

**IN THE COURT OF COMMON PLEAS**

\_\_\_\_\_  
 \_\_\_\_\_ **DIVISION**  
 \_\_\_\_\_ **COUNTY, OHIO**

\_\_\_\_\_  
 Plaintiff/Petitioner 1

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

vs./and

Judge \_\_\_\_\_

\_\_\_\_\_  
 Defendant/Petitioner 2

Magistrate \_\_\_\_\_

**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. Do not leave any category blank. For each item, if none, put "NONE." 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 BASIC INFORMATION, INCOME, AND EXPENSES**

Affidavit of \_\_\_\_\_  
 (Print Name)

Date of marriage \_\_\_\_\_ Date of separation \_\_\_\_\_

**SECTION I – BASIC INFORMATION**

Plaintiff/Petitioner 1

Defendant/Petitioner 2

|  |  |
|--|--|
| Date of Birth _____  | Date of Birth _____  |
| Last 4 Digits of Social Security # XXX-XX-____   | Last 4 Digits of Social Security # XXX-XX-____   |
| Phone Number _____   | Phone Number _____   |
| Email Address _____  | Email Address _____  |
| Is an interpreter needed? <input type="checkbox"/> Yes or <input type="checkbox"/> No<br>If yes, explain: _____                                | Is an interpreter needed? <input type="checkbox"/> Yes or <input type="checkbox"/> No<br>If yes, explain: _____                                |
| Health:<br><input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor<br>If health is not good, please explain: | Health:<br><input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor<br>If health is not good, please explain: |

|  |  |
|--|--|
| Education: (Check highest level achieved)<br><input type="checkbox"/> Grade School <input type="checkbox"/> High School<br><input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate | Education: (Check highest level achieved)<br><input type="checkbox"/> Grade School <input type="checkbox"/> High School<br><input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate |
| Other Technical Certifications:<br><br>Active Member of the U.S. Military<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Other Technical Certifications:<br><br>Active Member of the U.S. Military<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |

**SECTION II – INCOME**

|                              | <b><u>Plaintiff/Petitioner 1</u></b>  | <b><u>Defendant/Petitioner 2</u></b>  |
|------------------------------|---|---|
| Employed                     | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Date of Employment           | _____   | _____   |
| Name of 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**

|  | <b><u>Plaintiff/Petitioner 1</u></b> | Year               | <b><u>Defendant/Petitioner 2</u></b> |
|--|--------------------------------------|--------------------|--------------------------------------|
| 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**

|  | <b><u>Plaintiff/Petitioner 1</u></b> | <b><u>Defendant/Petitioner 2</u></b> |
|--|--------------------------------------|--------------------------------------|
| Base Yearly Income   | \$ _____                             | \$ _____                             |
| Average yearly overtime, commissions, and/or bonuses over last 3 years (from part A) | \$ _____                             | \$ _____                             |

|  | <b>Plaintiff/Petitioner 1</b> | <b>Defendant/Petitioner 2</b> |
|--|-------------------------------|-------------------------------|
| Unemployment Compensation  | \$ _____                      | \$ _____                      |
| Disability Benefits  |                               |                               |
| Workers' Compensation  | \$ _____                      | \$ _____                      |
| Social Security  | \$ _____                      | \$ _____                      |
| Other: _____   | \$ _____                      | \$ _____                      |
| Retirement Benefits  |                               |                               |
| Social Security  | \$ _____                      | \$ _____                      |
| Other: _____   | \$ _____                      | \$ _____                      |
| Spousal Support Received   | \$ _____                      | \$ _____                      |
| Interest and dividend income<br>( <i>source</i> ) _____  | \$ _____                      | \$ _____                      |
| Other income ( <i>type and source</i> )<br>_____   | \$ _____                      | \$ _____                      |
| <b>TOTAL YEARLY INCOME</b>   | \$ _____                      | \$ _____                      |
| Supplemental Security Income<br>(SSI) and/or public assistance   | \$ _____                      | \$ _____                      |
| Social Security or Veteran's<br>benefits received for child(ren)   |                               |                               |
| <input type="checkbox"/> Based on parent's disability  |                               |                               |
| <input type="checkbox"/> Based on child's disability   | \$ _____                      | \$ _____                      |
| Child support you receive from<br>a child support enforcement<br>agency or court order for minor<br>and/or dependent child(ren) not<br>of the marriage or relationship | \$ _____                      | \$ _____                      |

**SECTION III – CHILDREN AND HOUSEHOLD RESIDENTS**

Minor and/or dependent child(ren) who is/are adopted or born from this marriage or relationship:

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

In addition to the above child(ren):  
 Plaintiff/Petitioner 1 has \_\_\_\_\_ other minor biological or adopted child(ren).  
 Defendant/Petitioner 2 has \_\_\_\_\_ other minor biological or adopted child(ren).  
 There is/are \_\_\_\_\_ adult(s) in your household.

**SECTION IV – EXPENSES**

List monthly expenses below for your present household.

**A. MONTHLY HOUSING EXPENSES**

|   |                 |
|---|-----------------|
| Rent or first mortgage (including taxes and insurance)  | \$ _____        |
| Second mortgage/equity line of credit                   | \$ _____        |
| