**IN THE COURT OF COMMON PLEAS**

**DOMESTIC RELATIONS DIVISION**

**MEDINA COUNTY OHIO**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | |  | **)** |  | **CASE NO.** |
|  | **Plaintiff** | | | **)** |  |  |
|  | | |  | **)** |  | **JUDGE JULIE A. SCHAFER** |
| **vs.** | |  | | **)** |  |  |
|  | | |  | **)** |  |  |
|  | | |  | **)** |  | **TRIAL BRIEF** |
|  | **Defendant** | | | **)** |  |  |

**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:** | |  |  | |  | |  | | |  |
|  | **Item** | | |  | | **Value** | |  | **Allocation** | |
| 1. |  | | |  | |  | |  |  | |
| 2. |  | | |  | |  | |  |  | |
| 3. |  | | |  | |  | |  |  | |
| 4. |  | | |  | |  | |  |  | |
| 5. |  | | |  | |  | |  |  | |
| 6. |  | | |  | |  | |  |  | |

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| **Property in Dispute:** | | | | | | |
|  | **Item** | |  | **Value** |  | **Source** |
| **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 PENSION/RETIREMENT ASSETS**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agreed Dispositions:** | |  |  | |  | |  | | |  |
|  | **Item** | | |  | | **Value** | |  | **Allocation** | |
| 1. |  | | |  | |  | |  |  | |
| 2. |  | | |  | |  | |  |  | |
| 3. |  | | |  | |  | |  |  | |
| 4. |  | | |  | |  | |  |  | |
| 5. |  | | |  | |  | |  |  | |
| 6. |  | | |  | |  | |  |  | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Pension/Retirement Assets in Dispute:** | | | | | | |
|  | **Item** | |  | **Value** |  | **Source** |
| **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:** | |  |  | |  | |  | | |  |
|  | **Account** | | |  | | **Debt** | |  | **Allocation** | |
| 1. |  | | |  | |  | |  |  | |
| 2. |  | | |  | |  | |  |  | |
| 3. |  | | |  | |  | |  |  | |
| 4. |  | | |  | |  | |  |  | |
| 5. |  | | |  | |  | |  |  | |
| 6. |  | | |  | |  | |  |  | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Debt in Dispute:** | | | | | | |
|  | **Account** | |  | **Debt** |  | **Source** |
| **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:** |  |
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| --- |
| 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):

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**Signature Date**