

COURT OF COMMON PLEAS

\_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_  
Plaintiff

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

Judge \_\_\_\_\_

v.

Magistrate \_\_\_\_\_

\_\_\_\_\_  
Defendant

**Instructions:** Check local court rules to determine when this form must be filed.  
This form is used to request temporary orders in your divorce or legal separation case. After a party serves a Motion and Affidavit, the other party has 14 days to file a Counter Affidavit and serve it on the party who filed the motion. **If more space is needed, add additional pages.**

MOTION AND AFFIDAVIT OR  COUNTER AFFIDAVIT  
FOR TEMPORARY ORDERS  
WITHOUT ORAL HEARING

Check one box below to show whether you are filing a (1) Motion and Affidavit or (2) Counter Affidavit.

(1) Motion and Affidavit

(Print Your Name) \_\_\_\_\_ files this Motion and Affidavit under Rule 75(N) of the Ohio Rules of Civil Procedure to request the temporary orders checked here.

- Check only those that apply.
- \_\_\_\_\_ Residential parenting rights (custody)
  - \_\_\_\_\_ Parenting time (visitation)
  - \_\_\_\_\_ Child support
  - \_\_\_\_\_ Spousal support (alimony)
  - \_\_\_\_\_ Payment of debts and/or expenses

THE OTHER PARTY HAS 14 DAYS FROM THE DATE ON WHICH THIS MOTION IS SERVED TO FILE A COUNTER AFFIDAVIT AND SERVE IT UPON THE PARTY WHO FILED THE MOTION. (See below.)

(2) Counter Affidavit

(Print Your Name) \_\_\_\_\_ files this Counter Affidavit in response to a Motion and Affidavit.



I have reached an agreement regarding parenting time with my spouse as follows:

---

---

I request that my spouse's parenting time (visitation) be supervised. (Explain--supervised parenting time order will NOT be granted if the reasons are not explained.)

---

---

Name of an appropriate supervisor \_\_\_\_\_

4.  A court or agency has made a child support order concerning the child(ren).

Name of Court/Agency \_\_\_\_\_

Date of Order \_\_\_\_\_

SETS No. \_\_\_\_\_

5. I request the Court to order my spouse to pay:

\$ \_\_\_\_\_ child support per month

\$ \_\_\_\_\_ spousal support per month

\$ \_\_\_\_\_ attorney fees, expert fees, court costs

The following debts and/or expenses:

---

---

Other

6.  I am willing to attend mediation.

I am not willing to attend mediation.

I request the following court services. (See local rules of court for available services.)

---

---

State specific reasons why court services are required.

---

---

**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:

**NOTICE OF HEARING**

(Check with local court for scheduling procedure.)

You are hereby given notice that this motion for temporary orders will be heard upon affidavits only, and without oral testimony, before Judge/Magistrate \_\_\_\_\_, Hearing Room \_\_\_\_\_, at \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ floor.

**CERTIFICATE OF SERVICE**

Check the boxes that apply.

I delivered a copy of my:  Motion and Affidavit or  Counter Affidavit

On: (Date) \_\_\_\_\_, 20\_\_\_\_

To: (Print name of other party's attorney or, if there is no attorney, print name of the party.)

\_\_\_\_\_  
At: (Print address or fax number.) \_\_\_\_\_

- By:  U.S. Mail  
 Fax  
 Messenger  
 Clerk of courts (if address is unknown)

\_\_\_\_\_  
Your Signature