

**APPENDIX A**

**CASE DESIGNATION FORM**

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

\_\_\_\_\_  
**-vs-**  
\_\_\_\_\_

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

**CASE DESIGNATION  
FORM**

Has this case been previously filed and dismissed? \_\_\_\_\_

If yes, list Case No. and Judge: \_\_\_\_\_

List Pending or related cases: \_\_\_\_\_

**\*\*\*CATEGORIES\*\*\***

**GENERAL CIVIL  
RELATIONS**

\_\_\_\_\_ **PROFESSIONAL TORT**  
(e.g. medical/legal malpractice)  
\_\_\_\_\_ **PRODUCT LIABILITY (TORT)**  
\_\_\_\_\_ **OTHER TORT** (e.g. auto accidents,  
Personal injuries, intentional act)  
\_\_\_\_\_ **WORKER'S COMPENSATION**  
\_\_\_\_\_ **Self-Insured**  
\_\_\_\_\_ **State-Funded**  
\_\_\_\_\_ **FORECLOSURES** (e.g. real estate,  
Personal property)

**ENFC/MDFC**

\_\_\_\_\_ **ADMINISTRATIVE APPEAL**  
(e.g. agency appeals)  
\_\_\_\_\_ **OTHER CIVIL** (e.g. promissory note  
Default, fraud, contract disputes)  
\_\_\_\_\_ **VIOLATION OF ANTI-PREDATORY LENDING LAW**  
\_\_\_\_\_ **CERT. OF QUALIFICATION FOR EMP. [MISC. CIVIL (CQE)]**

**DOMESTIC**

**DIVORCE COMPLAINT**  
\_\_\_\_\_ **With Children**  
\_\_\_\_\_ **Without Children**

**DISSOLUTION**

\_\_\_\_\_ **With Children**  
\_\_\_\_\_ **Without Children**

\_\_\_\_\_ **CHANGE OF CUSTODY**  
\_\_\_\_\_ **VISITATION**

\_\_\_\_\_ **SUPPORT ENFC/MDFC**  
\_\_\_\_\_ **DOMESTIC VIOLENCE**  
\_\_\_\_\_ **STALKING**  
\_\_\_\_\_ **U.R.E.S.A.**  
\_\_\_\_\_ **ALL OTHERS**

**I CERTIFY** that to the best my knowledge the within case is not related to any now pending or previously filed case, except as noted above.

Do you consider this case **COMPLEX  
LITIGATION** under

Sup.R. 42 \_\_\_\_\_  
(yes/no)

\_\_\_\_\_  
Signature

**APPENDIX B**

**FAX FILING FORMS**

## **FAX FILING COVER PAGE**

### **RECIPIENT INFORMATION:**

NAME OF COURT: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

### **SENDING PARTY INFORMATION:**

NAME: \_\_\_\_\_

SUPREME COURT  
REGISTRATION NO. (if applicable): \_\_\_\_\_

OFFICE/FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS (if available): \_\_\_\_\_

### **CASE INFORMATION:**

TITLE OF THE CASE: \_\_\_\_\_

CASE NUMBER\*: \_\_\_\_\_

TITLE OF THE DOCUMENT: \_\_\_\_\_  
\_\_\_\_\_

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

### **FILING INFORMATION:**

DATE OF FAX TRANSMISSION: \_\_\_\_\_

NUMBER OF PAGES (including this page): \_\_\_\_\_

STATEMENT EXPLAINING HOW COSTS ARE BEING SUBMITTED, IF APPLICABLE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*If a judge or case number has not been assigned, please state that fact in the space provided.

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

JOHN SMITH, Plaintiff,

v.

Case No.: 1234567

BILL JONES, Defendant.

Judge \_\_\_\_\_ *(in the alternative a  
notation here that the case is not yet assigned)*

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PLAINTIFF SMITH'S NOTICE OF FILING EXHIBIT "G"  
TO  
PLAINTIFF SMITH'S RESPONSE TO DEFENDANT'S MOTION TO DISMISS

---

Plaintiff Smith, through counsel, hereby files Exhibit "G" to Plaintiff Smith's Response to Defendant's Motion to Dismiss. The referenced pleading was filed by facsimile transmission with the Court on [date]. Exhibit "G" could not be accurately transmitted by fax and is therefore being timely filed as a separate document with the Court pursuant to Local Rule XX.X.

Respectfully Submitted,

---

Attorney Name (Sup. Crt. Reg. No.)  
Office/Firm  
Address  
Telephone  
Facsimile  
E-mail

Counsel for Plaintiff John Smith

**CERTIFICATE OF SERVICE**

I certify that a copy of this Notice of Filing Exhibit "G" was sent by ordinary U.S. mail on [date] to counsel for defendant Bill Jones, [name and address of recipient].

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Attorney Name  
Counsel for Plaintiff John Smith

**APPENDIX C**

**GENERAL CONDITIONS OF COMMUNITY CONTROL**

**CONDITIONS OF COMMUNITY CONTROL  
THE WOOD COUNTY ADULT PROBATION DEPARTMENT  
COURTHOUSE  
BOWLING GREEN, OHIO**

**TO  
ADDRESS**

**CASE NO.**

On this date, \_\_\_\_\_, you have been placed on Community Control for a period of \_\_\_\_\_ years by Judge \_\_\_\_\_, Wood County Common Pleas Court.

It is the order of the Court that you shall comply with the following Community Control Sanctions. The General Sanctions are as follows:

- (a) You will not violate a federal, state, or local law. You will notify the Probation Officer or Probation Department within three (3) days of being arrested, summoned, or cited for any law violation.
- (b) You will not operate a motor vehicle without a valid operator's license. Any vehicle owned or operated by you will be covered by personal liability insurance as required by law.
- (c) You will keep the Probation Officer notified of your current address and phone number at all times. You will change your residence only after receiving permission from your Probation Officer.
- (d) You will report to the Probation Officer promptly at the times and dates as required.
- (e) You will submit a written monthly report each month to your Probation Officer.
- (f) You will not leave the State of Ohio without first receiving a written travel permit from the Probation Officer.
- (g) You will provide for the support of your dependents. You will comply with all orders of child and spousal support and payment of other obligations.
- (h) You will not purchase, own, possess, or have under your control any firearm, deadly weapon, or dangerous ordnance as defined in Section 2923.11 of the Ohio Revised Code.
- (i) At the request of your Probation Officer, you will submit, under R.C. 2951.02(A), to the search without a warrant of your person, residence, motor vehicle, personal property, or real property that you occupy or have permission to use when your Probation Officer has reasonable grounds to believe that you are not abiding by the law or are not complying with the conditions of your community control.

(j) You shall submit to any testing for alcohol and/or drug use requested by the Probation Officer and shall authorize that the results be forwarded to the Probation Officer. You understand that a positive result will be considered to be a violation of Probation. You will assume the costs of any testing.

(k) You will not purchase, possess, sell, distribute or use any controlled substance or drug paraphernalia except by the prescription of a licensed physician. You will not be involved, directly or indirectly, in any drug transactions. You will notify your physician(s) of your conviction, identifying to him/her the specific drugs which were involved in or contributed to your offense.

(l) You will not work directly or indirectly as an informant for any law enforcement agency or officer.

(m) You shall obey any Special Conditions of Community Control as ordered by the Court

I have read the Conditions of Community Control. I have reviewed them with my Probation Officer. I understand that if I fail to abide by any of the Conditions of Community Control, I may be brought before the Court for further court action.

(Signed) \_\_\_\_\_  
**OFFENDER**

\_\_\_\_\_  
**PROBATION OFFICER**

**DATE** \_\_\_\_\_

**DATE** \_\_\_\_\_



The Special Conditions of Community Control as ordered are as follows:

You have been sentenced to Community Control. Your failure to comply with any Sanction of Community Control will result in your return to Court as a violator and possible reimposition of sentence.

It is the duty of the Probation Officer to require you to comply with the Conditions of Community Control. The Probation Officer has the authority and responsibility to enforce the Conditions of Community Control. You are subject to arrest by your Probation Officer for good cause without a warrant or by any law enforcement officer on the written order of the Chief Probation Officer.

In addition, the Judge may order a warrant for your arrest if he has reason to believe that you have violated any condition of your Community Control.

(Signed) \_\_\_\_\_

**OFFENDER**

\_\_\_\_\_

**PROBATION OFFICER**

**DATE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**APPENDIX D**

**RECOMMENDED SPECIAL SANCTIONS  
OF COMMUNITY CONTROL**

**PROPOSED  
RECOMMENDED SPECIAL SANCTIONS  
OF COMMUNITY CONTROL**

**Name:**  
**Case No.**

1. You shall enter into and successfully complete the \_\_\_\_\_ Community Based Correctional Facility (CBCF). You shall follow any and all recommendations for aftercare. ***You shall report to the Adult Probation Department within seventy-two (72) hours of your release from the CBCF.***
2. You shall serve a period of \_\_\_\_\_ days in the Wood County Justice Center or to be incarcerated at any other jail facility as arranged by the Wood County Sheriff. During your incarceration, you shall obey all rules and regulations of the jail. ***You shall report to the Adult Probation Department within seventy-two (72) hours of your release from the Wood County Justice Center.***
3. You shall serve a period of \_\_\_\_\_ days in the Wood County Justice Center, with eligibility to apply for entry into the Work Release Program and enter said Program, if accepted. If you are not accepted into the Work Release Program, you shall return to the general jail population of the Wood County Justice Center for the duration of your sentence. If you are accepted into the Work Release Program, you shall obey all the rules and regulations of the Program and shall bring no items deemed contraband into the Program. ***You shall report to the Adult Probation Department within seventy-two (72) hours of your release from the Work Release Program.***
4. You shall serve a period of \_\_\_\_\_ days in the Wood County Electronic Home Monitoring Program. If accepted into the Program, you shall follow all rules and regulations of the Program.
5. You shall enter into and successfully complete any and all requirements of the Intensive Supervision Probation Program. You shall enter into the appropriate Phase of the Program as determined by the Ohio CCA Risk Assessment Instrument.
6. You shall enter into and successfully complete any and all requirements of the Youthful Offender Program.

## Recommended Conditions

### Page 2

7. You shall contact \_\_\_\_\_ for an assessment for ***Chemical Dependency/Substance Abuse Treatment*** and successfully complete any and all recommendations for services, at your cost.
8. You shall contact \_\_\_\_\_ for an assessment for ***Mental Health Counseling*** and successfully complete any and all recommendations for services, at your cost.
9. You shall contact \_\_\_\_\_ for an assessment for ***Anger Management/ Domestic Violence Counseling*** and successfully complete any and all recommendations for services, at your cost.
10. You shall contact \_\_\_\_\_ for an assessment for ***Sexual Offender Treatment*** and successfully complete any and all recommendations for services, at your cost.
11. You shall enter into and successfully complete any & all requirements of the STOP Program administered by NorthWest Community Corrections Center.
12. You shall not consume alcoholic beverages.
13. You shall not frequent any establishment serving alcoholic beverages for the sole purpose of consuming alcoholic beverages or associate with those who are consuming alcoholic beverages. You shall not be employed as a bartender or barmaid.
14. You shall attend Alcoholics Anonymous or any 12-Step Support meeting(s) as required by the Adult Probation Department and submit verification of attendance at said meetings.
15. You shall obtain and maintain employment at a lawful occupation, as approved by the Adult Probation Department. If enrolled in school/college, you shall maintain a full-time class schedule. You shall notify the Adult Probation Department immediately if you are terminated from employment. You shall not change your employment without prior approval of the Adult Probation Department.

## **Recommended Conditions**

### **Page 3**

16. You shall complete \_\_\_\_\_ hours of community service work, within \_\_\_\_\_ years. You shall not commence the performance of any community service work without the prior approval of the Adult Probation Department.
17. You shall obtain/attempt to obtain a GED (General Equivalency Diploma).
18. You shall complete job or vocational training.
19. You shall have no contact, directly or indirectly, with any of your victim(s): \_\_\_\_\_.
20. You shall have no contact, directly or indirectly, with any of your co-defendant(s): \_\_\_\_\_.
21. You shall have no contact, directly or indirectly, with the following: \_\_\_\_\_.
22. You shall not associate with other individuals on Probation/Parole/Community Control or any individual who has been convicted of a felony offense, except those individuals in treatment or counseling or those attending 12-Step Support meetings and only while in said meetings.
23. Your Community Control Supervision may be transferred to \_\_\_\_\_. If your Community Control Supervision is transferred to another jurisdiction, you shall comply with all of the conditions of supervision of said jurisdiction.
24. You shall submit to DNA testing pursuant to Ohio Revised Code Section 2901.07.
25. Your Operator's License shall be suspended for a period of \_\_\_\_\_ months/years, pursuant to Ohio Revised Code Section \_\_\_\_\_ (suspension form attached).
26. You have been placed on Intervention in Lieu of Conviction Supervision pursuant to Ohio Revised Code Section 2951.041 and you shall "abstain from the use of illegal drugs and alcohol and submit to regular random testing for drug and alcohol use" - 2951.041(D).

## Recommended Conditions

### Page 4

27. You shall keep the Adult Probation Department notified of your primary care physician at all times. You shall not obtain the services of a secondary or additional physician without prior notice to the Adult Probation Department.
28. You shall keep the Adult Probation Department notified of medication prescribed to you by a licensed physician. You shall obtain any and all prescription medication from only one (1) pharmacy and keep the Adult Probation Department notified of said pharmacy.
29. You shall pay ***Court Costs*** to the Wood County Clerk of Courts within \_\_\_\_\_ years.
30. You shall pay ***Restitution*** in the amount of \$\_\_\_\_\_ to the victim(s) within \_\_\_\_\_ years, at a monthly rate of \$\_\_\_\_\_ or as directed by the Adult Probation Department. Payments shall be made to the Wood County Clerk of Courts, who shall disburse said restitution to \_\_\_\_\_.
31. You shall pay a ***Fine*** in the amount of \$\_\_\_\_\_ to the Wood County Clerk of Courts within \_\_\_\_\_ years, at a monthly rate of \$\_\_\_\_\_ or as directed by the Adult Probation Department.
32. You shall pay a ***Mandatory Fine*** in the amount of \$\_\_\_\_\_ to the Wood County Clerk of Courts within \_\_\_\_\_ years, at a monthly rate of \$\_\_\_\_\_ or as directed by the Adult Probation Department.
33. You shall pay a one-time ***Supervision Fee*** of \$100.00 to the Wood County Clerk of Courts.
- 34.
- 35.

**APPENDIX E**

**INTENSIVE SUPERVISION PROGRAM CONDITIONS**

INTENSIVE SUPERVISION PROBATION (ISP)  
PROGRAM CONDITIONS

**PHASE I:**

Phase I will include:

1. A meeting with the probationer to explain the program and its requirements.
2. The probationer will have at least one (1) office appointment per week. Field visits and random drug testing will be conducted as needed. The ISP Officer will also make a minimum of three (3) collateral contacts per month.
3. The ISP Officer will maintain regular contact with local police officers and/or sheriff's deputies to verify that ISP probationers have not been cited, arrested or involved in any criminal activity while in Phase I of the program.
4. Verification of employment and work attendance. Employment verification will be conducted by direct contact with the supervisor and/or regular submission of payroll check stubs by the probationer. If unemployed, the probationer will provide verification that he/she is seeking employment. Verification of school attendance, if appropriate.
5. Verification of compliance with curfew of 8:00 pm until 6:00 am. May be modified if probationer has employment during evening hours, is enrolled in school or is attending counseling or AA/NA meetings. Each probationer must call the Probation Department answering machine at (419) 354-9084 or toll free at 866-860-4140, from approved curfew location by scheduled curfew each day.
6. Verified completion of community service work hours each month at an approved non-profit agency as directed by the ISP Officer. Each program participant must complete a minimum of fifteen (15) hours of community service work while in Phase I of the ISP Program.
7. Verification of enrollment in an approved drug treatment program and AA, NA, or CA attendance as appropriate or as required by the ISP Officer. You shall attend \_\_\_\_\_ AA meetings per week.
8. Probationer will attend mental health counseling, sex offender treatment, domestic violence program or anger management program as appropriate or as required by the ISP Officer.
9. No out of state travel permits, except in an emergency.

\_\_\_\_\_  
Probationer

\_\_\_\_\_  
ISP Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



INTENSIVE SUPERVISION PROBATION (ISP)  
PROGRAM CONDITIONS

**PHASE II:**

Phase II will include:

1. A meeting with the probationer to explain the program and its requirements.
2. The probationer will meet with the ISP Officer two to three times per month. Field visits and random drugs testing will be conducted as needed. The ISP Officer will make collateral contacts as needed.
3. The ISP Officer will maintain regular contact with local police officers and/or sheriff's deputies to verify that ISP probationers have not been cited, arrested or involved in any criminal activity while in Phase II of the program.
4. Verification of employment and work attendance. Employment verification will be conducted by direct contact with the supervisor and/or regular submission of payroll check stubs by the probationer. If unemployed, the probationer will provide verification that he/she is seeking employment. Verification of school attendance, if appropriate.
5. Verification of compliance with curfew of 9:00 pm until 6:00 am Sunday through Thursday, and 11:00 pm until 6:00 am on Friday and Saturday. May be modified if probationer has employment during evening hours, is enrolled in school or is attending counseling or AA/NA meetings. Each probationer must call the Probation Department answering machine at (419) 354-9084 or toll free at 866-860-4140, from approved curfew location by scheduled curfew each day.
6. Verified completion of community service hours each month at an approved non-profit agency as directed by the ISP Officer. Each program participant must complete a minimum of fifteen (15) hours of community service work while in Phase II of the ISP Program.
7. Verification of enrollment in an approved drug treatment program and AA, NA, or CA attendance as appropriate or as required by the ISP Officer. You shall attend \_\_\_\_\_ AA meetings per week while in Phase II.
8. Probationer will attend mental health counseling, sex offender treatment, domestic violence program or anger management program as appropriate or as required by the ISP Officer.
9. No out of state travel permits, except in an emergency.

\_\_\_\_\_  
Probationer

\_\_\_\_\_  
ISP Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

INTENSIVE SUPERVISION PROBATION (ISP)  
PROGRAM CONDITIONS

**PHASE III:**

Phase III include:

1. A meeting with the probationer to explain the program and its requirements.
2. The probationer will meet with the ISP Officer at least one to two times per month. Field visits and random drug testing will be conducted as needed. The ISP Officer will make collateral contacts as needed.
3. The ISP Officer will maintain regular contact with local police officers and/or sheriff's deputies to verify that ISP probationers have not been cited, arrested or involved in any criminal activity while in Phase II of the program.
4. Verification of employment and work attendance. Employment verification will be conducted by direct contact with the supervisor and/or regular submission of payroll check stubs by the probationer. If unemployed, the probationer will provide verification that he/she is seeking employment. Verification of school attendance, if appropriate.
5. Verification of compliance with curfew of 11:00 pm until 6:00 am. May be modified if probationer has employment during evening hours, is enrolled in school or is attending counseling or AA/NA meetings. Each probationer must call the Probation Department answering machine at (419) 354-9084 or toll free at 866-860-4140, from approved curfew location by scheduled curfew each day.
6. Verified completion of community service hours each month at an approved non-profit agency as directed by the ISP Officer. Each program participant must complete a minimum of five (5) hours of community service work while in Phase III of the ISP Program.
7. Verification of enrollment in an approved drug treatment program and AA, NA, or CA attendance as appropriate or as required by the ISP Officer. You shall attend \_\_\_\_ AA meetings per week.
8. Probationer will attend mental health counseling, sex offender treatment, domestic violence program or anger management program as appropriate or as required by the ISP Officer.
9. No out of state travel permits, except in an emergency.

