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

	CASE NO.	
PLAINTIFF/PETITIONER 1		
	JUDGE PAULA	C. GIULITTO
vs.		
	MILITARY SER	VICE AFFIDAVIT
DEFENDANT/PETITONER 2/RESPONI		
	* * *	
Now comes	, affiant herein, and being fi	rst duly sworn, states as
follows:		
because:Name	Date of Birth	Social Security Number (Show only the last 4 digits of
		full number entered on the website)
		XXX-XX-
A certificate from the Department of Defens (NOTE: The Servicemembers Civil Relief Act Website certificates are not installed on your computer, you may the website. Members of the Ohio National Guard under another state under an order of the governor of that state	is a website maintained by the Department of experience security alerts from your internet brown an order of the Governor of this State and m	Defense (DoD). If DoD security owser when you attempt to access members of the National Guard of
□ is or	is on active duty in the United States military service.	
□ is no	ot now on active duty in the United Stat	tes military service.
☐ I am unable to determine whether or not States military service because:		

NOTE: The term "military service" includes the following: active duty service as a member of the United States Army, Navy, Air Force, Marine Corps, or Coast Guard; service as a member of the National Guard under a call to active service authorized by the President or the Secretary of Defense for a period of more than 30 consecutive days for purposes of responding to a national emergency; active service as a commissioned officer of the Public Health Service or of the National Oceanic and Atmospheric Administration; any period of service during which a servicemember is absent from duty on account of sickness, wounds, leave, or other lawful cause. 50 U.S.C. 3911(2). The term "military service" also includes the following: State active duty as a member of the Ohio National Guard under an order of the Governor for a period of more than 30 consecutive days.

OATH OR AFFIRMATION (Do not sign until Notary Public is present.)

	, swear or affirm that I have read this Affidavit and, to the best of mainformation stated in this Affidavit are true, accurate, and complete. th, I may be subject to penalties for perjury.	
		Affiant Signature
STATE OF)) SS	
COUNTY OF)	
Sworn to or affirmed before me by _		thisday of,,
		Signature of Notary Public
(Affix seal here)		Printed Name of Notary Public
(121111 3441 11414)		Commission Expiration Date: