

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

Plaintiff)	CASE NO.
)	
vs.)	JUDGE JULIE A. SCHAFER
)	
Defendant)	<u>TRIAL BRIEF</u>

Plaintiff / Defendant in the above-entitled action states as follows:

FACTUAL ISSUES

STIPULATIONS:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

FACTS IN DISPUTE:

1. Issue: _____
 Plaintiff's position: _____
 Defendant's position: _____
2. Issue: _____
 Plaintiff's position: _____
 Defendant's position: _____
3. Issue: _____
 Plaintiff's position: _____
 Defendant's position: _____
4. Issue: _____
 Plaintiff's position: _____
 Defendant's position: _____
5. Other: _____

ALLOCATION OF PARENTAL RIGHTS

1. ALLOCATION OF RESIDENTIAL PARENT:

Plaintiff's position: _____

Defendant's position: _____

2. ISSUES RE: SHARED PARENTING:

Plaintiff's position: _____

Defendant's position: _____

3. ISSUES RE: PARENTING TIME:

Plaintiff's position: _____

Defendant's position: _____

4. ISSUES RE: CHILD SUPPORT: [attach proposed child support worksheet]

Plaintiff's position: _____

Defendant's position: _____

5. ISSUES RE: HEALTH INSURANCE/DEPENDENCY TAX EXEMPTION:

Plaintiff's position: _____

Defendant's position: _____

Name and address of current health insurance provider: _____

Allocation of unreimbursed medical expenses: _____

ALLOCATION OF PROPERTY

AGREED DISPOSITIONS:

	<u>Item</u>	<u>Value</u>	<u>Allocation</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

PROPERTY IN DISPUTE:

	<u>Item</u>	<u>Value</u>	<u>Source</u>
1.	_____	_____	_____
	Plaintiff's position: _____		

2.	Defendant's position:	_____	_____	_____
	Plaintiff's position:	_____	_____	_____
3.	Defendant's position:	_____	_____	_____
	Plaintiff's position:	_____	_____	_____
4.	Defendant's position:	_____	_____	_____
	Plaintiff's position:	_____	_____	_____
5.	Defendant's position:	_____	_____	_____
	Plaintiff's position:	_____	_____	_____
6.	Defendant's position:	_____	_____	_____
	Plaintiff's position:	_____	_____	_____

ALLOCATION OF PENSION/RETIREMENT ASSETS

AGREED DISPOSITIONS:

	<u>Item</u>	<u>Value</u>	<u>Allocation</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

PENSION/RETIREMENT ASSETS IN DISPUTE:

	<u>Item</u>	<u>Value</u>	<u>Source</u>
1.	_____	_____	_____
	Plaintiff's position:	_____	_____
	Defendant's position:	_____	_____
2.	_____	_____	_____
	Plaintiff's position:	_____	_____
	Defendant's position:	_____	_____
3.	_____	_____	_____
	Plaintiff's position:	_____	_____
	Defendant's position:	_____	_____

4. _____
Plaintiff's position: _____
Defendant's position: _____
5. _____
Plaintiff's position: _____
Defendant's position: _____
6. _____
Plaintiff's position: _____
Defendant's position: _____

ALLOCATION OF DEBT

AGREED DISPOSITIONS:

	<u>Account</u>	<u>Debt</u>	<u>Allocation</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

DEBT IN DISPUTE:

	<u>Account</u>	<u>Debt</u>	<u>Source</u>
1.	_____	_____	_____
	Plaintiff's position: _____		
	Defendant's position: _____		
2.	_____	_____	_____
	Plaintiff's position: _____		
	Defendant's position: _____		
3.	_____	_____	_____
	Plaintiff's position: _____		
	Defendant's position: _____		
4.	_____	_____	_____
	Plaintiff's position: _____		
	Defendant's position: _____		
5.	_____	_____	_____
	Plaintiff's position: _____		
	Defendant's position: _____		
6.	_____	_____	_____

Plaintiff's position: _____
Defendant's position: _____

SPOUSAL SUPPORT

Plaintiff's position: _____

Defendant's position: _____

Relevant Information: _____

Length of Marriage: _____

Education of parties: _____

Health of parties: _____

Other: _____

CONCLUSION

Statement with legal support for relief sought: _____

RESPECTFULLY SUBMITTED:

Signature

Name and Attorney Registration No.

Address

Telephone

EMAIL ADDRESS

CERTIFICATE OF SERVICE

This is to certify that a copy of this *Trial Brief* was served by regular U.S. mail, postage prepaid / by electronic mail / by hand-delivery this ____ day of _____, 20____, to the following person(s) and at the following (email) address(es):

Signature

Date