\_\_\_\_\_  
Probationer

\_\_\_\_\_  
ISP Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**APPENDIX F**

**ELECTRONIC MONITORING RULES**

## **WOOD COUNTY ELECTRONIC MONITORING PROGRAM RULES OF HOUSE ARREST**

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**PARTICIPANT**

---

**CASE #**

---

**DATE**

In accordance with authority conferred by the Ohio revised Code 2929.01, you have been placed on House Arrest through the Wood County Electronic Monitoring Program. It is the order of the Court that you shall comply with the following rules:

1. I will remain at the approved address for the duration of my confinement as instructed by the Court unless given permission to leave by the Electronic Monitoring staff for reasons contained in the Release Procedures Section of the Wood County Electronic Monitoring/House Arrest Program Handbook.
2. I will report, as directed, to the Electronic Monitoring staff. Schedule changes will be submitted in person or via telephone during office hours 8:30 a.m. to 3:00 p.m. Monday through Thursday. Weekend schedules will be submitted by 3:00 p.m. on Fridays. One business day notice is required for schedule requests. If proper notice is not given, requests will be denied.
3. I will not travel to any locations other than what my schedule dictates without prior authorization from the Electronic Monitoring staff.
4. I will have my supervisor telephone the Electronic Monitoring staff to verify any overtime I am required to work Monday through Friday by 3:00 p.m. I will report back to my home immediately upon my release from work.
5. I will follow the weekly schedule for release and return times as scheduled. If for any reason I am unable to meet the schedule, I will immediately call the Electronic Monitoring office's answering machine to report the reason.
6. I will report home immediately if I am released from work, medical appointments, treatment, or other approved appointments earlier than scheduled.
7. I will follow all directives, verbal or written, from the Electronic Monitoring staff pertaining to the administration of the Electronic Monitoring Program.
8. I will immediately notify the Electronic Monitoring staff if terminated from work.

9. I will maintain the telephone number originally given when the electronic monitoring equipment was installed in my home. I will not change my number without prior approval of the Electronic Monitoring staff.
10. I will be available for and to answer all telephone calls made to the home confinement area, and respond to unscheduled visits for monitoring purposes.
11. If applicable, I will maintain a private telephone line without any special phone features (i.e. call waiting, call forwarding, caller ID, answering machine, three-way calling) for the attachment of the EM equipment within the home of the confinement address. Computer modem and/or internet use is not permitted through the telephone line to which the EM equipment is installed.
12. I will immediately report any difficulty or irregularity in the telephone or electric services at my home to the Electronic Monitoring staff (419) 354-1908.
13. I will wear a transmitter attached to the ankle on a 24-hour basis, if required.
14. I will not remove, dismantle, or tamper with the transmitter, any other electronic monitoring equipment, or the telephone line to which the equipment is attached.
15. I will pay for the Electronic Monitoring service. The Electronic Monitoring Program will determine these costs, and payment will be made on a weekly basis. I understand if I fail to pay as directed, I will be removed from the program and returned to the Wood County Justice Center to serve the remainder of my sentence.
16. I will not commit any criminal or serious traffic offense.
17. I will not purchase, own, possess, or have under my control any firearm deadly weapon or dangerous ordinance as defined in Section 2923.11 of the Ohio Revised Code.
18. I will not purchase, possess, use, sell or distribute any beer, wine, liquor, controlled substances, or drug paraphernalia and I will maintain the home confinement area free from any article prohibited by the Electronic Monitoring Program.
19. I will submit to any testing for alcohol and/or drug use by means of breath test, urinalysis, blood test, or any other evaluation when required to do so by the Electronic Monitoring staff. I understand a positive result will be considered a violation and result in my removal from the program. A refusal to submit a sample for testing will also be considered a violation and result in program termination. I understand I will pay for the cost of any testing.
20. I will submit to the search of my person, residence, or automobile, at any time by the Electronic Monitoring staff.

21. I have read and understand the Wood County Electronic Monitoring/House Arrest Program Handbook. I understand I am responsible for knowing and following all the material and/or guidelines it contains.
22. I agree to adhere to all requirements of the specific equipment used in my case as explained in the attached paperwork.

**Participant's Acknowledgement:**

I understand I am subject to termination for failure to abide by any of the above rules during my participation in the Electronic Monitoring Program. If the Electronic Monitoring Officer has reason to believe I have violated a rule, he/she may have a warrant issued for my arrest and I will be returned to the Wood County Justice Center.

I have been briefed and understand the above-stated rules, and in consideration of being placed on Electronic Monitoring I agree to comply with same.

\_\_\_\_\_  
**PARTICIPANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**ELECTRONIC MONITORING OFFICER**

\_\_\_\_\_  
**DATE**

**APPENDIX G**

**PERSONAL IDENTIFIER FORM**

**COURT OF COMMON PLEAS, WOOD COUNTY, OHIO,  
GENERAL DIVISION**

**PERSONAL IDENTIFIERS**

Pursuant to Ohio Rule of Superintendence 45(D)(1): "When submitting a case document to a court or filing a case document with a clerk of court, a party to a judicial action or proceeding shall omit personal identifiers from the document."

The following information is considered to be the confidential "personal identifiers" in this case, which will then be omitted from other documents filed in this case.

**NAME OF PARTY:**

**SSN: (The entire #)**

\_\_\_\_\_

\_\_\_\_\_

**Financial Account Information:**

**Employer/Employee ID Number(s):**

_____	_____
_____	_____
_____	_____
_____	_____

**E-mail Address: \*Court Required**

**Cell phone number: \*Court Required**

\_\_\_\_\_

\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

\*\*\*\*\*

**NAME OF PARTY:**

**SSN: (The entire #)**

\_\_\_\_\_

\_\_\_\_\_

**Financial Account Information:**

**Employer/Employee ID Number(s):**

_____	_____
_____	_____
_____	_____
_____	_____

**E-mail Address: \*Court Required**

**Cell phone number: \*Court Required**

\_\_\_\_\_

\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_



**APPENDIX H**

**DOMESTIC RELATIONS SCHEDULE A**

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

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

\_\_\_\_\_  
Plaintiff

JUDGE \_\_\_\_\_

**vs.**

\_\_\_\_\_  
Defendant

**SCHEDULE A  
(Original Actions)**

**AFFIDAVIT OF INCOME AND  
EXPENSES**

STATE OF OHIO, COUNTY OF WOOD, SS:

Now comes \_\_\_\_\_, affiant, and having been duly sworn,  
states:

Date of Marriage:	_____	Place of Marriage:	_____
Date of Separation:	_____	Party's Maiden Name:	_____
Is Party Pregnant?	_____	Party Restore to Former Name?	_____

MINOR AND/OR DEPENDENT CHILDREN OF THIS MARRIAGE: (Include the parties' adopted children and those over 18 and handicapped)

Name:	_____	DOB:	_____
Name:	_____	DOB:	_____
Name:	_____	DOB:	_____
Name:	_____	DOB:	_____
Name:	_____	DOB:	_____

Party 1

Party 2

_____	Home Phone No.	_____
_____	Email Address	_____
_____	Job Title	_____

_____	Name of Employer	_____
_____	Payroll Address	_____
_____		_____
_____	Name of Attorney	_____
_____	Attorney Phone No.	_____
12/24/26/52	Paychecks Per Year	12/24/26/52
\$	Year-to-date Income	_____
\$	Prior Year Gross Income	_____
\$	Annual Income	\$

### MONTHLY INCOME

	PARTY 1	PARTY 2
Average Salary or Hourly Wages	_____	_____
Overtime (Average)	_____	_____
Bonuses (received annually divided by 12)	_____	_____
Pension/Retirement	_____	_____
Social Security/S.S.I.	_____	_____
Unemployment/Worker's Compensation	_____	_____
Veteran's benefits/Armed Forces Allotment	_____	_____
Spousal Support Received	_____	_____
Rental Income	_____	_____
Interest/Trust Income	_____	_____
Dividends	_____	_____
Self-Employed (Adj. Gross Income)	_____	_____
Other Income	_____	_____
<b>SUBTOTAL</b>	_____	_____
State Source	_____	_____
ADC/General Relief	_____	_____
Food Stamps	_____	_____
Disability	_____	_____
Child Support Received	_____	_____
<b>TOTAL OF ALL INCOME</b>	=====	=====

### MONTHLY DEDUCTIONS FROM PAYCHECK

	PARTY 1	PARTY 2
Court Ordered Child Support	_____	_____
Court Ordered Spousal Support	_____	_____
Federal Income Tax	_____	_____
State Income Tax	_____	_____
City Income Tax	_____	_____

Social Security/Public Retirement		
Union Dues		
Charity		
Pension/Retirement Account		
Credit Union Savings		
Bonds/Stock Purchase		
Medical Insurance		
Life/Disability Insurance		
Other: (Medicare)		
Bowling Green SD		

TOTAL MONTHLY DEDUCTIONS:

=====

### OTHER ALLOWABLE DEDUCTIONS

Child Care Expenses for **WORK ONLY**: \_\_\_\_\_

Court Ordered Child/Spousal Support not deducted: \_\_\_\_\_

Insurance Available for children through employer? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

Out-of-pocket expense to add children to insurance: \_\_\_\_\_/month \_\_\_\_\_/month

