

COURT OF COMMON PLEAS
COLUMBIANA COUNTY
DOMESTIC RELATIONS
CASE DESIGNATION FORM

PLEASE TYPE

Case No. _____
Judge _____

Please list any Pending, closed or previously filed and dismissed Domestic Relations' Case(s) between the parties, list case number and judge:

I certify that to the best of my knowledge the within case is not related to any now pending or previously filed, except as noted above.

- ANNULMENT
- APPLICATION TO ESTABLISH FAMILY CASE
- APPLICATION TO ADOPT ADMINISTRATIVE ORDER
- DISSOLUTION - CHILDREN
- DISSOLUTION - NO CHILDREN
- DIVORCE - CHILDREN
- DIVORCE - NO CHILDREN

- DOMESTIC VIOLENCE
- DATING VIOLENCE
- LEGAL SEPARATION - CHILDREN
- LEGAL SEPARATION - NO CHILDREN
- UCCJEA - PARENTING REGISTRATION
- UIFSA - PATERNITY ESTABLISHMENT
- UIFSA - SUPPORT ESTABLISHMENT
- UIFSA - SUPPORT REGISTRATION

Service: Certified Mail Waiver Personal Publication

Plaintiff's Length of Residence In: Columbiana County _____ Ohio _____

PARTY 1			PARTY 2		
FULL NAME:			FULL NAME:		
ALIAS NAME:			ALIAS NAME:		
DATE OF BIRTH:			DATE OF BIRTH:		
NUMBER OF THIS MARRIAGE:			NUMBER OF THIS MARRIAGE:		
ADDRESS:			ADDRESS:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
HOME PHONE:	CELL PHONE:		HOME PHONE:	CELL PHONE:	
EMAIL:			EMAIL:		

DATE OF MARRIAGE: _____ PLACE OF MARRIAGE: _____

CHILDREN'S NAMES:	M	F	DATE OF BIRTH:	AGE
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Attorney of Record (Print or Type) _____

Signature _____

Ohio Supreme Court Registration Number _____

Email Address _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone _____

Cell Phone _____

Witness: _____ Address: _____

(COURT USE ONLY)

SET FOR HEARING / /

DATE OF FINAL JOURNAL ENTRY _____

MISCELLANEOUS NOTES: