

**IN THE COMMON PLEAS COURT OF MONTGOMERY COUNTY, OHIO  
JUVENILE DIVISION**

In Re: \_\_\_\_\_  
 SSN: \_\_\_\_\_ DOB \_\_\_\_\_

PLAINTIFF/PETITIONER/MOVANT/FATHER/MOTHER  
 SSN: \_\_\_\_\_ DOB \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

Case No. \_\_\_\_\_

SEA No. \_\_\_\_\_

-vs- / and

DEFENDANT/RESPONDENT/FATHER/MOTHER  
 SSN: \_\_\_\_\_ DOB \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

**AFFIDAVIT OF INCOME  
EXPENSES, HEALTH  
INSURANCE AND  
FINANCIAL DISCLOSURE**

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 issuances of the appropriate withholding order for support; and (4) to provide for the issuances of the appropriate health care coverage order(s)

**Minor and/or dependent children living in the home**

\_\_\_\_\_ age \_\_\_\_; Relationship \_\_\_\_\_  
 \_\_\_\_\_ age \_\_\_\_; Relationship \_\_\_\_\_  
 \_\_\_\_\_ age \_\_\_\_; Relationship \_\_\_\_\_

**SECTION A. GROSS YEARLY INCOME FROM EMPLOYMENT**

PLAINTIFF/PETITIONER YES \_\_\_ NO \_\_\_ Employed? YES \_\_\_ NO \_\_\_ DEFENDANT/RESPONDENT  
 MOVANT/FATHER/MOTHER FATHER/MOTHER

\$ \_\_\_\_\_ (Actual or Estimate)..... **Base Yearly Wages**..... (Actual or Estimate) \$ \_\_\_\_\_  
 (Indicate if Income is Actual or Estimate)

\$ \_\_\_\_\_ Yearly Average Overtime, Commission & 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

\$ ..... Unemployment Benefits..... \$ \_\_\_\_\_

\$ ..... Worker's Compensation..... \$ \_\_\_\_\_  
 Social Security or Other  
 Disability Benefits

\$ ..... List Sources in Section D-2..... \$ \_\_\_\_\_

\$ ..... Alimony Received..... \$ \_\_\_\_\_

Interest/Dividend Income  
 \$ ..... List of Source in Section D-2..... \$ \_\_\_\_\_

\$ \_\_\_\_\_ Public Assistance..... \$ \_\_\_\_\_

Other Income Received  
List Source in Section D-2.....\$ \_\_\_\_\_

PETITIONER/MOVANT/FATHER/MOTHER

DEFENDANT/RESPONDENT/FATHER/MOTHER

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

	Base Income	Overtime Commission Bonuses		Base Income	Overtime Commission Bonuses
20 _____ year 3 ...	\$ _____	\$ _____		20 _____ year 3 ....	\$ _____
20 _____ year 2 ...	\$ _____	\$ _____		20 _____ year 2 ....	\$ _____
20 _____ year 1 ...	\$ _____	\$ _____		20 _____ year 1 ....	\$ _____

ADJUSTMENTS  
Court Ordered Support Paid

\$ \_\_\_\_\_ per year ..... for other child(ren) ..... \$ \_\_\_\_\_ per year

Court # \_\_\_\_\_  
SEA # \_\_\_\_\_

Court Ordered Alimony Paid

\$ \_\_\_\_\_ per year ..... to a Former Spouse ..... \$ \_\_\_\_\_ per year

Domestic Relation # \_\_\_\_\_  
SEA # \_\_\_\_\_

Number of Other Dependent  
Children living with the Party .....  
(Excluding Unadopted Step Children)

Child Support Received for  
Other Dependent Children  
\$ \_\_\_\_\_ per year ..... Indicated Immediately Above..... \$ \_\_\_\_\_ per year

Health Insurance Premium Paid  
\$ \_\_\_\_\_ per year ..... by Party if Children Included ..... \$ \_\_\_\_\_ per year

**SECTION B. AFFIANT'S MONTHLY EXPENSES**

List expenses below for your present household. There are \_\_\_\_\_ adults and \_\_\_\_\_ children in my household.

