

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

_____ Case No. _____
Plaintiff

vs. Judge _____

_____ Magistrate _____
Defendant

<p>WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.</p> <p>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, the other party has 14 days to file a Response or Counter Motion for Temporary Orders upon Oral Hearing and serve it on the party who filed this Motion. <u>The Court requires additional documentation to support your income and expenses which you should bring to the Hearing as Exhibits. If more space is needed, add additional pages.</u></p>

MOTION FOR TEMPORARY ORDERS UPON ORAL HEARING

1. _____ (name), the Movant, files this Motion under Civ.R. 75(N) and/or under R.C. §3109.043 to request the temporary orders checked here.

Check only those that apply.

- Exclusive Use Marital Residence
- Residential parenting rights (custody)
- Parenting time (companionship or visitation)
- Child Support
- Spousal Support (if married)
- Payment of debts and/or expenses

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

Complete the following information (Check all that apply)

2. State if there is an Order for any of the following between the Movant and the other party:

- Civil Protection Order
- Temporary Protection Order
- No Contact Order
- If so, Court _____ Case No. _____ Exp. Date _____

3. Movant requests _____ vacate marital residence.
- The parties are living separately. Date of separation is _____.
- The parties have no minor children. *(Skip to number 8)*
- The parties have (a) minor child(ren) who was/were born from or adopted during this relationship.
(List child(ren) here)

Name	Date of birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the child/children is/are not currently in the custody of a parent:

- Non-Parent Individual /or Relative (name/relationship:) _____
- Agency (name:) _____

In addition to the above child(ren):

- Movant has _____ other biological or adopted minor child(ren).
- Other party has _____ other biological or adopted minor child(ren).
- There is/are _____ adult(s) in Movant's household.

4. Movant's child(ren) attend(s) school in:

- _____ public school district
- Other: (Explain) _____
- All children do not attend school in the same district (Explain)

5. Movant requests to be named the temporary residential parent and/or legal custodian of the child(ren): *(Specify child(ren) if request is not for all child(ren)).*

- Movant does not object to the other parent or party being named the temporary residential parent and/or legal custodian of the child(ren): *(Specify child(ren) if request is not for all child(ren)).*

6. Movant has reached an agreement regarding parenting time (companionship or visitation) with the other parent or party as follows:

- Movant wishes to exercise the following parenting time (companionship or visitation):

- Movant wishes for the other parent or party to exercise the following parenting time (companionship or visitation):

- Movant requests that the other parent or party's parenting time (companionship or visitation) be supervised: *(Explain the reason for request.)*

Name of an appropriate supervisor _____

7. A Court or agency has made a child support order concerning the child(ren):

Name of Court/Agency _____

Date of Order _____

SETS No. _____

8. Movant requests the following Court services (*See local rules of Court for available services.*)

- Mediation
- Family Court Services Evaluation
- Guardian *ad litem*
- Parent Coordinator
- Parenting App (Our Family Wizard, TalkingParents, AppClose, etc.)
- Drug Testing

(Reason:) _____

State specific reasons why Court services are required.

9. Is private health insurance currently provided:

- YES: Government-assisted health care (Healthy Start/Medicaid)
 Health insurance through a group (employer or other organization)
 Costs and paid by whom: _____

Individuals covered:

- Movant Other Party Child/ren

- NO

10. Fixed Expenses

- A. Rent /mortgage /insurance _____
- B. Auto payment _____
- C. Auto insurance _____
- D. Utilities _____
- E. Cell phone _____

11. Movant requests the Court to order the other parent or party to pay:

- \$ _____ child support per month
- \$ _____ spousal support per month (only if married)
- \$ _____ attorney fees, expert fees, Court costs
- The following debts and expenses:

- Other: _____

Attorney or Self Represented Party Signature

Printed Name

Address

City, State, Zip

Phone Number

Fax Number

Supreme Court Reg. No. (if any)

NOTICE OF HEARING

(Please contact the Domestic Relations Scheduling Department at **330-643-2365** to obtain a hearing date and time).

You are hereby given notice that this Motion for Temporary Orders will come before the Court for consideration before Magistrate _____, at _____ a.m./p.m. on _____, 20____.

CERTIFICATE OF SERVICE

(Check the boxes that apply)

I delivered a copy of the foregoing Motion 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) _____

By: As instructed in the SERVICE REQUEST [from drcourt.org/wp/forms] filed with the Summit County Clerk of Courts

Regular U.S. Mail

Hand Delivery

Other: _____

Signature

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