

COURT OF COMMON PLEAS
COUNTY, OHIO

Plaintiff/Petitioner 1 _____ Case No. _____
 v./and _____ Judge _____
 Magistrate _____
 Defendant/Petitioner 2 _____

Instructions: Check local court rules to determine when this form must be filed.
 This affidavit is used to make complete disclosure of income, expenses and money owed. It is used to determine child and spousal support amounts. Do not leave any category blank. Write "none" where appropriate. If you do not know exact figures for any item, give your best estimate and put "EST." If you need more space, add additional pages.

AFFIDAVIT OF INCOME AND EXPENSES

Affidavit of _____
 (Print Your Name)

Date of marriage _____ Date of separation _____

SECTION I - INCOME

| | Your Name | Spouse's Name |
|------------------------------|---|---|
| Employed | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employer | _____ | _____ |
| Payroll address | _____ | _____ |
| Payroll city, state, zip | _____ | _____ |
| Scheduled paychecks per year | <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52 | <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52 |

A. YEARLY INCOME, OVERTIME, COMMISSIONS AND BONUSES FOR PAST THREE YEARS

| | Your Name | Spouse's Name |
|---|--|---------------|
| Base yearly income | \$ _____ 3 years ago 20 _____ \$ _____ | |
| | \$ _____ 2 years ago 20 _____ \$ _____ | |
| | \$ _____ Last year 20 _____ \$ _____ | |
| Yearly overtime, commissions and/or bonuses | \$ _____ 3 years ago 20 _____ \$ _____ | |
| | \$ _____ 2 years ago 20 _____ \$ _____ | |
| | \$ _____ Last year 20 _____ \$ _____ | |

B. COMPUTATION OF CURRENT 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 | | |
| <input type="checkbox"/> Workers' Compensation | | |
| <input type="checkbox"/> Social Security | | |
| <input type="checkbox"/> Other: _____ | \$ _____ | \$ _____ |
| Retirement benefits | | |
| <input type="checkbox"/> Social Security | | |
| <input type="checkbox"/> 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 from this marriage or relationship:

| Name | Date of birth | Living with |
|------|---------------|-------------|
| | | |
| | | |
| | | |

In addition to the above children there is/are in your household:

_____ adult(s)
_____ other minor and/or dependent child(ren).

SECTION III – EXPENSES

List monthly expenses below for your present household.

A. MONTHLY HOUSING EXPENSES

| | | |
|---|----|----------|
| Rent or first mortgage (including taxes and insurance) | \$ | |
| Real estate taxes (if not included above) | \$ | |
| Real estate/homeowner's insurance (if not included above) | \$ | |
| Second mortgage/equity line of credit | \$ | |
| Utilities | | |
| o Electric | \$ | |
| o Gas, fuel oil, propane | \$ | |
| o Water and sewer | \$ | |
| o Telephone | \$ | |
| o Trash collection | \$ | |
| o Cable/satellite television | \$ | |
| Cleaning, maintenance, repair | \$ | |
| Lawn service, snow removal | \$ | |
| Other: | \$ | |
| | \$ | |
| | \$ | |
| TOTAL MONTHLY : | | \$ _____ |

B. OTHER MONTHLY LIVING EXPENSES

Food

- Groceries (including food, paper, cleaning products, toiletries, other) \$ _____
- Restaurant \$ _____

Transportation

- Vehicle loans, leases \$ _____
- Vehicle maintenance (oil, repair, license) \$ _____
- Gasoline \$ _____
- Parking, public transportation \$ _____

Clothing

- Clothes (other than children's) \$ _____
- Dry cleaning, laundry \$ _____

Personal grooming

- Hair, nail care \$ _____
- Other \$ _____

Cell phone \$ _____

Internet (if not included elsewhere) \$ _____

Other \$ _____

TOTAL MONTHLY \$ _____

C. MONTHLY CHILD-RELATED EXPENSES

(for children of the marriage or relationship)

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 \$ _____

School lunches \$ _____

Other \$ _____

TOTAL MONTHLY \$ _____

D. INSURANCE PREMIUMS

| | | |
|---|----|----------|
| Life | \$ | _____ |
| Auto | \$ | _____ |
| Health | \$ | _____ |
| Disability | \$ | _____ |
| Renters/personal property (if not included in part A above) | \$ | _____ |
| Other _____ | \$ | _____ |
| TOTAL MONTHLY | | \$ _____ |

E. MONTHLY EDUCATION EXPENSES

| | | |
|------------------------|----|----------|
| Tuition | \$ | _____ |
| o Self | \$ | _____ |
| o Child(ren) | \$ | _____ |
| Books, fees, other | \$ | _____ |
| College loan repayment | \$ | _____ |
| Other _____ | \$ | _____ |
| TOTAL MONTHLY: | | \$ _____ |

F. MONTHLY HEALTH CARE EXPENSES
(not covered by insurance)

| | | |
|------------------------|----|----------|
| Physicians | \$ | _____ |
| Dentists | \$ | _____ |
| Optometrists/opticians | \$ | _____ |
| Prescriptions | \$ | _____ |
| Other _____ | \$ | _____ |
| TOTAL MONTHLY: | | \$ _____ |

G. MISCELLANEOUS MONTHLY EXPENSES

| | | |
|---|----|-------|
| Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren) | \$ | _____ |
| Child support for children who were not born of this marriage or relationship and were not adopted of this marriage | \$ | _____ |
| Spousal support paid to former spouse(s) | \$ | _____ |
| Subscriptions, books | \$ | _____ |
| Entertainment | \$ | _____ |

| | | |
|--|----|-------|
| Charitable contributions | \$ | _____ |
| Memberships (associations, clubs) | \$ | _____ |
| Travel, vacations | \$ | _____ |
| Pets | \$ | _____ |
| Gifts | \$ | _____ |
| Bankruptcy payments | \$ | _____ |
| Attorney fees | \$ | _____ |
| Required deductions from wages (excluding taxes, Social Security and Medicare) (type) _____ | \$ | _____ |
| Additional taxes paid (not deducted from wages) (type) _____ | \$ | _____ |
| Other _____ | \$ | _____ |
| | \$ | _____ |
| 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 | Purpose | Balance due | Monthly payment |
|-----------------------|---------|-------------|-----------------|
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| TOTAL MONTHLY: | | \$ _____ | \$ _____ |

GRAND TOTAL MONTHLY EXPENSES (Sum of A through H): \$ _____

OATH

(Do not sign until notary is present.)

I, (print name) _____, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

Sworn before me and signed in my presence this ____ day of _____, _____.

Notary Public

My Commission Expires:
