

GENERAL DIVISION
Court of Common Pleas, Miami County, Ohio

	vs.		No.
Plaintiff		Defendant	

**PERSONAL HISTORY OF PARTIES
TO DIVORCE ACTION OR
DISSOLUTION OF MARRIAGE**

Date of Marriage _____	Date of Separation _____
Place of Marriage _____	Who First Left Home _____

The number of this Marriage: Husband 1 2 3 4 5 Wife 1 2 3 4 5

Have there been actions previously filed to dissolve this marriage?

No Yes If so, where? _____ When? _____

By whom? _____ Disposition? _____

HUSBAND

Race _____	Age _____	Birthplace _____	Time of Residence _____	Church Member Yes <input type="checkbox"/> No <input type="checkbox"/>	Social State Prior to This Marriage Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>
		Date of Birth _____	County _____ State _____		
Weekly Earnings Gross _____ Net _____		Occupation _____ Employer _____ Address _____		Condition Mental _____ Physical _____	
Average monthly earnings for past 6 months. (Gross) \$ _____					
Other income and from what sources _____					

WIFE

Race _____	Age _____	Birthplace _____	Time of Residence _____	Church Member Yes <input type="checkbox"/> No <input type="checkbox"/>	Social State Prior to This Marriage Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>
		Date of Birth _____	County _____ State _____		
Weekly Earnings Gross _____ Net _____		Occupation _____ Employer _____ Address _____		Condition Mental _____ Physical _____	
Average monthly earnings for past 6 months. (Gross) \$ _____					
Other income and from what sources _____					

HOME: Owned _____ Balance due on Mortgage \$ _____

Monthly Mortgage Payment \$ _____ to _____

Rented _____ Monthly rent payments \$ _____ to _____

Mortgages on Personal Property, balance due, amount of payment and to whom: _____

Other indebtedness: Names of Creditors and Amounts: _____

	Name	Age	Sex	Date of Birth	Name of Occupation or School	Earnings or Grade	Health Condition	Living With
Children of Present Marriage								
Children of Husband								
Children of Wife								

Is either party in Military Service? Yes No Husband _____ Wife _____

Describe any major health problems of any family member:

State of Ohio, County of Miami 55:

_____ herein, being first duly sworn says that the facts stated herein are true as _____ verily believes.

Sworn to before me and subscribed in my presence this _____ day of _____ 20 _____

Notary Public