

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

\_\_\_\_\_,  
**PLAINTIFF/PETITIONER 1**

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

**JUDGE MARTIN**

**vs.**

\_\_\_\_\_,  
**DEFENDANT/PETITIONER 2**

**DIVORCE/DISSOLUTION  
QUESTIONNAIRE**

<b>Type of Action:</b> <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Legal Separation <input type="checkbox"/> Annulment	
<b>1<sup>st</sup> Language:</b>	<b>Is interpreter required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Hearing Impaired?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is interpreter required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date of Marriage:</b>	<b>Date of Separation:</b>
<b>Place of Marriage:</b>	
<b>Parties Still Reside Together?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If no, who left home first?</b>

<b>CHILDREN FROM THIS MARRIAGE</b>					
<b>Name</b>	<b>DOB</b>	<b>Age</b>	<b>School</b>	<b>Grade</b>	<b>Resides With</b>

<b>REAL ESTATE</b>
<b>Owned by Plaintiff/Petitioner 1 Only:</b>
<b>Owned by Defendant/Petitioner 2 Only:</b>
<b>Joint Holdings:</b>

**PLAINTIFF/PETITIONER 1**

Address:				Phone:	
Race:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other _____	Height:	Weight:	Hair Color:	Eye Color:
DOB:		Currently Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, due date:			
Birthplace:					
Length of Residence in OH:			Length of Residence in Greene Co:		

**EDUCATION**

Name of School	Years Attended	Degree Obtained	Type of Degree
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMPLOYMENT**

Employer:		Job Title:	
Active Duty: <input type="checkbox"/> Yes <input type="checkbox"/> No	Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Income: \$	

**PUBLIC ASSISTANCE**

Currently Receiving Public Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Application Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, assistance type: <input type="checkbox"/> Cash Grant <input type="checkbox"/> Medical	

**PRIOR DIVORCES/DISSOLUTIONS**

Date	Case #	Place

**CHILDREN FROM PRIOR MARRIAGES/RELATIONSHIPS**

Name	Age	Reside With You?	Support Paid?	Support Received?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**DEFENDANT/PETITIONER 2**

Address:				Phone:	
Race:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other _____	Height:	Weight:	Hair Color:	Eye Color:
DOB:		Currently Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, due date:			
Birthplace:					
Length of Residence in OH:			Length of Residence in Greene Co:		

**EDUCATION**

Name of School	Years Attended	Degree Obtained	Type of Degree
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMPLOYMENT**

Employer:		Job Title:	
Active Duty: <input type="checkbox"/> Yes <input type="checkbox"/> No	Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Income: \$	

**PUBLIC ASSISTANCE**

Currently Receiving Public Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Application Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, assistance type: <input type="checkbox"/> Cash Grant <input type="checkbox"/> Medical	

**PRIOR DIVORCES/DISSOLUTIONS**

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**CHILDREN FROM PRIOR MARRIAGES/RELATIONSHIPS**

Name	Age	Reside With You?	Support Paid?	Support Received?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No