

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

Plaintiff	)	CASE NO.
	)	
vs.	)	JUDGE MARY KOVACK
	)	
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: _____		
	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:**

	<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**