

Common Pleas Court of Montgomery County, Ohio
DOMESTIC RELATIONS DIVISION
Secondary Party Questionnaire

A2 B2 C2 D2

Judge _____

Case No. _____

Action: Divorce Annulment Legal Separation Dissolution Is a party pregnant? No Yes: Due Date ___/___/___

Plaintiff/Petitioner 1: _____
Last Name First Name Middle Name

Attorney Name Street Address City State Zip () - Area Code / Phone #

Defendant/Petitioner 2: _____
Last Name First Name Middle Name

Attorney Name Street Address City State Zip () - Area Code / Phone #

Place of Marriage:

Marriage Date: ___/___/___ **City:** _____ **State:** _____ **Country:** _____

Cohabiting at present: Yes No: **Date Separated:** ___/___/___ **Who left first:** _____
(Name)

Children of Present Marriage: contract or expand as needed

Name	D.O.B.	Age	Sex	SS#	School (Name)	Grade	Living With
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Other Children Not of This Marriage: contract or expand as needed

Name	D.O.B.	Age	Sex	Residing with Parent of this marriage?	Child Support Paid / Received?
1					
2					
3					
4					

Real Estate:

Joint Holdings: _____

Plaintiff/Petitioner One: _____

Defendant/Petitioner Two: _____

IF MORE THAN ONE "REAL ESTATE" HOLDING EXPAND FOR EACH

DEMOGRAPHICS / SOCIAL HISTORY

Defendant/Petitioner 2: _____
Last Name First Name Middle Name

Street Address City County State Zip

Maiden Name / Alias SSN DOB Age

Phone # (____) ____ - ____ Additional phone # (____) ____ - ____ EMAIL: _____
Area Code / Phone # Area Code / Phone #

___ Check here if Interpreter needed for Defendant/Petitioner 2 Language required: _____

Defendant/Petitioner 2 a resident of: Ohio for over 6 months: yes/no and Montgomery County for 90 days: yes/no

Defendant/Petitioner 2 birthplace: _____
City State / Country

Number of Prior Marriages of Defendant/Petitioner 2: _____

Current Court Cases for Defendant/Petitioner 2:

___ Bankruptcy Case # _____ Location: _____

___ DV Case# # _____ Location: _____

Other Legal Cases: _____

Education (Years Completed by Defendant/Petitioner 2)

___ High School ___ Check here if G.E.D. ___ College ___ Post-Graduate Degree/Other: _____

Occupation / Employer of Defendant/Petitioner 2

Receiving Public Assistance? Yes ___ No ___ Pending application ___ Retired? Yes ___ No ___

Military? Yes ___ No ___, if yes: Branch: _____ Active Duty: Yes ___ No ___ Reservist: Yes ___ No ___
Stationed: _____ Deployed: yes/no: if yes: location: _____

Currently Employed? Yes ___ No ___

Employer Name: _____

Position: _____ Work Hours: _____ Work Phone (____) ____ - _____
Area Code / Phone

Payroll Address: _____

Gross Earnings Per Year: \$ _____ (employment) \$ _____ (pension)

IF MORE THAN ONE "EMPLOYER" EXPAND FOR EACH

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Physical Description of Defendant/Petitioner 2

Sex _____ Height _____ Weight _____ Hair Color _____ Eye Color _____ Race _____