

**IN THE COURT OF COMMON PLEAS**  
**DOMESTIC RELATIONS**      **Division**  


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**MONTGOMERY**                      **COUNTY, OHIO**

Name	:	
	:	Case No. _____
Street Address	:	
	:	Judge _____
City, State and Zip Code	:	
Plaintiff	:	
	:	
vs.	:	
	:	
Name	:	
Street Address	:	
City, State and Zip Code	:	
Defendant	:	

**Instructions:** This form is used to request an Annulment if you and your spouse do not have (a) child(ren), adult child(ren) attending high school, or child(ren) with disabilities. Check to determine if you meet the residency requirement to file in this county. A Request for Service (Uniform Domestic Relations Form 28) must be filed with this form.

**COMPLAINT FOR ANNULMENT**

I, the Plaintiff, for this Complaint say:

1. I have been a resident of the State of Ohio for at least six months.

2.  I have been a resident of \_\_\_\_\_ County for at least 90 days immediately before the filing of this Complaint; or  
 The Defendant resides in \_\_\_\_\_ County where this Complaint is filed.
3. The Defendant and I were married to one another on \_\_\_\_\_ (date of marriage) in \_\_\_\_\_ (city or county, and state).
4. I state regarding child(ren) (check all that apply):  
 No party is currently pregnant.  
 No children were born or adopted during the marriage.
5. I state the following grounds for Annulment exist (check all that apply):  
 The party was underage.  
 The Defendant has a spouse still living and the marriage is still in force (bigamy).  
 One of the party's has been adjudged mentally incompetent.  
 Fraud.  
 Consent of Marriage was obtained by force (duress).  
 Marriage was never consummated.
6. The Defendant and I  are  are not joint owners of  real estate and/or  personal property.

I request that an annulment be granted from the Defendant, that the Court determine an equitable division of debts and property, and as follows that (check all that apply):

- The Defendant be ordered to pay me spousal support.  
 I be restored to my prior name of: \_\_\_\_\_  
 The Defendant be required to pay attorney fees.  
 The Defendant be required to pay the court costs of the proceeding.  
 The Court make the following additional orders: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

and that the Court grant such other and further relief as the Court may deem proper.

\_\_\_\_\_  
 Your Signature

\_\_\_\_\_  
 Telephone number at which the Court may reach you  
 or at which messages may be left for you