

COURT OF COMMON PLEAS  
DIVISION OF DOMESTIC RELATIONS  
HAMILTON COUNTY, OHIO

\_\_\_\_\_  
Plaintiff

Case No. \_\_\_\_\_

-vs-

File No. \_\_\_\_\_

Date Filed with Docket Office: \_\_\_\_\_

\_\_\_\_\_  
Defendant

Initialed By Docket Office: \_\_\_\_\_

Judge \_\_\_\_\_

**NOTICE OF SERVICE**

TO BE FILED WITH THE CLERK OF COURTS BY THE INITIATING PARTY IN ALL RULE 75(N) PROCEEDINGS NO SOONER THAN 15 DAYS FOLLOWING COMPLETION OF SERVICE OR SUBSEQUENT TO THE FILING OF A COUNTERAFFIDAVIT - WHICHEVER OCCURS FIRST.

**PLEASE COMPLETE FULLY AND ACCURATELY**

1. Pleading, motion, affidavit filed on \_\_\_\_\_.
2. Service was perfected upon the opposing party on \_\_\_\_\_  
(date)  
by: \_\_\_\_personal service, \_\_\_\_certified mail  
\_\_\_\_certified mail returned, regular mail sent (date) \_\_\_\_\_.  
(yes/no returned)  
\_\_\_\_certified mail refused, regular mail sent (date) \_\_\_\_\_.  
\_\_\_\_residence service.  
\_\_\_\_service upon opposing counsel pursuant to Ohio Civil Rule 5.  
\_\_\_\_service by publication
3. A Counteraffidavit \_\_\_\_\_ been filed.
4. **THE TEMPORARY ORDER SHALL BE MAILED TO:  
(include NAME, ADDRESS AND TELEPHONE NUMBER).**

\_\_\_\_\_  
(Plaintiff) or Counsel

\_\_\_\_\_  
(Defendant) or Counsel

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

Respectfully submitted: \_\_\_\_\_

Attorney/Party

**COURT OF DOMESTIC RELATIONS**

NEW ACCT  
NEW EMPLOYER  
NEW ADDRESS

Case # \_\_\_\_\_ Judge \_\_\_\_\_ Magistrate \_\_\_\_\_ CSEA # \_\_\_\_\_  
Court File Folder No. \_\_\_\_\_ Hearing Date \_\_\_\_\_

Plaintiff /Petitioner Obligor/AP Obligee/CP  
Name Last \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_  
SSN \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

**MAILING ADDRESS**

C/O \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_  
Driver's License \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**RESIDENTIAL ADDRESS**

C/O \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell # \_\_\_\_\_ Cell Carrier \_\_\_\_\_ Marital Status \_\_\_\_\_  
Email: \_\_\_\_\_

Defendant/Petitioner Obligor/AP Obligee/CP  
Name Last \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_  
SSN \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

**MAILING ADDRESS**

C/O \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_  
Driver's License \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**RESIDENTIAL ADDRESS**

C/O \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell # \_\_\_\_\_ Cell Carrier \_\_\_\_\_ Marital Status \_\_\_\_\_  
Email: \_\_\_\_\_

**EMPLOYER / WITHHOLDER HEADQUARTERS MAILING ADDRESS**

Co. Name \_\_\_\_\_ Phone \_\_\_\_\_  
C/O \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EMPLOYEE WORK ADDRESS**

Co. Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Emp. Beg Date \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH CARE INFORMATION**

Health Care Name \_\_\_\_\_  
Policy # \_\_\_\_\_ Eff. Date \_\_\_\_\_

**EMPLOYER / WITHHOLDER HEADQUARTERS MAILING ADDRESS**

Co. Name \_\_\_\_\_ Phone \_\_\_\_\_  
C/O \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EMPLOYEE WORK ADDRESS**

Co. Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Emp. Beg Date \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH CARE INFORMATION**

Health Care Name \_\_\_\_\_  
Policy # \_\_\_\_\_ Eff. Date \_\_\_\_\_

**CHILDREN INFORMATION**

Last Name	First	Middle	Sex	SSN	DOB	Emancipation Date	Code	Relationship to Oblige	Pat. Estab.	Paternity. Estab Date	JCT Doc #	Out Of Wedlock