

**IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY, OHIO  
DOMESTIC RELATIONS DIVISION**

PLAINTIFF	:	CASE NO. _____
ADDRESS	:	
CITY, STATE, ZIP CODE	:	
vs	:	
DEFENDANT	:	JUDGE _____
ADDRESS	:	
CITY, STATE, ZIP CODE	:	<b>COMPLAINT FOR LEGAL SEPARATION</b>
	:	

1. Plaintiff has been a resident of the State of Ohio for at least six (6) months and a resident of Delaware County for more than ninety (90) days immediately prior to filing this Complaint.

2. Plaintiff and Defendant were married on \_\_\_\_\_, in \_\_\_\_\_, \_\_\_\_\_.

3. There is/are \_\_\_\_\_ child(ren) born as issue of this marriage, whose name(s) and date(s) of birth is/are as follows:

_____	(DOB _____)	_____	(DOB _____)
_____	(DOB _____)	_____	(DOB _____)
_____	(DOB _____)	_____	(DOB _____)

and the wife  is  is not pregnant.

4. Plaintiff seeks legal separation on the following ground(s):

- Plaintiff and Defendant have lived separate and apart without interruption and without cohabitation for at least one year.
- Plaintiff and Defendant are incompatible.
- Defendant has been guilty of the following:
  - Gross Neglect of Duty
  - Extreme Cruelty
  - Adultery
  - Bigamy
  - Habitual Drunkenness
  - Willful Absence of one year or more
  - Imprisonment at the time of filing the Complaint
  - Fraudulent Marriage Contract

5. Plaintiff and Defendant:

- do not own any real property
- own real property located at:

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6. Plaintiff and Defendant have acquired certain personal property during the marriage.

- This property has been divided.
- The following property has not been divided

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7. Plaintiff and Defendant

- have no debts
- have the following debts:

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**WHEREFORE**, Plaintiff asks that **he/she** be granted a legal separation from the Defendant, and that **he/she** be granted the following relief:

- Allocation of parental rights and responsibilities or  shared parenting
- Child support including medical support;
- Spousal support;
- Ownership of the real property located at \_\_\_\_\_;
- An equitable division of personal property and/or debts;
- Restoration of maiden name \_\_\_\_\_;

and that **he/she** be awarded such other relief as the Court finds fair, just and equitable, including that the cost of this action be paid by Defendant.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
DAYTIME TELEPHONE NUMBER