**A. MONTHLY EXPENSES**

**1. Housing**

Rent or Mortgage (including taxes and insurance) ..... \$ \_\_\_\_\_

Utilities

a. Gas & Electric (level billing or average per month) ..... \$ \_\_\_\_\_

b. Water & Sewer ..... \$ \_\_\_\_\_

c. Basic Telephone (excluding long distance)..... \$ \_\_\_\_\_

d. Trash Collection:..... \$ \_\_\_\_\_

Other: ..... \$ \_\_\_\_\_

**HOUSING TOTAL** ..... \$ \_\_\_\_\_

**2. Other** Grocery (include food, laundry & cleaning products/toiletries etc)

Gasoline & Oil ..... \$ \_\_\_\_\_

Car Repairs ..... \$ \_\_\_\_\_

Insurance: (life/auto/renter's) ..... \$ \_\_\_\_\_

Medical (not covered by insurance) ..... \$ \_\_\_\_\_

Clothing ..... \$ \_\_\_\_\_

Other ..... \$ \_\_\_\_\_

**OTHER MONTHLY EXPENSES TOTAL** .....

\$ \_\_\_\_\_

**B. MONTHLY DEBT PAYMENTS**

Do not list expenses previously listed in Section A (Monthly Expenses). Attach additional pages if needed.

<b>TO WHOM PAID</b> (ALSO INDICATE NAME ACCOUNT IS IN OR JOINT ACCOUNT)	<b>PURPOSE</b>	<b>BALANCE DUE</b>	<b>MONTHLY PAYMENT</b>
_____	_____	_____	\$ _____
<b>MONTHLY TOTAL.....</b>			<b>\$ _____</b>
<b>GRAND TOTAL MONTHLY EXPENSES.....</b>			<b>\$ _____</b>

**SECTION C. HEALTH INSURANCE**

GROUP HEALTH INSURANCE COVERAGE AVAILABLE FOR DEPENDENT CHILDREN  
(This section to be filled in **ONLY** when there are dependent children of the parties.)

<b>PLAINTIFF/PETITIONER/MOVIANT/FATHER</b>	<b>MOTHER</b>	<b>DEFENDANT/PETITIONER/FATHER/MOTHER</b>	<b>MOTHER</b>
_____ YES _____ NO	.....Available through employment	_____ YES _____ NO	_____ NO
_____ YES _____ NO	.....Other Group Plan	_____ YES _____ NO	_____ NO

\_\_\_\_\_ Insurance Company Name \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Policy Number \_\_\_\_\_

\$ \_\_\_\_\_ per year / month (individual) Employee Cost    \$ \_\_\_\_\_ per year / month (individual)

\$ \_\_\_\_\_ per year / month (family) (Indicate "0" if no cost to party)    \$ \_\_\_\_\_ per year / month (family)

(Indicate "0" if available at no cost to party)

**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 & loan, credit union, regulated investment company, mutual fund or other financial institution. Account includes any of the following: checking, certificate of deposit ("CD"), investment, savings, individual retirement ("IRA"), stock option, etc. Attach additional pages if needed.

<b>Name and address of Financial Institution</b>	<b>Account No.</b>	<b>Name(s) on Account</b>	<b>Balances date of this Affidavit</b>
_____	_____	_____	\$ _____

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

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 _____
_____	_____	

**SECTION E. OTHER ASSETS AND LUMP SUM INCOME**

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

- (a) \_\_\_\_\_ Value \$ \_\_\_\_\_
- (b) \_\_\_\_\_ Value \$ \_\_\_\_\_
- (c) \_\_\_\_\_ Value \$ \_\_\_\_\_

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: \_\_\_\_\_

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/Movant/Father/Mother  
 \_\_\_ Defendant/Respondent/Father/Mother

\_\_\_\_\_  
 \_\_\_\_\_

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 Notary