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For Court Use Only
Date Submitted _____

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

PLAINTIFF

CASE NO. _____
JUDGE MARTIN
MAGISTRATE _____

VS.

DEFENDANT

**NEUTRAL EVALUATION
SPOUSAL SUPPORT BRIEF**

Submitting Party: _____

Date of NE Session: _____

Date of Marriage: _____

Date of Separation: _____

General Information:

Plaintiff

Defendant

Name: _____

Age: _____

Children of the Marriage

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

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Education

Describe your educational background and any earned degrees/certificate: (i.e. GED, high school graduate, college, etc.)

Are you currently enrolled in school/training: If so, please describe and provide anticipated date of completion:

Are you planning on enrolling in any school or training program within the next year? If so, please describe:

Employment

Are you currently employed? _____ Yes _____ No

If so, where do you work and how long have you been employed there (please include work address):

How much do you earn? (hourly rate and hours/week or salary)(please include any bonus, overtime or fringe benefits provided by your employer:

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Describe your work history during the marriage and list your approximate income throughout the course of your marriage. (i.e. worked full time at X Company for the last 2 years making \$50K and Y Company for 3 years before that making \$40K, did not work outside of home, etc.)

Do you expect any changes to your employment status within the next year? If so, please describe.

During the marriage was there ever a significant period of time where you were not employed or worked reduced hours? If so, please state the approximate dates and the reasons why (i.e. stayed home to care for children, etc.)

Health

Your general health: _____ Excellent _____ Good _____ Fair _____ Poor

List any significant health issues:

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Do any of the listed health issues affect your ability to work outside of the home? If so, please describe:

Monthly Personal Budget

Rent/Mortgage: _____
Property Insurance: _____
Property Taxes: _____
Car Payment: _____
Car Insurance: _____
Cable/Streaming: _____
Cell Phone/Internet: _____
Personal/Hygiene _____

Groceries: _____
Restaurants: _____
Utilities: _____
Prescriptions: _____
Entertainment: _____
Gas (car): _____
Savings: _____
Clothing: _____

Lifestyle

While you and your spouse lived together:

Size of your home (i.e. 3 bedroom, 1500 sq. feet):

How often did you buy/lease new cars?

How often did you go away on vacation?

Generally, where did you go on vacation?

Did you have a plan for saving for the future? If so, please describe. (i.e. We put \$150 per month away for retirement, children's college, etc.)

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Generally, how would you describe your lifestyle during the marriage?

Other Spouse

During your marriage, did you help your spouse with any education/training? If so, please describe:

Retirement/Separate Assets

Did you or your spouse earn any retirement benefits or contribute to any pension plans/Social Security during the marriage? If so, please describe.

Are there any specific assets/liabilities that you or your spouse plan to retain after the termination of your marriage? If so, please describe.

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Additional Information

Is there anything else that you believe affects the issue of whether spousal support should be ordered or the amount or length of spousal support to be paid? If so, please describe.

Do not attach any documents in support of your position. Please bring the documents supporting your position for the evaluator's review at the neutral evaluation session.

Respectfully submitted:

Signature of the Party

Signature of the Attorney

Printed name

Attorney

OSC#

Telephone #

Address

Telephone #

Fax #

Email

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Certificate of Service

I hereby certify that a copy of this form was served upon opposing counsel/party (if self-represented) on the _____ day of _____, by _____
(mail, fax, email, etc.).

Signature of Attorney/Self Represented
Litigant