

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):

STATUS OF DISCOVERY:			
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 _____ % 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.

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>	AWARD TO or PAID BY:	
		<u>To Plaintiff</u>	<u>To Defendant</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Totals	\$ _____	\$ _____	\$ _____

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