

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

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

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

vs.

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

**PRETRIAL STATEMENT AND SETTLEMENT PROPOSAL**

**INSTRUCTIONS:** Each party is required to file a Pretrial Statement/Settlement Proposal no later than three days prior to the Pretrial. That pleading should contain the following information at a minimum, as applicable to the case.

Now comes \_\_\_\_\_ and makes the following Pretrial Statement and Settlement Proposal pursuant to Local Rule 20.10(D):

<b>STATUS OF DISCOVERY:</b>			
TYPE OF DISCOVERY	Not applicable	Completed	Needs to be done
Appraisals of any real estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appraisals of personal property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copies of the last three (3) years of federal income tax returns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balances due on all liabilities of either or both of the parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income information, including overtime for past three (3) years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copies of the most recent statements on all bank accounts, IRA's, CD's, stocks, mortgages or other assets for which the parties receive a statement;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension and profit-sharing plan information and valuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance information, including the cost of COBRA coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copies of deeds, vehicle registrations or titles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OTHER DISCOVERY INFORMATION:**

**DISPUTED FACTUAL OR LEGAL ISSUES:**

**WITNESS LIST FOR FINAL HEARING:**

**ESTIMATED LENGTH OF FINAL HEARING:**

**PROPOSAL FOR SETTLEMENT:**

**JURISDICTION AND VENUE:**  This Court has jurisdiction and venue to grant a final decree of divorce to the parties.  
 Jurisdiction and Venue is disputed.

**GROUND(S):** A divorce shall be granted in this case as follows:

- To Plaintiff on grounds of: \_\_\_\_\_  
 To Defendant on grounds of: \_\_\_\_\_

**ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES:**

**Sole Allocation of Parental Rights and Responsibilities:**       To Plaintiff       To Defendant  
OR

**Split Allocation of Parental Rights and Responsibilities:**

Plaintiff shall be Residential Parent and Legal Custodian of: \_\_\_\_\_

Defendant shall be Residential Parent and Legal Custodian of: \_\_\_\_\_  
OR

**Shared Parenting pursuant to the attached Proposed Shared Parenting Plan**

**PARENTING TIME:** Effective \_\_\_\_\_,  Plaintiff  Defendant shall have parenting time with the minor child(ren) as follows:

Pursuant to Local Rule 20 without modification

Pursuant to Local Rule 20 with the modifications contained on the attached Exhibit \_\_\_\_\_

As set forth on Exhibit \_\_\_\_\_

**CHILD SUPPORT:** Effective \_\_\_\_\_, the  Plaintiff  Defendant shall pay child support in the sum of \$ \_\_\_\_\_ per month, per child, for a total of \$ \_\_\_\_\_ per month, plus processing fee.

Said amount is calculated according to the Guidelines Worksheet attached as Exhibit \_\_\_\_\_.

Said amount represents a deviation from Guidelines which is appropriate for the following reasons:  
\_\_\_\_\_

**HEALTH EXPENSES:** The health expenses of the minor child(ren) shall be paid as follows:

\_\_\_\_\_. Any uninsured health expenses of the minor child(ren) shall be divided between the parties in the following percentages: Plaintiff \_\_\_\_ % and Defendant \_\_\_\_ %.

**HEALTH INSURANCE:**  Plaintiff and/or  Defendant shall carry health insurance on the minor child(ren), so long as it is available at a reasonable cost through his or her employment.  Neither party has health insurance available to them at the present time for a reasonable cost, but each party shall obtain insurance for the children in the future if it becomes available to him or her at a reasonable cost. A Dependent Health Care Order shall be issued in this case.

**TAX EXEMPTION(S) and CREDIT(S) FOR MINOR CHILD(REN):** The tax dependency exemption(s) and credit(s) for the minor child(ren) shall be allocated as follows:

\_\_\_\_\_  
If awarded, the nonresidential parent shall ONLY be entitled to take any tax exemption for a child allocated to him or her, so long as he or she is current in the payment of his or her child support obligation on or before January 31<sup>st</sup> of the year following the year for which the exemption will be claimed.

**TEMPORARY SUPPORT ARREARAGES:**

There is no temporary support arrearage issue in this case.

OR

The Obligor owes temporary support arrearages and those arrearages shall survive the final decree of divorce and be paid as follows:

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

**SPOUSAL SUPPORT:**

No spousal support shall be paid by either party to this case.

OR

Effective \_\_\_\_\_, the \_\_\_\_\_ shall pay spousal support to the \_\_\_\_\_ in the sum of \$ \_\_\_\_\_ per month, plus processing fee. Said spousal support order shall terminate upon the death of either party, the obligee's remarriage or cohabitation with an unrelated adult person of the opposite gender or \_\_\_\_\_.

The Court  shall/  shall not reserve jurisdiction over the  term and/or  amount of this spousal support order.

**COBRA HEALTH INSURANCE COVERAGE:**

Neither party will be obtaining COBRA health insurance through the other party's employment.

OR

The \_\_\_\_\_ shall pay for COBRA health insurance coverage on the \_\_\_\_\_ for a period of \_\_\_\_\_ from the date of the final decree of divorce.

OR

The \_\_\_\_\_ may maintain COBRA health insurance coverage through the \_\_\_\_\_'s current employment, at his or her own cost.

**SEPARATE PROPERTY:** Each party shall be awarded his or her separate property and shall pay his or her separate debt as follows:  See Exhibit \_\_\_\_\_ or

**To Plaintiff:**

**To Defendant:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**MARITAL PROPERTY DIVISION:** The parties' marital assets and debts should be divided as follows:  See Exhibit or

<u>Asset or Debt</u>	<u>Value or Balance</u>	<b>AWARD TO or PAID BY:</b>	
		<u>To Plaintiff</u>	<u>To Defendant</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<b>Totals</b>	\$ _____	\$ _____	\$ _____

**ATTORNEY FEES:**

Each party shall pay his or her own attorney fees for this case.  
OR  
 The \_\_\_\_\_ shall pay the sum of \$ \_\_\_\_\_ towards the \_\_\_\_\_ 's attorney fees. Said sum shall be paid as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAIDEN NAME:** The \_\_\_\_\_ maiden name  shall  shall not be restored. The maiden name is \_\_\_\_\_.

**RESTRAINING ORDERS:**

No permanent restraining orders shall issue in this case.  
OR  
 Mutual permanent restraining orders shall issue in the final decree of divorce prohibiting either party from harassing, molesting or interfering with the other party.

**OTHER ISSUES:**

See Exhibit \_\_\_\_\_  
OR  
 There are no other agreements between the parties.

**COURT COSTS:** Costs of this action shall be paid as follows:

By Plaintiff  By Defendant  Split between the parties equally.

\_\_\_\_\_  
Plaintiff/Defendant

\_\_\_\_\_  
Counsel for Plaintiff/Defendant

**CERTIFICATE OF SERVICE**

I hereby certify that a true copy of the foregoing Pretrial Statement and Settlement Proposal was served upon the opposing party or counsel for the opposing party this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Counsel or Party