

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

Plaintiff/Petitioner (1)
SS# _____ DOB _____
Address: _____

Case No. _____

-vs-/-and-

JUDGE _____

Defendant/Petitioner (2)
SS# _____ DOB _____
Address: _____

AFFIDAVIT OF INCOME, EXPENSES, HEALTH
INSURANCE, FINANCIAL DISCLOSURE AND
CHILD CUSTODY INFORMATION

STATE OF OHIO, SS:

Now comes _____, affiant herein, and having been duly cautioned and sworn, states that he/she has been advised that this affidavit may be used for any or all of the following purposes: (1) to make complete disclosure of affiant's income, assets, liabilities and expenses; (2) to assist in determining orders of support when applicable or any changes thereto; (3) to provide for the issuance of the appropriate withholding order for support; and (4) to provide for the issuance of the appropriate health coverage order(s).

_____ I do not request a temporary order.

_____ I request a temporary order for _____ custody, _____ child support, and/or _____ spousal support.

_____ A Domestic Violence Order under Case No. _____ currently is in effect.

GROSS YEARLY INCOME

SECTION A

PLAINTIFF/PETITIONER (1) _____ Yes _____ No Employed? DEFENDANT/PETITIONER (2) _____ Yes _____ No

\$ _____ Actual or Estimate Base Yearly Wages Actual or Estimate \$ _____
(Indicate if Income is Actual or Estimate)

\$ _____ Yearly Average Overtime, Commissions & Bonus Income \$ _____
(Average of Past Three Years)

Employer
Payroll Address
City, State, Zip

12 24 26 52 Scheduled Paychecks Per Year 12 24 26 52
(Circle appropriate number)

\$ _____ Unemployment Benefits \$ _____

\$ _____ Worker's Compensation \$ _____

Social Security or
Other Disability Benefits
List Source in Section D-2
\$ _____ \$ _____

\$ _____	Spousal Support Received	\$ _____
\$ _____	Interest/Dividend Income List Source in Section D-2	\$ _____
\$ _____	Public Assistance	\$ _____
\$ _____	Other Income Received List Source in Section D-2	\$ _____
<u>\$ _____</u>	TOTAL YEARLY INCOME	<u>\$ _____</u>

PLAINTIFF/PETITIONER (1)

DEFENDANT/PETITIONER (2)

ANNUAL INCOME, OVERTIME, COMMISSION AND BONUSES EARNED
(Past Three Years)

	Base Income	Overtime, Commissions, Bonuses		Base Income	Overtime, Commissions Bonuses
_____ year 3	\$ _____	\$ _____		_____ year 3	\$ _____
_____ year 2	\$ _____	\$ _____		_____ year 2	\$ _____
_____ year 1*	\$ _____	\$ _____		_____ year 1*	\$ _____

*Most Recent Year

ADJUSTMENTS

\$ _____ per year	Court Ordered Support Paid for other child(ren)	\$ _____ per year
\$ _____ per year	Court Ordered Spousal Support Paid to a Former Spouse	\$ _____ per year
_____	Number of Other Dependent Children living with the Party (Excluding Unadopted Step Children)	_____
\$ _____ per year	Child Support Received for other Dependent Children Indicated Immediately Above	\$ _____ per year
\$ _____ per year	Health Insurance Premium Paid by Party if Children Included	\$ _____ per year
For Post Decree Modifications Only		
\$ _____ per year	Current Spouse's Gross Income	\$ _____ per year

SECTION B

AFFIANT'S MONTHLY EXPENSES

List expenses below for your **present household**. There are _____ adults and _____ children in my household.

I. MONTHLY

A. Housing

1. Rent or mortgage (including taxes and insurance) \$ _____

- 2. Utilities
 - a. Gas and electric \$ _____
 - b. Water and sewer \$ _____
 - c. Telephone (excluding long distance) \$ _____
 - d. Trash Collection \$ _____
- 3. Other _____ \$ _____

TOTAL HOUSING \$ _____ (A)

- B. Other \$ _____
 - 1. Car Repairs \$ _____
 - 2. Insurance \$ _____
 - 3. Medical (not covered by insurance) \$ _____
 - 4. Clothing \$ _____
 - 5. Other _____ \$ _____

TOTAL OTHER \$ _____ (B)

MONTHLY TOTAL (A) PLUS (B) \$ _____ (I)

