

SAMPLE
DECREE OF DIVORCE
CHILDREN, SUPPORT AND SPOUSAL SUPPORT
(this is only a sample, not a "fill in the blank" form)
You must prepare your own Decree

COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
HAMILTON COUNTY, OHIO

Mary A. Smith : Case No. _____

Plaintiff : File No. _____

: CSEA# _____

-vs-

John R. Smith :

Defendant : **DECREE OF DIVORCE**

This cause came to be heard on (Date of hearing - Month, Day and Year) on the Complaint of (Insert plaintiff's name). The Court finds that there has been service of summons as provided by law, that (Insert plaintiff's or both parties' names) appeared personally at the hearing, that Plaintiff [was/was not (choose one)] represented by counsel and Defendant [was/was not (choose one)] represented and waived his/her right to counsel.

The Court finds that Plaintiff has been a resident of the State of Ohio for at least six (6) months and Hamilton County for at least ninety (90) days immediately prior to the filing of the complaint and the Court has full and complete jurisdiction to determine the case.

The parties were married in (Insert City and State where married) on (Insert date of marriage) and there were (# of Children) child[ren] born issue of their marriage, namely: (Insert child[ren]'s name and date of birth, and Wife is not now pregnant.

The Court finds that [state grounds for Divorce here] and that [Plaintiff and/or Defendant (choose one)] is entitled to a divorce as prayed for in the [Complaint or Answer and Counterclaim (choose one)].

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Court that a Decree of Divorce is hereby granted to the [Plaintiff and/or Defendant (choose one)], and the marriage relationship existing between the parties is hereby terminated and held for naught and both parties are hereby released and discharged from all obligations thereon.

IT IS FURTHER ORDERED THAT THE [Separation Agreement/Agreed Entry (choose one)] which is attached hereto is hereby incorporated into the Court's order and is a part of this Decree of Divorce as if fully rewritten. The parties acknowledge under oath that they have voluntarily entered into the [Separation Agreement/Agreed Entry (choose one)], that they have made full disclosure of all assets and liabilities, and that they understand the terms of said agreement.

IT IS FURTHER ORDERED that the (Insert name of residential parent) is the residential parent and legal custodian of the minor child[ren], (Insert names of child[ren]) and (Insert non-residential parent's name) shall have parenting time with said minor child[ren] in accordance with the Court's Standard Parenting Order, a copy of which is attached hereto. (OR OTHER DETAILED PARENTING TIME AGREEMENT/ORDER)

OR

IT IS FURTHER ORDERED that the parties have entered into a Shared Parenting Plan which has been submitted to and approved by the Court. Both parents shall be designated residential parent and legal custodian, with parenting time as outlined in the Decree of Shared Parenting, filed herewith.

IT IS FURTHER ORDERED that (Insert name of parent ordered to pay child support) (Obligor) shall pay as and for the support of the minor child[ren] the sum of \$(Insert Dollar Amount to pay) per month, per child, plus 2% processing charge, payable through The Office of Child Support of The Department of Jobs and Family Services for the parties' child[ren]. This order is effective (Insert date child support order begins) and is payable monthly in the total amount of \$(Insert total child support obligation), including the processing charge.

This support order amount is the same as that indicated on the signed and attached child support worksheet

OR

This support order amount is different from that indicated on the attached child support worksheet and the deviation is in the child(ren)'s best interest because: (state specific reasons).

Notwithstanding Section 3109.01 of the Revised Code, the parental duty of support to children, including the duty of a parent to pay support pursuant to a child support order shall continue beyond the child's eighteenth birthday only in accordance with Section 3119.86 of the Revised Code. The duty of support shall continue during seasonal vacations. The Obligor is responsible for making payments directly to The Office of Child Support of The Department of Jobs and Family Services until such time as a deduction order takes effect. Any payment made directly to the residential parent and not through The Office of Child Support of The Department of Jobs and Family Services shall be deemed a gift and not credited to the support account.