### CURRENTLY MONTHLY EXPENSES

	YOURSELF	CHILDREN
<b>FOOD:</b>		
Groceries		
Restaurant		
School Lunch		
<b>HOUSING:</b>		
First Mortgage/Rent		
Second Mortgage/Home Equity		
Taxes		
Insurance		
Maintenance		
Lawn Care		
<b>UTILITIES:</b>		
Electric		
Gas		
Fuel Oil		
Sewer/Water		
Telephone		
Garbage		
Cable/Internet		
<b>MEDICAL:</b>		
Out-of-pocket		
Doctor		
Dentist		
Drugs		

Counseling		
Optical		
Orthodontist		
<b>TRANSPORTATION:</b>		
Car Loan/Lease		
Car Insurance		
Gasoline		
Maintenance		
Parking		
School Bus		
<b>CLOTHING:</b>		
Regular		
Special		
<b>INSURANCE:</b>		
Life		
Health		
Disability		
Personal Property		
<b>ENRICHMENT:</b>		
Entertain		
Lessons		
Sports		
Clubs		
Hobbies		
Vacation		
Magazines		
<b>EDUCATION:</b>		
Tuition		
Books		
Fees		
Tutor		
Activities		
<b>MISCELLANEOUS/PERSONAL:</b>		
Gifts		
Cable		
Newspaper		
Barber/Beautician		
Toiletries		
Veterinarian		
Laundry		
<b><i>SUBTOTAL</i></b>		

	<b>ADDITIONAL LONG TERM EXPENSES</b>	
	<b>MONTHLY</b>	<b>BALANCE</b>
Installment/Credit Card Debt		

**SUBTOTAL LONG TERM  
MONTHLY EXPENSES**

[illegible]

**Plaintiff**  
Pro Se

Notary Public

**APPENDIX I**

**DOMESTIC RELATIONS SCHEDULE B**

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

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

\_\_\_\_\_  
Plaintiff

JUDGE \_\_\_\_\_

**vs.**

\_\_\_\_\_  
Defendant

**SCHEDULE B  
(Original Actions)**

**AFFIDAVIT OF ASSETS**

\_\_\_\_\_  
STATE OF OHIO, COUNTY OF WOOD, SS:

Now comes \_\_\_\_\_, the affiant herein, having been duly sworn, states that s/he has been advised that this affidavit maybe sued for any and all of the following purposes (1) to make complete disclosure of affiant's assets; (2) to assist in determining and making support orders; (3) in agreeing on or ordering a division of property, in compliance with O.R.C. 3105.18, 3109.05, and Child Support Schedules.

1. PROPERTY NOT SUBJECT TO DIVISION (Inheritance, gifts to spouse from others, property owned by either spouse prior to marriage).

Location	P/D/JT	Date Acquired	Value Now
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. REAL ESTATE (Includes all interests in real estate, including land contracts, life tenancies, options, cemetery lots, etc.)

Location	P/D/JT	Present Val.	Mtg. Bal.	Net Val.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



3. LICENSED PROPERTY (Includes automobiles, motorcycles, campers, boats, motors, motor homes, mobile homes, etc.)

Year/Type/Model	P/D/JT	Present Val.	Mtg. Bal.	Net Val.
		\$		
		\$		
		\$		

4. CASH AND DEPOSIT ACCOUNTS (Includes joint and survivorship and POD accounts, checking, savings, money market, certificates of deposit, credit union, mutual funds, etc.)

Institution	P/D/JT	Type	Acct. Number	Present Bal.
				\$
				\$
				\$

5. PENSION, PROFIT-SHARING, RETIREMENT PLANS (Includes Keogh, I.R.A., 401 K plans, etc.)

Type	P/D/JT	Location	Years in Plan	Present Val.

6. PUBLICLY HELD STOCKS, BONDS, SECURITIES

Company Name	P/D/JT	No. of Shares	Present Val.

7. LIFE INSURANCE (Include insurance provided by employer, term, whole life; indicated "T" for "term", "WL" for "whole life".

Company Name	P/D/JT	Type	Face Value	Cash Sur. Val.

8. BUSINESS AND PROFESSIONAL INTERESTS (Indicate whether individual proprietorship, corporation, unincorporated business, partnership, etc. Consider debts in determining value.)

Business Name	P/D/JT	Date Valued	Net Value

9. HOUSEHOLD GOODS, FURNITURE, FURNISHINGS, APPLIANCES (Include personal effects, tools, lawn equipment, etc.)

Value of those in your possession:	\$ _____
Value of those in spouse's possession:	\$ _____

10. MISCELLANEOUS ASSETS (Includes coin collections, antiques, art objects, collectibles, stamps, guns, machinery, rare books, personal injury and/or workers' compensation claims, promissory notes, loans to others, tax refunds or overpayment, franchises, copyrights, future interests, interest in estates or trusts, etc.)

Description	P/D/JT	Location	Present Val.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Affiant states that the information contained herein is complete and accurate to the best of his/her information, knowledge and belief under penalty of law. Further, Affiant certifies that s/he has caused a copy hereof to be mailed or delivered to the other party at the time of filing same with the Court.

(Both parties sign if a dissolution)

\_\_\_\_\_  
**Plaintiff, Pro Se**

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

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

## **APPENDIX J**

### **DOMESTIC RELATIONS HEALTH INSURANCE AFFIDAVIT**

**COURT OF COMMON PLEAS, WOOD COUNTY, OHIO,  
DOMESTIC RELATIONS DIVISION**

\_\_\_\_\_  
Plaintiff/Petitioner 1

v./and

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

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

\_\_\_\_\_  
Defendant/Petitioner 2

**Instructions:** Check local court rules to determine when this form must be filed.  
This affidavit is used to disclose health insurance coverage that is available for children. It is also used to determine child support. It must be filed if there are minor children of the relationship. **If more space is needed, add additional pages.**

**HEALTH INSURANCE AFFIDAVIT**

**Affidavit of** \_\_\_\_\_

(Print Your Name)

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Spouse's Name

Are your child(ren) currently  
enrolled in a low-income  
government-assisted health care  
program (Healthy Start/Medicaid)?

☐ Yes ☐ No

☐ Yes ☐ No

Are you enrolled in an individual  
(non-group or COBRA) health  
insurance plan?

☐ Yes ☐ No

☐ Yes ☐ No

Are you enrolled in a health  
insurance plan through a group  
(employer or other organization)?

☐ Yes ☐ No

☐ Yes ☐ No

If you are not enrolled, do you have  
health insurance available through  
a group (employer or other  
organization)?

☐ Yes ☐ No

☐ Yes ☐ No

Does the available insurance cover  
primary care services within 30  
miles of the child(ren)'s home?

☐ Yes ☐ No

☐ Yes ☐ No

	_____ Your Name _____	_____ Spouse's Name _____
Under the available insurance, what would be the annual premium for a plan covering you and the child(ren) of this relationship (not including a spouse)?	\$ _____	\$ _____
Under the available insurance, what would be the annual premium for a plan covering you alone (not including children or spouse)?	\$ _____	\$ _____
If you are enrolled in a health insurance plan through a group (employer or other organization) or individual insurance plan, which of the following people is/are covered:		
Yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minor child(ren) of this relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Number _____	Number _____
Other individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Number _____	Number _____
Name of group (employer or organization) that provides health insurance	_____	_____
Address	_____	_____
	_____	_____
Phone number	_____	_____

### 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: \_\_\_\_\_

**APPENDIX K**

**DOMESTIC RELATIONS UCCJEA AFFIDAVIT**

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

Plaintiff/Petitioner		Case No.	
		Judge	
v./and		Magistrate	
Defendant/Petitioner/Respondent			

**Instructions:** Check local court rules to determine when this form must be filed.  
By law, an affidavit must be filed and served with the first pleading filed by each party in every parenting (custody/visitation) proceeding in this Court, including Dissolutions, Divorces and Domestic Violence Petitions. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, add additional pages.**

**PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))**

Affidavit of \_\_\_\_\_  
(Print Your Name)

**Check and complete ALL THAT APPLY:**

1. ☐ I request that the court not disclose my current address or that of the child(ren). My address is confidential pursuant to R.C. 3127.23(D) and should be placed under seal to protect the health, safety, or liberty of myself and/or the child(ren).
2. ☐ Minor child(ren) are subject to this case as follows:

Insert the information requested below for all minor or dependent children of this marriage. You must list the residences for all places where the children have lived for the last **FIVE** years.

<b>a. Child's Name:</b>		<b>Place of Birth:</b>		
<b>Date of Birth:</b>		<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		
<u>Period of Residence</u>		<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____ to present		<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____		<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____		<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____		<input type="checkbox"/> Address Confidential?	_____	_____

**b. Child's Name:**

**Place of Birth:**

**Date of Birth:**

**Sex:** ☐ Male ☐ Female

☐ Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

**c. Child's Name:**

**Place of Birth:**

**Date of Birth:**

**Sex:** ☐ Male ☐ Female

☐ Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CHILDREN, ATTACH A SEPARATE PAGE AND CHECK THIS BOX ☐.

**3. Participation in custody case(s): (Check only one box.)**

- ☐ I **HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case.
- ☐ I **HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case. For each case in which you participated, give the following information:



- a. Name of each child: \_\_\_\_\_
- b. Type of case: \_\_\_\_\_
- c. Court and State: \_\_\_\_\_
- d. Date and court order or judgment (if any): \_\_\_\_\_

IF MORE SPACE IS NEEDED FOR ADDITIONAL CUSTODY CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX ☐.

4. **Information about other civil case(s) that could affect this case: (Check only one box.)**

☐ I **HAVE NO INFORMATION** about any other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this case.

☐ I **HAVE THE FOLLOWING INFORMATION** concerning other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning a child subject to this case. Do not repeat cases already listed in Paragraph 3. Explain:

- a. Name of each child: \_\_\_\_\_
- b. Type of case: \_\_\_\_\_
- c. Court and State: \_\_\_\_\_
- d. Date and court order or judgment (if any): \_\_\_\_\_

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX ☐.

5. **Information about criminal case(s):**

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

<u>Name</u>	<u>Case Number</u>	<u>Court/State/County</u>	<u>Convicted of What Crime?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX ☐.

**6. Persons not a party to this case who has physical custody or claims to have custody or visitation rights to children subject to this case: (Check only one box.)**

☐ **I DO NOT KNOW OF ANY PERSON(S)** not a party to this case who has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

☐ **I KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

a. Name/Address of Person \_\_\_\_\_

☐ Has physical custody

☐ Claims custody rights

☐ Claims visitation rights

Name of each child: \_\_\_\_\_

b. Name/Address of Person \_\_\_\_\_

☐ Has physical custody

☐ Claims custody rights

☐ Claims visitation rights

Name of each child: \_\_\_\_\_

c. Name/Address of Person \_\_\_\_\_

☐ Has physical custody

☐ Claims custody rights

☐ Claims visitation rights

Name of each child: \_\_\_\_\_

**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: \_\_\_\_\_

**APPENDIX L**

**DOMESTIC RELATIONS**  
**TEMPORARY RESTRAINING ORDER**

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

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

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

vs.

Judge Reeve Kelsey  
Judge Robert C. Pollex  
Judge Alan R. Mayberry

**MAGISTRATE'S ORDER**

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

**TEMPORARY RESTRAINING  
ORDER**

Pursuant to Local Rule 6.04, **IT IS ORDERED** effective on the date of the filing of the Complaint, if filed herein, that each spouse is enjoined from committing any of the following acts:

1. Removing, or causing to be removed, the child(ren) born or adopted by the parties and/or the child(ren) of either or both spouses, if any, from the Court's jurisdiction; and
2. Causing physical abuse, annoying, inflicting bodily injury, attempting to cause or recklessly cause bodily injury, threatening the use of force or imminent physical harm, stalking, harassing, interfering with or imposing any restraint on the personal liberty of the other spouse, committing any act with respect to a child in violation of the Revised Code of Ohio; and
3. Incurring debt in the name of the other spouse except for necessary food, housing, utilities, medical care, and necessary transportation; and
4. Selling, removing, transferring, encumbering, pledging, hypothecating, damaging, hiding, concealing, assigning or disposing of any and all property, real or personal, owned by both or either spouse or a child (including household goods, vehicles, financial accounts or any deposits therein and the personal property of each) without the prior written consent of the spouse or the Court. Excluded from this paragraph are expenditures made for the current necessary

living costs of the parties or their children and expenditures from any business account made for current, ordinary and necessary business purposes, and any expenditure required to be made in pursuance of the Order; and

5. Voluntarily changing the term of, or beneficiary of, terminating coverage of, cashing in, borrowing against, encumbering, transferring, canceling or failure to renew any type of insurance, including health, automobile, life, home, liability, disability, or fire insurance that provides coverage for a spouse or child(ren) born or adopted by the parties; and
6. Voluntarily liquidating, cashing in, changing the beneficiary of, terms, or conditions of any retirement or pension plan or program that provides any benefit to a spouse or a child(ren) born or adopted by the parties and/or of either or both spouses; and
7. Voluntarily interrupting or terminating any utility service to the marital residence without prior written consent of the other spouse or the Court.

Nothing in the above restraining order precludes a spouse from using their property to pay necessary and reasonable attorney fees, litigation and courts costs in this action.

---

Pamela A. Heringhaus, Magistrate

---

Michael E. Hyrne, Magistrate

### **WARNING**

**This is an official Court order. If you disobey any order of Court, you may be found in contempt of Court, sentenced to jail, fined, and ordered to pay costs and attorney fees, in addition to any other legal remedy available to the spouse, child or other dependent affected. This order is in effect until (1) the Court issues an order which modifies or terminates it; (2) a judgment for divorce or legal separation is filed with the Clerk of Courts specifically dismissing each junction.**

**IF YOU ARE IN DISAGREEMENT WITH ANY OF THE ABOVE ORDERS** you or your attorney need to file a written motion in this case with the Wood County Clerk of Courts, One Courthouse Square, Bowling Green, Ohio 43402.

**APPENDIX M**

**DOMESTIC RELATIONS SCHEDULE C**

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

_____ Plaintiff/Petitioner,	Case No. _____
	Judge _____
Vs./And	Magistrate. _____
_____ Defendant/Petitioner.	

**Schedule C  
(Modification Actions)**

**AFFIDAVIT OF  
INCOME AND  
EXPENSES**

STATE OF OHIO, COUNTY OF WOOD, SS:

Now comes \_\_\_\_\_, Affiant, and having been duly sworn, states:

**MONTHLY INCOME**

	<b>Current</b>	<b>Prior Order</b>
Employer _____		
Salaried _____ Hourly _____		
Gross Earnings	_____	_____
Net Earnings	_____	_____
Other Income from _____	_____	_____
Other Income from _____	_____	_____
(Include child/spousal support and part-time income.)		

**MONTHLY EXPENSES**

Food	_____	_____
Heat (Budget)	_____	_____
Electric (Budget)	_____	_____
Water	_____	_____
Telephone	_____	_____
Clothing (Self)	_____	_____
Clothing (Children)	_____	_____
School Tuition	_____	_____
Auto gas, repair transport	_____	_____
Unreimbursed Medical, dental, etc.	_____	_____
Medical Insurance	_____	_____
Life Insurance (Self)	_____	_____

Life Insurance (Children)  
Property Insurance

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

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

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

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



**APPENDIX N**

**DOMESTIC RELATIONS**  
**EXPLANATION OF MEDICAL BILLS**

**[See separate appendix document]**

**APPENDIX O**

**DOMESTIC RELATIONS ADDITIONAL ORDERS**

**WOOD COUNTY COURT OF COMMON PLEAS  
DOMESTIC RELATIONS DIVISION  
ADDITIONAL ORDERS AND NOTICE TO PARTIES**  
(Attach to all Judgment Entries involving Children and Spousal Support)

The parties shall comply with all applicable provisions of the Order:

- A. If you are receiving a monetary payment from any source, you are required to have the payor of that income withhold from your income the specified amount required to satisfy the court order. You are required to immediately notify the Wood County Child Support Enforcement Agency, in writing, of any change in the source of your income and of the availability of any other sources of income that can be the subject of any withholding order. You must include the name, business address and telephone number of any new employer or income source.
- B. If you have been ordered to pay your support obligation through funds deposited in a financial institutional account, you must immediately notify the Wood County Child Support Agency, in writing, of any change in the status of the account from which the support is being deducted. You must also immediately notify that agency, in writing, of the opening of a new account with any financial institution, of commencement of employment, including self-employment, or the availability of any other sources of income that can be the subject of a withholding order.
- C. If you have been ordered to enter into a cash bond with the court, and the bond is conditioned that you will make payments as previously ordered, and will pay any arrearages under any prior support order, you may request, upon the receipt of income from any payor, that the court cancel its bond and enter a withholding from your payor. R.C. 3121.03( C)
- D. If you have been ordered to seek work or participate in a work activity to which a recipient of assistance under Title IV-A may be assigned, you must immediately notify Wood County Child Support Enforcement Agency, in writing, upon obtaining employment, obtaining income from any source, or upon obtaining ownership of any asset with a value of five hundred dollars or more, or of the opening of an account in a financial institution, and to include in the notification a description of the nature of the employment or income source, the name, business address, and telephone number of the employer or income source, and any other information reasonably required by the court. R.C. 3121.05
- E. All support under this order shall be withheld or deducted from the income or assets of the obligor pursuant to a withholding or deduction notice or appropriate order issued in accordance with the Revised Code or a withdrawal directive issued pursuant to the Revised Code and shall be forwarded to the obligee in accordance with the Revised Code.

**METHODS OF PAYMENT**

- A. All payments of support must be made through the Wood County Child Support Enforcement Agency. Any payment of money by the obligor which is not paid through the agency will be deemed a gift and will not be considered payment of the child support order.
- B. All payments of support made to Wood County Child Support Enforcement Agency shall be made by cash, check, debit card, credit card or money order if not paid by withholding.

**REQUIRED NOTIFICATION OF CHANGE IN MAILING INFORMATION OR  
CHANGE IN STATUS OF MINOR CHILDREN**

- A. If you are the residential parent of a child for whom a support order is issued, or the person who otherwise has custody of a child for whom a support order is issued, you must immediately notify the Wood County Child Support Enforcement Agency, *in writing*, of any reason for which the support order should terminate, including, but not limited to:

1. the child attains the age of majority if the child no longer attends an accredited high school on a full-time basis and the support order does not provide for the duty of support to continue beyond the age of majority;
2. the child ceases to attend such a high school on a full-time basis after attaining the age of majority, if the support order does not provide for the duty of support to continue past the age of majority;
3. the death, marriage, emancipation, enlistment in the armed services, deportation, or change of legal or physical custody of the child.

**B. EACH PARTY TO THIS SUPPORT ACTION MUST NOTIFY THE WOOD COUNTY CHILD SUPPORT ENFORCEMENT AGENCY IN WRITING OF HIS/HER CURRENT MAILING ADDRESS, CURRENT RESIDENCE ADDRESS, CURRENT HOME TELEPHONE NUMBER, CURRENT DRIVER'S LICENSE NUMBER, AND ANY CHANGES IN THAT INFORMATION. EACH PARTY MUST NOTIFY THE AGENCY OF ALL CHANGES UNTIL FURTHER NOTICE FROM THE COURT OR AGENCY, WHICHEVER ISSUED THE ORDER. IF YOU ARE THE OBLIGOR UNDER A CHILD SUPPORT ORDER AND YOU FAIL TO MAKE THE REQUIRED NOTIFICATIONS, YOU MAY BE FINED UP TO \$50 FOR THE FIRST OFFENSE, \$100 FOR THE SECOND OFFENSE AND \$500 FOR EACH SUBSEQUENT OFFENSE. IF YOU ARE AN OBLIGOR OR AN OBLIGEE UNDER ANY SUPPORT ORDER ISSUED BY A COURT AND YOU WILLFULLY FAIL TO GIVE THE REQUIRED NOTICES, YOU MAY BE FOUND IN CONTEMPT OF COURT AND BE SUBJECTED TO FINES UP TO \$1000 AND IMPRISONMENT FOR NOT MORE THAN 90 DAYS.**

**IF YOU ARE AN OBLIGOR AND YOU FAIL TO GIVE THE REQUIRED NOTICES, YOU MAY NOT RECEIVE NOTICE OF THE FOLLOWING ENFORCEMENT ACTIONS AGAINST YOU: IMPOSITION OF LIENS AGAINST YOUR PROPERTY; LOSS OF YOUR PROFESSIONAL OR OCCUPATIONAL LICENSE, DRIVER'S LICENSE OR RECREATIONAL LICENSE; WITHHOLDING FROM YOUR INCOME; ACCESS RESTRICTION AND DEDUCTION FROM YOUR ACCOUNTS IN FINANCIAL INSTITUTIONS; AND ANY OTHER ACTION PERMITTED BY LAW TO OBTAIN MONEY FROM YOU TO SATISFY YOUR SUPPORT OBLIGATION.**

## **HEALTH INSURANCE COVERAGE**

(A) \_\_\_\_\_ (the Health Insurance Obligor) is required to provide private health insurance coverage for the children and designate the children as covered dependents under any private health insurance policy, contract, or plan for which the person contracts. This applies to the following children:

NAME of child(ren)

Born in the year


(B) The Health Insurance Obligor shall reimburse, within 30 days of a proper request, the Health Insurance Oblige, at the address in the caption, and with the telephone number \_\_\_\_\_ for out-of-pocket medical, optical, hospital, dental, psychological, psychiatric or prescription expenses paid for each child pursuant to the appropriate percentage.

(C) The parties shall comply with the local court rules if it is necessary to return to court for reimbursement of unpaid medical bills. A motion can only be brought for medical bills incurred within the last 24 months.

(D) The parties shall divide all copayments and extraordinary medical, dental, optical, hospital, prescription, psychological and psychiatric expenses pursuant to Line 16 of the child support worksheet, unless otherwise specified in the Order.

(E) The obligor and the obligee shall comply with any requirement described in section 3119.30 of the Revised Code and in an order issued in compliance with this section no later than thirty days after the issuance of the order.

(F) Both parties are liable for the health care of the child(ren) who are not covered by private health insurance or cash medical support. If insurance becomes available to either party through his or her employment or another plan, (s)he shall immediately notify the Wood County Child Support Enforcement Agency to determine if it is reasonable.

(G) Upon receipt of notice by the child support enforcement agency that private health insurance coverage is not available at a reasonable cost, cash medical support shall be paid in the amount as determined by the child support computation worksheets in section 3119.022 or 3119.023 of the Revised Code, as applicable. The child support enforcement agency may change the financial obligations of the parties to pay child support in accordance with the terms of the court or administrative order and cash medical support without a hearing or additional notice to the parties.

**If you are ordered to maintain health insurance coverage:**

- A. You must submit a copy of the court order to your insurer at the time of your application for coverage, and shall, no less than 10 days after the issuance of the order, provide written proof of your application for coverage to the Child Support Enforcement Agency.
- B. Your insurer may continue making payment for medical, optical, hospital, dental, or prescription services directly to the provider in accordance with the applicable health insurance or health care policy, contract or plan.
- C. You must provide the other parent information within 30 days regarding the benefits, limitations and exclusions of the health insurance coverage, copies of any insurance forms necessary to receive reimbursement, payment, or other benefits under the health insurance coverage, and a copy of the necessary insurance cards.
- D. You must designate the children as covered dependents under any health care policy, contract, or plan with which you contract.
- E. If you fail to obtain insurance coverage, the Child Support Enforcement Agency shall obtain a court order requiring the party to obtain coverage. R.C. 3119.30
- F. The employer of the party ordered to maintain health insurance shall, upon written request of the other parent subject to an administrative or court child support order, release any necessary information concerning the private health insurance coverage,

including, but not limited to the name and address of the health plan administrator, insurer and any policy, contract, or plan number and to otherwise comply with any court order.

- G. If you obtain new employment and the health insurance coverage for the children is provided through the previous employer, the agency shall comply with the requirements of R.C. 3119.34 which may result in the issuance of a notice requiring the new employer to take whatever action is necessary to enroll the children in health insurance coverage provided by the new employer.
- H. You must notify the insurer of the name, address, and telephone number of the person designated to be reimbursed for any out-of-pocket expenses.
- I. You will be responsible for any co-payment and unreimbursed expenses as set forth in the court order.
- J. Upon receipt of notice by the child support enforcement agency that private health insurance coverage is not available at a reasonable cost, cash medical support shall be paid in the amount as determined by the child support computation worksheet as applicable. The agency may change the financial obligations of the parties to pay child support in accordance with the terms of the court or administrative order and cash medical support without a hearing or additional notice to the parties.
- K. If you fail to obtain or maintain health insurance, you may be found in contempt and you will be responsible for all medical expenses incurred on behalf of the minor children.**

All required notices for the Wood County Child Support Enforcement Agency shall be sent to:  
P.O. Box 1028  
Bowling Green, Ohio 43402

**THE FAILURE TO COMPLY WITH THE PROVISIONS OF THIS ORDER MAY BE  
CONSIDERED CONTEMPT OF COURT.**

Magistrate Pamela A. Heringhaus  
Magistrate Michael E. Hyrne

Judge Reeve Kelsey  
Judge Alan R. Mayberry  
Judge Matthew L. Reger

**APPENDIX P**

**DOMESTIC RELATIONS**  
**LOCAL PARENTING TIME SCHEDULE**



## LOCAL PARENTING PLAN AND COMPANIONSHIP SCHEDULE

Court of Common Pleas, Wood County, Ohio

Domestic Relations / Juvenile Division

Parenting time is a time for children to enjoy the companionship of the non-residential parent. Parents can effectively use this time by spending time with their children, developing a hobby, teaching them skills and helping them meet friends in the neighborhood.

If a child indicates a strong opposition to being with the other parent, it is the responsibility of each parent to appropriately deal with the situation, by calmly talking to the child as to the child's reasons, to work with the other parent to do what is in the child's best interests, and particularly to avoid confrontation or unpleasant scenes. If the matter is not settled, either parent should seek the immediate assistance of a mental health professional or file a motion with the court. As uncomfortable as this issue may be for a parent, this issue should not go unresolved. IT IS THE AFFIRMATIVE DUTY OF THE RESIDENTIAL PARENT TO MAKE CERTAIN THAT HIS OR HER CHILD GOES FOR THE PARENTING TIME PERIOD.

This Parenting Plan and Companionship Schedule is based upon two guiding principles: 1.) The child's age/development and 2.) Predictability for both the parents and the child.

Parents of very young child should keep in mind:

- For children up to age 2: At the time the residential parent and/or legal custodian start allowing other care givers to care for the child, the non-residential parent with parenting time should be equally involved.
- For children up to age 5: Vacation limits apply to both parents. Prolonged absence of children from either parent is not recommended.
- The child should be returned to the custodial parent's home one hour before bedtime. If this means ending earlier than the scheduled times, back up the beginning times accordingly. Total time will be the same. If bedtimes change, one week notice must be given.

**EXTRACURRICULAR ACTIVITIES:** Regardless of the parenting time schedule, the children's participation in extracurricular activities, school related or otherwise, shall continue uninterrupted. It shall be the responsibility of the parent in physical possession at the time of the activity to provide the physical and/or cost of transportation to these activities. The residential parent shall timely provide the other parent with notice of all extracurricular activities, school related or otherwise, in which the children participate, schedules of all extracurricular activities and the name of the activity leader (including address and telephone number if reasonably available).

Scheduled parenting time periods shall not be delayed or denied because a child has other scheduled activities (routine appointments, lessons, sports, etc.) If the activities are regularly scheduled and are not emergencies, they should be agreed upon in advance. Both parents are encouraged to attend all child(ren)'s activities and each parent is entitled by law to equal access to the student activities of their child(ren), unless limited by court order.

**WAITING:** The children and the residential parent have no duty to wait for the visiting parent for more than 15 minutes after the scheduled visitation time. A parent who is late forfeits parenting time for that period, unless other arrangements are made.

**CANCELLATION BY NON-RESIDENTIAL PARENT:** The non-residential parent must give 24-hour advance notice of intent NOT to exercise parenting time. Unless prior arrangements are made, a parent who does not exercise the parenting time forfeits that time. Failure to exercise scheduled time is upsetting to the child(ren). A parent who continually fails to exercise this right may have parenting time modified and may be subject to other legal remedies.

**ILLNESS:** If a child is ill, requiring medication or consultation with a doctor/dentist, each parent must notify the other as soon as possible. If the child becomes ill while with the residential parent prior to a scheduled parenting time period, the parent must contact the other parent and discuss the advisability of parenting time while considering the best interest of the child as the primary concern.

If the parents agree that there will be parenting time, the residential parent must provide written instructions and sufficient medication for the parenting time period. The non-residential parent shall notify the other parent if the child's condition worsens or does not improve as expected.

If one child is ill and does not participate in the parenting time period, other child(ren) shall enjoy their regularly scheduled parenting time period.

The non-residential parent shall seek emergency treatment if necessary for the child(ren) during his/her period of parenting time.

