COURT OF COMMON PLEAS COUNTY, OHIO

Plaintiff/Petitioner 1		Case No.			
v./and		Judge Magistrate			
Defendant/Petitioner 2				,	
Instructions: Check local court rul	as to determine wher	this form must be filed			
This affidavit is used to make complete spousal support amounts. Do not le figures for any item, give your best of	ete disclosure of inco ave any category bla	ome, expenses and mor nk. Write "none" where	ney owed. appropriat	e. If you do	not know exact
	AFFIDAVIT OF II	NCOME AND EXPI	ENSES		
Affidavit of	-	(Print Your Name)	· · · · · · · · · · · · · · · · · · ·		
Data of ma	rriogo		.		
		Date of separation	JII		· ·
SECTION I - INCOME		Your Name			Spouse's Name
Employed Employer		es 🗌 No		Ye	s 🗌 No
Payroll address		,			
Payroll city, state, zip					
Scheduled paychecks per year	12 🗆	4 🗌 26 🗌 52] 12 🔲 24	4 🗌 26 🔲 52
A. YEARLY INCOME, OVERT	IME, COMMISSIOI	NS AND BONUSES I	FOR PAS	T THREE	YEARS
		Your Name			Spouse's Name
	\$	3 years ago	20	\$	
Base yearly income	\$	2 years ago	20	\$	
	\$	Last year	20	\$	
	\$	3 years ago	20	\$	
Yearly overtime, commissions and/or bonuses	\$	2 years ago			
and/or bolluses	¢	Loctvoor	30	e	

B. COMPUTATION OF CURRI	ENT INCOME	
	Your Name	Spouse's Name
Base yearly income	\$	\$
Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)	\$	\$
Unemployment compensation	\$	\$
Disability benefits		
☐ Workers' Compensation		
☐ Social Security		
Other:	\$. \$
Retirement benefits		
☐ Social Security		
Other:	\$	\$
Spousal support received	\$	\$
Interest and dividend income (source)		
	·	
	\$	\$
Other income (type and source)		
,		\$
· · · · · · · · · · · · · · · · · · ·	\$	
TOTAL YEARLY INCOME	\$	\$
Supplemental Security Income (SSI) or public assistance	\$	\$
Court-ordered child support that you receive for minor and/or dependent child(ren) not of the		

marriage or relationship

SECTION II - CHILDREN AND HOUSEHOLD RESIDENTS

Minor and/or dependent child(ren) who are f	rom this marriage or relation	ristrip.	
Name	Date of birth	Living w	vith
		<u>. </u>	
	<u> </u>		,
In addition to the above children there is/are	in your household:		·
adult(s)			
other minor and/or depend	dent child(ren).		
SECTION III – EXPENSES			
List monthly expenses below for your preser	nt household.		
A. MONTHLY HOUSING EXPENSES	•		
Rent or first mortgage (including taxes and	insurance)	1	talian kanalisa di kacamatan kanalisa di kacamatan kanalisa di kacamatan kanalisa di kacamatan kanalisa di kac Kanalisa di Kanalisa di Ka
Real estate taxes (if not included above)	en e	\$ 	मुकल्पासीसम्बद्धाः चारम् । सः । सः । संद्राप्तरम् अस्
Real estate/homeowner's insurance (if not	included above)		
Second mortgage/equity line of credit	and an experience of the control of	\$ 	
Utilities			
o Electric	ing the second of the second o	\$::::::::::::::::::::::::::::::::::::	
o Gas, fuel oil, propane		10	
o Water and sewer	Bulley is easy of for ask ball to a 100	\$ 	ng an agga, ng ang agan girtin ng agan katan
o Telephone	1. 1일 시작합니다 중요한 고향에 보고 보통하고 등로 하고 하는 1. 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 :	\$	
o Trash collection	en akkom gori gori gorigan en gangan en 1840 kili gerda di sa Ferri Di	\$ Produkturing sport by by the statement of the	on a gradi de neto a a septembro, so se
o Cable/satellite television		\$ 2	
Cleaning, maintenance, repair	and the other sections and the section of	\$ ভাল কাৰ্যালয় কৰিবলৈ নিজ্ঞান জীৱন কৰি	naje. o saper Parenjare, ši
Lawn service, snow removal		\$	
Other:	en den granden je god iz nagonijek njigav odali nadalik areket	\$	करकारिकासका अस्तितिकारिक्के संस्था वर्षेत्र
		\$ <u></u>	og fra og efter er e
	TOT	AL MONTHLY: \$	

B. <u>OTHER MONTHLY LIVING EXPENSES</u>

o Groceries (including food, paper, cleaning products, toiletries, other) Restaurant Transportation Vehicle loans, leases Vehicle maintenance (oil, repair, license) Gasoline Parking, public transportation S Clothing
Transportation O Vehicle loans, leases O Vehicle maintenance (oil, repair, license) O Gasoline O Parking, public transportation Clothing
 Vehicle loans, leases Vehicle maintenance (oil, repair, license) Gasoline Parking, public transportation
 Vehicle maintenance (oil, repair, license) Gasoline Parking, public transportation
 Gasoline Parking, public transportation Clothing
o Parking, public transportation \$ Clothing
Clothing
Clothor (other than children's)
o Clothes (other than children's) \$
o Dry cleaning, laundry
Personal grooming
o Hair, nail care
o Other\$
Cell phone \$
Internet (if not included elsewhere) \$
Other \$
TOTAL MONTHLY \$
C. <u>MONTHLY CHILD-RELATED EXPENSES</u>
(for children of the marriage or relationship)
(for children of the marriage or relationship) Work/education-related child care
4、 夏秋风 (南) 1.2、1.3、1.2、1.1、2、1.3、1.1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1
Work/education-related child care
Work/education-related child care \$ Other child care \$
Work/education-related child care \$ Other child care \$ Unusual parenting time travel \$
Work/education-related child care \$ Other child care \$ Unusual parenting time travel \$ Special and unusual needs of child(ren) (not included elsewhere) \$
Work/education-related child care Other child care Unusual parenting time travel Special and unusual needs of child(ren) (not included elsewhere) Clothing \$
Work/education-related child care Other child care Unusual parenting time travel Special and unusual needs of child(ren) (not included elsewhere) Clothing School supplies \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Work/education-related child care Other child care Unusual parenting time travel Special and unusual needs of child(ren) (not included elsewhere) Clothing School supplies Child(ren)'s allowances \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Work/education-related child care Other child care Unusual parenting time travel Special and unusual needs of child(ren) (not included elsewhere) Clothing School supplies Child(ren)'s allowances Extracurricular activities, lessons \$

D. <u>INSURANCE PREMIUMS</u>	
	\$ 1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>
Auto Health	\$ \$
Disability	\$ ************************************
Renters/personal property (if not included in part A above)	
Other	\$ <u> </u>
TOTAL MONT	THLY \$
E. MONTHLY EDUCATION EXPENSES	en e
Tultion	
o Self	
o Child(ren)	\$
Books, fees, other	\$ The Association
College loan repayment	
Other	\$
	<u> </u>
TOTAL MONT	THLY: \$
F. MONTHLY HEALTH CARE EXPENSES (not covered by insurance)	ingen (#15 75 men og men 1865).
Physicians	\$
Optometrists/opticians	
Prescriptions	\$
<u>Other</u>	\$
TOTAL MON	
AND AND AND MONTHLY EYDENSES	
	n) \$
Extraordinary obligations for other minor/handicapped child(ren) (not stepchildre	
Child support for children who were not born of this marriage or relationship and not adopted of this marriage	\$ \$
Spousal support paid to former spouse(s)	\$
Subscriptions, books	\$
Entertainment	gradina (V alor <u>al de proprio de la compansión de la com</u>

		-
Charitable contributions	*\$	
Memberships (associations, clubs)		
Travel, vacations	 \$	
Pets	20 H. (1941.) 20 H. (1941.) 3 H.	
Gifts	\$	<u>(2011 Chronic teachers), più tributti resultes</u>
Bankruptcy payments		
	and the character of the professional and the second secon	<u>alialada de gradudde euro e</u>
Attorney fees Required deductions from wages (excluding taxes	Social Convitty and Mediagra)	
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Additional taxes paid (not deducted from wages) (t		
Other		
	\$	The second secon
	TOTAL MONTHLY: \$	·
J MONTHLY INSTALLMENT DAYMENTS	TOTAL MONTHLY. \$	
H. MONTHLY INSTALLMENT PAYMENTS (Do not repeat expenses already listed.)		
Examples: car, credit card, rent-to-own, cash	advance payments	
To whom paid Pu	rpose Balance due Mo	nthly payment
	그렇다 그 하네요 이 없다면서 하다 하다 하나 있는 것을 들었다.	
	<u></u>	<u>ان کے معمل میں مطاورہ کی مطالعہ میں مطابقہ کے مست</u>
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OATH

(Do not sign until notary is present.)

(
	, swear or affirm that I have read this e best of my knowledge and belief, the facts and information stated in this document are omplete. I understand that if I do not tell the truth, I may be subject to penalties for perju	
	Your Signature	
Sworn before me and signed in my presence this	day of ,	
	Notary Public My Commission Expires:	