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 Chapters 3119, 3121, 3123, and 3125 of the Revised Code or a withdrawal directive issued pursuant to sections 3123.24 to 3123.38 of the Revised Code and shall be forwarded to the obligee in accordance with Chapters 3119, 3121, 3123 and 3125 of the Revised Code. A person and/or entity required to comply with withholding or deduction notices described in Section 3121.03 of the Revised Code shall determine the manner of withholding or deducting from the specific requirement included in the notices without the need for any amendment to the support order, and a person required to comply with an order described in sections 3121.03, 3121.04 to 3121.06 and 3121.12 of the Revised Code shall comply without need for any amendment to the support order. The withholding or deduction noticed and other orders issued under sections 3121.03, 3121.04 to 3121.06 and 3121.12 of the Revised Code, and the notices that require the obligor to notify the child support enforcement agency administering the support order of any change in the obligor's employment status or of any other change in the status of the obligor's assets, are final and enforceable by the court.

EACH PARTY TO THIS SUPPORT ORDER MUST NOTIFY THE CHILD SUPPORT ENFORCEMENT AGENCY IN WRITING OF HIS OR HER CURRENT MAILING ADDRESS, CURRENT RESIDENCE ADDRESS, CURRENT RESIDENCE TELEPHONE NUMBER, CURRENT DRIVER'S LICENSE NUMBER, AND OF 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 SUPPORT 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 A FIRST OFFENSE, \$100 FOR A SECOND OFFENSE, AND \$500 FOR EACH SUBSEQUENT OFFENSE. IF YOU ARE AN OBLIGOR OR OBLIGEE UNDER ANY CHILD 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 \$1,000 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.

IT IS FURTHER ORDERED THAT [Mother/Father (choose one)] shall maintain private health insurance for the parties' child/children so long as [he/she (choose one)]has accessible health insurance available for 5% or less of his/her gross annual income. A Qualified Medical Child Support Order [if no health insurance is available to either party, a Shared Liability Health Care Order] shall issue. This order shall remain in effect until the child reaches the age of eighteen (18) and no longer attends an accredited high school on a full-time basis unless otherwise ordered. Except in cases in which a child support order requires the duty of support to continue for any period after the child reaches age nineteen, the order shall not remain in effect after the child reaches age nineteen. A *Cash Medical Order* is attached and incorporated for all purposes.

IT IS FURTHER ORDERED that (Insert Plaintiff's or Defendant's name) shall pay spousal support in the amount of \$(Insert Dollar Amount to pay) per month for (Insert # of months) months, effective (Insert date spousal support shall begin), payable through the The Office of Child Support of The Department of Jobs and Family Services, plus 2% processing fee. The Court [shall/shall not (choose one)] retain jurisdiction over the term or the amount of this order.

IT IS FURTHER ORDERED that [each party shall retain all property presently held in his/her name or possession, free and clear of any claim by the other and shall be solely liable for any debts presently held in his/her name and hold the other harmless on same] or [property shall be divided pursuant to the attached Separation Agreement] or [repeat the property distribution as stated in a Magistrate's Decision-DO NOT ATTACH A MAGISTRATE'S DECISION TO THE DIVORCE DECREE]. (choose one method of property division)

(Insert Plaintiff's or Defendant's Name) shall be restored to her maiden name of (Insert name to be restored to).

[Insert name of person to be responsible to pay or ½ each] shall pay court costs.

Judge

Plaintiff

Defendant

Attorney

Attorney

REQUIRED FORMS FOR DECREE: (ORIGINAL + 4 COPIES)

- Divorce Decree
- Separation Agreement or Agreed Entry (if appropriate)
- Child Support Worksheet (form 7.5A or 7.6)
- Standard Parenting Order (if appropriate- form 2.7)
- Appropriate Health Care Order (7.17 if private health insurance is available- 7.20 if private health insurance is not available)
- Cash Medical Order (form 7.24)

IF SHARED PARENTING: (ORIGINAL + 4 COPIES)

- Divorce Decree
- Separation Agreement or Agreed Entry (if appropriate)
- Final Decree of Shared Parenting (form 2.3)
- Approved Shared Parenting Plan
- Child Support Worksheet (form 7.5A or 7.6)
- Standard Parenting Order (if appropriate- form 2.7)
- Appropriate Health Care Order (7.17 if private health insurance is available- 7.20 if not)
- Cash Medical Order (form 7.24)

ADDITIONAL FORMS: (1 COPY)

- SUPPORT ACCOUNT DATA FORM (CDR4905)
- COPY OF IV-D APPLICATION
- HEALTH CARE VERIFICATION (IF APPROPRIATE- FORM 7.21)