The residential parent shall communicate, in writing, any allergic or chronic condition of the minor child(ren), together with the medication and recommended treatment.

If the residential parent determines that the child(ren) needs immediate medical treatment during a time of scheduled visitation, the residential parent should give 24-hour notice, if possible, so that appropriate plans can be made by the non-residential parent. However, if more than twenty-four hours is missed due to non-emergency and/or non-critical illness, then any missed visitation shall be made up within 60 days.

**VACATIONS :** The non-residential parent has priority of choice for vacation parenting time dates if written notice is given to the other parent as shown below. If notice is not timely given, the residential parent has priority in scheduling any vacation plans. As part of each parent's summer parenting time, each parent may arrange a period of consecutive (uninterrupted) days as

set forth below. Otherwise, no two summer weeks are to be taken consecutively by the non-residential parent. If otherwise allowed, during summer parenting time, the residential parent receives weekday parenting time as enjoyed by the non-residential parent during the rest of the year. The alternating weekends are to continue without interruption.

If summer school is necessary for the child to pass to the next grade, both parents shall ensure that it is completed.

A parent who takes the child(ren) out of town and overnight on vacation, shall provide a general itinerary to the other parent, including dates, locations, addresses, and telephone numbers.

**MOVING:** Either parent must notify the other in writing at least 30 days in advance of either parent's intent to change residence. Each parent shall provide a current address and telephone number to the other parent, at all times. If the parties move more than 150 miles apart, unless the parties agree otherwise, each shall comply with this Court's Long Distance Parenting Time Schedule without further order of the court.

**ACCESS TO RECORDS:** Both parents shall have access to all educational, medical, dental, optometric, psychiatric and psychological records of the minor child(ren) and may consult with any educators, treating physician, dentist or other health care provider to the children, subject to any specific limitations set forth in the court order. The residential parent shall list the non-residential parent as a parent on all required forms. Upon request of the non-residential parent, the residential parent shall immediately take whatever action is required to assist the non-residential parent in gaining access to all records of the minor child(ren).

**OTHER ACCESS:** The child(ren) must be allowed to communicate by telephone with both parents, a minimum of once per week. In addition, the parties may agree to allow email access to both parents.

**CLOTHING:** The residential parent is responsible for providing sufficient appropriate clean clothing for every parenting time period. The non-residential parent shall return all items sent with the child. If there is a need to send special clothing needs, the non-residential parent must notify the residential parent at least 2 days in advance of the parenting time.

**TRANSPORTATION:** It is the Court's intent that each parent provides half of the transportation. The parent who receives the child(ren) shall be responsible to transport the child(ren). The person who transports shall be a licensed, insured driver, shall not be under the influence of alcohol or drugs, and shall follow all traffic laws, including child restraint and seat belt laws.

**COMMUNICATION BETWEEN PARENTS:** It is the parent's responsibility, not the child(ren)'s, to make all parenting time arrangements.. Other than necessary for 16 and 17 year old children in discussing the parenting time schedules noted below, neither parent should communicate with a child about the issue of parenting time, or future events or activities which conflict with the other parent's scheduled time. It is not the child's responsibility to mediate or become involved in parental differences over parenting times, dates or activities. If the parties are unable to communicate with each other, they may use other adults to make parenting time arrangements. The best solution is to seek professional help to improve their ability to communicate for the best interest of the child(ren).

**DISCIPLINE:** It is presumed that the parents will use consistent discipline between the households and will communicate with each other concerning the need for discipline of the child(ren). If the parents disagree over the appropriate discipline or solutions to the child(ren)'s behavior, they should seek the help of a professional. Examples of concern are decline in grades, truancy problems, delinquency, or drastic changes in behavior.

**NON-COMPLIANCE:** Any of the rights or responsibilities outlined in this schedule may be enforced by the Court after the filing of an appropriate motion by either party. A parent may not withhold parenting rights because the other party does not obey a court order.

A parent who willfully fails to comply with this schedule may be found guilty of contempt of court, the penalty for which is a fine not to exceed \$250.00, and a jail sentence for an initial contempt not to exceed 30 days. The Court may also assess attorney fees, court costs, transportation cost and make-up parenting time in addition to any other remedy at law. Failure to obey court orders may also be the basis for a reallocation of parental rights.

**MISCELLANEOUS:** Curb-Side Exchange - A legal term written into a court order if necessary. This prohibits the parent from entering upon the property of the other parent for exchange of the children. The residential parent remains in the home while the other parent remains in the car and there is no communication between the parents. The parent who is picking up the child(ren) is to park in front of the home at the scheduled time and honk the horn once to notify the other parent to send the child(ren) to the car.

**IF THE COURT ORDER OR DECREE INDICATES THAT THE COURT SCHEDULE IS THE ORDER FOR PARENTING TIME/ACCESS, THEN THE ORDER OF THE COURT IS THE FOLLOWING: PARENTING TIME SHALL TAKE PLACE AT SUCH TIMES AND PLACES AS THE PARTIES CAN AGREE. This shall not be less than:**

**Age 0 – 4 Months:**

Frequent, short visits in the baby's home or Monday, Wednesday, Friday, and Sunday from 5:00 p.m. to 7:00 p.m.

**Vacation:** None

**Holidays as set forth below:** From 5:00 p.m. to 7:30 p.m.

**Age 5 – 9 Months:**

**Fridays:** 4:30 p.m. to 7:30 p.m.

**Sundays:** 2:00 p.m. to 5:00 p.m.

**Midweek:** Wednesday from 4:30 p.m. to 7:30 p.m.

**Vacation:** 24 hours on 2 occasions, first weekend of the month

**Holidays as set forth below:** From 4:30 p.m. to 7:30 p.m.

**Age 10 – 18 Months:**

**Week 1:** Saturday from 11:00 a.m. to 7:00 p.m.

**Week 2:** Sunday from 11:00 a.m. to 7:00 p.m.

**Tuesday and Thursday:** from 4:30 p.m. to 7:30 p.m.

**Vacation:** 48 hours on 2 occasions with 30 days written notice

**Holidays as set forth below:** From 4:30 p.m. to 7:30 p.m.

**Age 19 Months – 3 Years:**

**Alternate Weekends:** Friday 6:00 p.m. to Sunday 6:00 p.m.

**Midweek:** 5:00 p.m. to 8:00 p.m.

**Vacation:** Five weeks including one occasion of 7 consecutive days with 60 days written notice

**Holidays as set forth below**

**Age 3 – 5 Years:**

**Alternate Weekends:** Friday 6:00 p.m. to Sunday 6:00 p.m.

**Midweek:** 4:00 p.m. to 8:00 p.m.

**Summer Vacation:** Five weeks, including one occasion of 10 consecutive days, with written notice by May 1

**Holidays as set forth below**

**Age 6 – 16 Years:**

**Alternate Weekends:** Friday 6:00 p.m. to Sunday 6:00 p.m.

**Midweek:** 4:00 p.m. to 8:00 p.m.

**Vacation:** Five weeks, including one occasion of 14 consecutive days, with written notice by May 1

**Holidays as set forth below**

**Age 17 Years:**

On alternate weekends, child can choose either Saturday from 7:00 p.m. to Sunday at 7:00 p.m., or Friday from 7:00 p.m. to Saturday at 7:00 p.m. with one week notice to non-residential parent

**Midweek:** 5:00 p.m. to 9:00 p.m.

**Vacation:** Five weeks, with written notice by May 1 and with consideration for child's job and extracurricular schedule during the summer break

**Holidays as set forth below**

**HOLIDAYS, MOTHER'S DAY; FATHER'S DAY; SCHOOL BREAKS**

<b>Holiday</b>	<b>Even Years</b>	<b>Odd Years</b>	<b>Days and Times - As Agreed or as Follows</b>
MLK Day	Parent 1	Parent 2	Ages 0-18 months, MLK Day at times above All others: 6 pm Sunday to 6 pm Monday
President's Day	Parent 2	Parent 1	Ages 0-18 months, President's Day at times above All others: 6 pm Sunday to 6 pm Monday
Easter Sunday	Parent 1	Parent 2	Ages 0-18 months, Easter Sunday at times above All others: 9 am to 6 pm
Spring Break	Parent 1	Parent 2	School aged children (Kindergarten and above): 6 pm day school ends to 6:00 pm day before school begins
Memorial Day	Parent 2	Parent 1	Ages 0-18 months, Memorial Day at times above All others: 6 pm Sunday to 6 pm Monday
Mother's Day	Parent 1	Parent 2	Ages 0-18 months, Mother's Day at times above All others: 9 am to 6 pm
Father's Day	Parent 2	Parent 1	Ages 0-18 months, Father's Day at times above All others: 9 am to 6 pm
Fourth of July	Parent 1	Parent 2	Ages 0-18 months, Fourth of July at times above All others: 6 pm July 3 <sup>rd</sup> to 6 pm July 4 <sup>th</sup>
Labor Day	Parent 2	Parent 1	Ages 0-18 months, Labor Day at times above All others: 6 pm Sunday to 6 pm Monday
Thanksgiving	Parent 1	Parent 2	Ages 0-18 months, Thanksgiving Day at times above All others: 6 pm Wednesday to 6 pm Thursday

Christmas Eve	Parent 2	Parent 1	Ages 0-18 months, Christmas Eve Day at times above All others: 6 pm December 23 <sup>rd</sup> to 9 pm December 24 <sup>th</sup>
Christmas Day	Parent 1	Parent 2	Ages 0-18 months, Christmas Day at times above All others: 9 pm December 24 <sup>th</sup> to 9 pm December 25 <sup>th</sup>

**For School Aged Children (Kindergarten and above)**

Christmas Break (First Half)	Parent 2	Parent 1	Divide into equal number of days based upon the schedule of the school district within which the children reside
Christmas Break (Second Half)	Parent 1	Parent 2	

- (A) Any alternating weekend visitation shall be interrupted as a consequence of the spring break schedule and the Christmas break schedule. Despite this interruption, the alternating weekend pattern shall continue as scheduled.
- (B) The children's birthdays will be spent with mother in even years and father in odd years. Siblings should attend birthday events. Times are according to the child's availability or 10:00 a.m. to 7:00 p.m. for a birthday falling on a weekend day or 5:00 p.m. to 9:00 p.m. for a birthday falling on a weekday.
- (C) Holidays and Birthdays take precedence over other parenting time in this schedule.
- (D) For parents that have children of various ages, they will abide by the time schedule for the oldest child so that all of the children will remain together for parenting time.

