
Employer
Employer Address
Employer Phone

Is Medicaid coverage available?       Yes     No

Is Medicare coverage available?       Yes     No

If family Health insurance available either through the employer or another group or organization?       Yes     No

If not, is Private insurance available?       Yes     No

Is coverage presently in effect?       Yes     No

Who is presently covered?       Yes     No

Name	Relationship

Insurer / Plan Name	Phone
Address	
Policy / Group #	
Other Policy / Group # (if another policy is available)	

**Part II  
Wife / Mother / Other**

Name
Employer
Employer Address
Employer Phone

Is Medicaid coverage available?       Yes     No

Is Medicare coverage available?       Yes     No

If family Health insurance available either through the employer or another group or organization?       Yes     No

If not, is Private insurance available?       Yes     No

Is coverage presently in effect?       Yes     No

Who is presently covered?       Yes     No

Name	Relationship

Insurer / Plan Name	Phone
Address	
Policy / Group #	
Other Policy / Group # (if another policy is available)	

You are to disclose all requested information in the columns for you and in the column for the other party.

**Part I (Continued)**  
**Husband / Father / Other**

Is there a cost for coverage? [ ] Yes [ ] No

**Special Instruction** - The court requires both the family cost and the Individual cost information.

What is the annual cost for Family coverage?

\$ \_\_\_\_\_

What is the annual cost for individual coverage?

\$ \_\_\_\_\_

Is a Health insurance card available? [ ] Yes [ ] No

Are insurance cards required for services? [ ] Yes [ ] No

Does the plan cover Hospitalization? [ ] Yes [ ] No

Is there a deductible for services? [ ] Yes [ ] No

If yes, what is the deductible?

Check One:

\$ \_\_\_\_\_ Per [ ] Visit [ ] Mo [ ] Yr

Is there a co-payment required? [ ] Yes [ ] No

If yes, what is the co-payment?

Check One:

\$ \_\_\_\_\_ Per [ ] Visit [ ] Mo [ ] Yr

Does the plan cover doctor visits? [ ] Yes [ ] No

Is there a deductible for services? [ ] Yes [ ] No

If yes, what is the deductible?

Check One:

\$ \_\_\_\_\_ Per [ ] Visit [ ] Mo [ ] Yr

Is there a co-payment required? [ ] Yes [ ] No

If yes, what is the co-payment?

Check One:

\$ \_\_\_\_\_ Per [ ] Visit [ ] Mo [ ] Yr

**Part II (Continued)**  
**Wife / Mother / Other**

Is there a cost for coverage? [ ] Yes [ ] No

**Special Instruction** - The court requires both the family cost and the Individual cost information.

What is the annual cost for Family coverage?

\$ \_\_\_\_\_

What is the annual cost for individual coverage?

\$ \_\_\_\_\_

Is a Health insurance card available? [ ] Yes [ ] No

Are insurance cards required for services? [ ] Yes [ ] No

Does the plan cover Hospitalization? [ ] Yes [ ] No

Is there a deductible for services? [ ] Yes [ ] No

If yes, what is the deductible?

Check One:

\$ \_\_\_\_\_ Per [ ] Visit [ ] Mo [ ] Yr

Is there a co-payment required? [ ] Yes [ ] No

If yes, what is the co-payment?

Check One:

\$ \_\_\_\_\_ Per [ ] Visit [ ] Mo [ ] Yr

Does the plan cover doctor visits? [ ] Yes [ ] No

Is there a deductible for services? [ ] Yes [ ] No

If yes, what is the deductible?

Check One:

\$ \_\_\_\_\_ Per [ ] Visit [ ] Mo [ ] Yr

Is there a co-payment required? [ ] Yes [ ] No

If yes, what is the co-payment?

Check One:

\$ \_\_\_\_\_ Per [ ] Visit [ ] Mo [ ] Yr

You are to disclose all requested information in the column for you and in the column for the other party.

**Part I (Continued)**  
**Husband / Father / Other**

**Part II (Continued)**  
**Wife / Mother / Other**

Is a Prescription card available?  Yes  No

Is a Prescription card available?  Yes  No

Is there a co-payment required?  Yes  No

Is there a co-payment required?  Yes  No

If yes, what is the co-payment?  
\$ \_\_\_\_\_ Per Prescription

If yes, what is the co-payment?  
\$ \_\_\_\_\_ Per Prescription

Is Dental coverage available?  Yes  No

Is Dental coverage available?  Yes  No

Insurer / Plan Name	Phone
Address	
Policy / Group #	

Insurer / Plan Name	Phone
Address	
Policy / Group #	

Is there a cost for Dental coverage?  Yes  No

Is there a cost for Dental coverage?  Yes  No

**Special instruction** - The court requires both the family cost and the individual cost information.

What is the annual cost for Family Dental coverage?  
\$ \_\_\_\_\_

What is the annual cost for individual Dental coverage?  
\$ \_\_\_\_\_

**Special instruction** - The court requires both the family cost and the individual cost information.

What is the annual cost for Family Dental coverage?  
\$ \_\_\_\_\_

What is the annual cost for individual Dental coverage?  
\$ \_\_\_\_\_

Is a Dental insurance card available?  Yes  No

Is a Dental insurance card available?  Yes  No

Are Dental insurance cards required for services?  Yes  No

Are Dental insurance cards required for services?  Yes  No

Is Vision coverage available?  Yes  No

Is Vision coverage available?  Yes  No

Insurer / Plan Name	Phone
Address	
Policy / Group #	

Insurer / Plan Name	Phone
Address	
Policy / Group #	

**Part I (Continued)**  
**Husband / Father / Other**

Is there a cost for Vision coverage?  Yes  No

**Special instruction** - The court requires both the family cost and the individual cost information.

What is the annual cost for Family Vision coverage?

\$ \_\_\_\_\_

What is the annual cost for individual Vision coverage?

\$ \_\_\_\_\_

Is Vision insurance card available?  Yes  No

Are Vision insurance cards required for services?  Yes  No

Is COBRA insurance available?  
(A continuation of present insurance coverage after termination of employment or marriage)

If yes, at what cost?

\_\_\_\_\_ Per  Mo  Yr

**Part II (Continued)**  
**Wife / Mother / Other**

Is there a cost for Vision coverage?  Yes  No

**Special instruction** - The court requires both the family cost and the individual cost information.

What is the annual cost for Family Vision coverage?

\$ \_\_\_\_\_

What is the annual cost for individual Vision coverage?

\$ \_\_\_\_\_

Is Vision insurance card available?  Yes  No

Are Vision insurance cards required for services?  Yes  No

Is COBRA insurance available?  
(A continuation of present insurance coverage after termination of employment or marriage)

If yes, at what cost?

\$ \_\_\_\_\_ Per  Mo  Yr

**Instructions:** In a divorce or post decree action, only the party filing the HIDA is required to sign the oath. In a dissolution, both parties must sign the oath.

**OATH OF AFFIANT(S) - SIGNATURE(S) MUST BE NOTARIZED**

I hereby swear or affirm that the information set forth in this health insurance disclosure affidavit above is true, complete and accurate. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury (O.R.C. 2921.11).

\_\_\_\_\_  
AFFIANT - Husband/Father/Other

\_\_\_\_\_  
AFFIANT - Wife/Mother/Other

Sworn to and subscribed in my presence on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
Notary Public