

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

[FORM 2]

In Re: \_\_\_\_\_  
SSN: XXX-XX-\_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_  
PETITIONER'S (YOUR) NAME  
SSN: XXX-XX-\_\_\_\_\_ DOB \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

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

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

\_\_\_\_\_  
-vs- / and

\_\_\_\_\_  
RESPONDENT'S NAME  
SSN: XXX-XX-\_\_\_\_\_ DOB \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

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

STATE OF OHIO, SS:

Now comes \_\_\_\_\_ (YOUR NAME), 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**

PETITIONER \_\_\_ YES \_\_\_ NO .....Employed? ..... RESPONDENT \_\_\_ YES \_\_\_ NO

\$ \_\_\_\_\_ (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.....\$ \_\_\_\_\_

**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. PETITIONER'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.

TO WHOM PAID (ALSO INDICATE NAME ACCOUNT IS IN OR JOINT ACCOUNT)	PURPOSE	BALANCE DUE	MONTHLY PAYMENT
_____	_____	_____	\$ _____
<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.)

*PLAINTIFF/PETITIONER/MOVIANT/FATHER MOTHER*                      *DEFENDANT/PETITIONER/FATHER/MOTHER*

\_\_\_\_\_ YES \_\_\_\_\_ NO .....Available through employment ..... \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_ YES \_\_\_\_\_ NO .....Other Group Plan ..... \_\_\_\_\_ YES \_\_\_\_\_ 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)

<b>COVERAGES</b>
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(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.

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

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

\_\_\_\_\_  
PETITIONER

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

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

\_\_\_\_\_  
 Commission Expires  
 Notary Public