II. WEEKLY EXPENSES

- A. Grocery Items (include food, laundry
And cleaning products/toiletries, etc.) \$ _____
- B. Child Related Expenses \$ _____
 - 1. Child Care (employment related only) \$ _____
 - 2. Other _____ \$ _____
- C. Gasoline & Oil \$ _____
- D. Other _____ \$ _____

WEEKLY TOTAL

MONTHLY TOTAL (Weekly total times 52 divided by 12) \$ _____ (II)

III. MONTHLY INSTALLMENT PAYMENTS
(Do not list expenses previously listed on page 2)

TO WHOM PAID	PURPOSE	BALANCE DUE	MONTHLY PAYMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MONTHLY TOTAL \$ _____ (III)

GRAND TOTAL MONTHLY EXPENSES (Sum of I, II and III) \$ _____

SECTION C GROUP HEALTH INSURANCE COVERAGE AVAILABLE FOR DEPENDENT CHILDREN

(This section to be filled in ONLY when there are dependent children of the parties.)

PLAINTIFF/PETITIONER (1)

DEFENDANT/PETITIONER (2)

_____ yes _____ no

Available through employment

_____ yes _____ no

_____ yes _____ no

other group plan

_____ yes _____ no

_____ INSURANCE CO. NAME _____

_____ address _____

_____ policy number _____

\$ _____ per _____

employee cost
(indicate 0 if available at no cost to party)

\$ _____ per _____

COVERAGES

(Summarize health care benefits, i.e. major medical only, deductible, co-payments, health maintenance organization, etc.)

_____	_____
_____	_____
_____	_____
_____	_____

SECTION D

FINANCIAL DISCLOSURE

- List all funds on deposit in any and all accounts in any bank, savings and loan, credit union, regulated investment company, mutual fund or other financial institution. Account includes any of the following: checking, certificate of deposit, investment, savings, individual retirement, stock option, etc. Attach additional pages if needed.

Name and Address of Financial Institution	Account No.	Name(s) on Account	Balance as of date of this Affidavit
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

2. Other income sources listed in Section A (i.e. retirement/pension benefits, disability income, interests or dividend income, rentals, annuities, etc., not listed in Section D-1). Attach additional pages if needed.

Name and Address of Source	Identifying Description (Account No., Claim No. etc.)	Income or Benefits
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

**SECTION E REAL ESTATE – MOTOR VEHICLES – STOCKS/BONDS
OTHER ASSETS AND LUMP SUM INCOME**

1. Describe assets of more than \$1,000 in value not otherwise listed in this affidavit. Attach additional pages, if needed.

Asset	Fair Market Value	Balance on Debt
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List any lump sum income (bonus, gifts, inheritance, etc.) in excess of \$500, expected to be received within the next six months, not otherwise listed in this affidavit. Attach additional pages if needed.

Source _____ value \$ _____

Address _____

SECTION F CHILD CUSTODY INFORMATION

Now comes _____ after being duly cautioned and sworn says:

- _____ born _____, living with _____
- _____ born _____, living with _____
- _____ born _____, living with _____
- _____ born _____, living with _____
- _____ born _____, living with _____

Beginning with the child(ren)'s present address, state the places where the child(ren) lived within the last five (5) years, and the names and present addresses of the person with whom the child(ren) lived during that period:

a) _____
Child(ren)'s present address
From _____ to present
Person(s) presently with _____

b) _____
Previous address
From _____ to _____
Person(s) previously with _____
Current address of person(s) _____

c) _____
Previous address
From _____ to _____
Person(s) previously with _____
Current address of person(s) _____

Have you participated as a party, witness, or in any other capacity in any other litigation concerning the custody of the child(ren) in this or any other State?

State any information you have about any custody proceeding concerning the child(ren) pending in a court of this or any other state. Include the case number, the name of the court, and the address of the court.

State the name and address of any person not a party to the proceedings who has physical custody of the child(ren) or who claims to have custody or visitation rights with respect to the child(ren).

Affiant states that the information contained herein is complete and accurate to the best of his/her information, knowledge or belief under penalty of law.

Attorney for

Affiant _____ Plaintiff/Petitioner (1)
_____ Defendant/Petitioner (2)

Sworn to and subscribed in my presence this _____ day of _____, _____.

Notary Public
My commission expires _____