Magistrate Pamela A. Heringhaus  
Magistrate Michael E. Hyrne

Judge Reeve Kelsey  
Judge Alan R. Mayberry  
Judge Matthew L. Reger

**APPENDIX Q**

**DOMESTIC RELATIONS LONG DISTANCE  
PARENTING TIME SCHEDULE**



## **LONG DISTANCE PARENTING SCHEDULE**

The provisions of the Local Parenting Time Schedule will apply, unless modified by the following paragraphs. Although frequent contact is recommended, distance and cost of transportation may prohibit implementing the local schedule. The parties are encouraged to agree to a schedule that is convenient and workable for the parents and the child. It will be important to consider the child's extracurricular activities when scheduling parenting time. In the absence of agreement, parenting time for the non-residential parent of the school age child will NOT BE LESS THAN the following:

**WEEKENDS:** Once per month if the travel time one way is less than 3 hours. The non-residential parent shall notify the other parent as soon as possible and not less than 10 days in advance.

**WEEKDAYS:** There will be no weekday parenting time, unless the parent is in the child's vicinity. The non-residential parent has the responsibility to notify the residential parent at least two days in advance when the residential parent will be in the area and the residential parent shall allow reasonable parenting time.

**HOLIDAYS AND BIRTHDAYS:** For the holidays that create a 3 day weekend, the non-residential parent shall have parenting time from Friday to Monday when the holiday is their scheduled holiday. In addition, if there is an extended weekend as a result of a school conference, the non-residential may exercise parenting time for the weekend.

During the even numbered years, the non-residential parent shall have the entire Christmas break for school age children. For preschoolers, the non-residential parent shall have up to 5 days during the Christmas break.

The non-residential parent shall be entitled to any days afforded him/her under the schedule so long as arrangements can be made at his/her expense.

**SUMMER and SPRING BREAK:** There are two options for summer and spring vacation. The residential parent shall notify the non-residential parent of the *summer vacation* dates by March 15. The non-residential parent then has the responsibility to notify the residential parent of their intentions by April 15. *The parents will decide which schedule (I or II) to use at the time the parent moves or at the time of final hearing.*

- I. A. If the parents do not communicate in advance or make provisions in a court order, the non-residential parent shall enjoy *the first half of the summer* in even numbered years and the second half of the summer in odd numbered years.
- B. The parents are reminded that *summer vacation* shall be arranged to allow summer school for the child if it is necessary for the child to be promoted to the next grade.

- C. Additionally, the non-residential parent will enjoy every *spring break*, from the evening of the last day of school until 6 p.m. the day before school starts.

**-OR-**

- II. A. The Saturday after the last day of school until the first Saturday in August.
- B. The residential parent shall have *every spring break*.

WAITING: The children and the residential parent have no duty to await the non-residential parent for more than 30 minutes after the scheduled parenting time, unless there is an emergency and advance notice is reasonably given.

COSTS OF TRANSPORTATION shall be considered at the time of final hearing based on all the circumstances of the case and shall be set forth in the Judgment Entry. In the absence of agreement or a decision, the costs shall be divided based on the percentages of income as set forth in the child support worksheet.

Magistrate Michael E. Hyrne  
Magistrate Pamela A. Heringhaus

Judge Alan R. Mayberry  
Judge Reeve Kelsey  
Judge Matthew L. Reger

**APPENDIX R**

**PROPERTY DESCRIPTION APPROVAL FORM**

## PROPERTY DESCRIPTION APPROVAL FORM

Court Case No.	_____
Property Address:	_____
Plaintiff:	_____
Defendant:	_____
Submitted By:	_____
Attorney & ID:	_____ ( _____ )
Attorney's Phone:	_____
Contact Person:	_____
Contact Phone:	_____

The attached legal description has been reviewed by the Wood County Engineer's Office, Tax Map Office. The property address, parcel number(s) and deed reference number(s) must be listed under the legal description (no exceptions). You may use a copy of the prior deed which may contain all of this information.

This document, along with the stamped "Reviewed" original legal description, must be attached to the appropriate documents filed with the Clerk of Courts pursuant to Local Rule 7.06.

Hand lettered documents may be rejected if the document is not legible or will not reproduce to department standards. Machine printed or drafted documents are preferred.

### \*\*\*Internal Use Only\*\*\*

**The following information has been reviewed and verified by the County Engineer's Office, Tax Map Office.**

**Disapproved for the following reason(s):**

- \_\_\_\_\_ Legal description does not match information as submitted.
- \_\_\_\_\_ Parcel number does not match legal description information as submitted.
- \_\_\_\_\_ Legal Name does not match information as submitted.
- \_\_\_\_\_ Property address does not match information as submitted.
- \_\_\_\_\_ Other: \_\_\_\_\_

**The document information must be corrected and resubmitted for approval.**

Wood County Engineer's Office  
One Courthouse Square  
Bowling Green, Ohio 43402  
(419) 354-9060  
FAX: (419) 354-1409

**APPENDIX S**

**JUDICIAL SALE PURCHASER FORM**

**REAL ESTATE JUDICIAL SALE**  
**PURCHASER INFORMATION FORM**  
R.C. §2329.26 – R.C. §2329.27 – R.C. §2329.271

*Must be complete and legible or it will be returned.*

*Failure to provide the following information at the time of the sale may nullify the sale and cause the purchaser to be in contempt.*

In the Court of _____ Case # _____ Sale Date _____ Parcel # _____ Property Address _____ City/Township _____ County _____	
<b>(A) Is the property <u>now</u> RESIDENTIAL RENTAL PROPERTY?</b> _____ Yes _____ No <b>Will the PURCHASER occupy the lands and tenements?</b> _____ Yes _____ No	
<b>(B) PURCHASER:</b> (Must be readily accessible through _____) (Required of <u>ALL</u> PURCHASERS) <b>CONTACT PERSON</b> if any _____ business entity listed in Section (D)) Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone 1 ( _____ ) _____ - _____ Phone 1 ( _____ ) _____ - _____	<b>(C) CONTACT PERSON:</b> (Required if <u>currently</u> RESIDENTIAL RENTAL PROPERTY and PURCHASER is any business entity listed in Section (D)) Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone 1 ( _____ ) _____ - _____ Phone 1 ( _____ ) _____ - _____
<b>(D) The PURCHASER is a: ("X" one)</b> (Required of <u>ALL</u> PURCHASERS) ____ TRUST ____ BUSINESS TRUST ____ ESTATE ____ PARTNERSHIP ____ LIMITED PARTNERSHIP ____ LIMITED LIABILITY COMPANY ____ ASSOCIATION ____ CORPORATION ____ OTHER BUSINESS ENTITY ____ NONE OF THE ABOVE (Non-Business)	<b>(E) The CONTACT PERSON is a: ("X" one)</b> (Required if property is <u>currently</u> RESIDENTIAL RENTAL PROPERTY and PURCHASER is any business listed in Section (D)) ____ TRUSTEE (for Trust of Business Trust) ____ EXECUTOR OR ADMINISTRATOR (for Estate) ____ GENERAL PARTNER (for Partnership or Limited Partnership) ____ MEMBER, MANAGER or OFFICER (for Limited Liability Company) ____ ASSOCIATE (for Association) ____ MEMBER, MANAGER or OFFICER (for any other Business Entity)
<b>(F) PURCHASER'S principal place of business is located in: ("X" one)</b> _____ this County; _____ State of Ohio; . State of _____	

**(G) LOCAL CONTACT:**(Required if NOT **RESIDENTIAL RENTAL PROPERTY****and****PURCHASER** is any business entity listed in Section (D))

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

\_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_

Phone 1 (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone 1 (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(This person must be a natural person who is employed by the purchasing entity and whom the purchasing entity has designated to receive notices or inquiries about the property and whose office is in:

1. . . . this county, if principal place of business is in this county;
2. . . . in Ohio, If principal place of business is in Ohio;
3. . . . the principal place of business, if principal place of business is outside of Ohio.)

**(G) PROPERTY TO BE DEEDED TO:**(Required of ALL **PURCHASERS**)

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

\_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_

Phone 1 (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone 1 (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(\*\*NOTE\*\* Once this form is submitted to the court, changes to the deed may only be made with a court order.).

**\* \* NOTICE \* \***

This information must be obtained at the time of sale, shall be part of the sheriff's record of proceedings and shall be part of the record of the court of common pleas. The information is a public record and open to public inspection.

**APPENDIX T**

**PETITION FOR CERTIFICATE OF  
QUALIFICATION FOR EMPLOYMENT**



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

IN RE: \_\_\_\_\_

CASE NO:

ODRC ELECTRONIC  
PETITION NO:

JUDGE:

**PETITION FOR  
CERTIFICATE OF QUALIFICATION FOR EMPLOYMENT (R.C. 2953.25)**

The undersigned hereby petitions for a Certificate of Qualification for Employment with the Court of Common Pleas where the Petitioner resides. Petitioner claims to have suffered a collateral sanction that is related to employment or occupational licensing as a result of one or more convictions or pleas of guilty to an offense.

Respectfully Submitted,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number, if any

\_\_\_\_\_  
Email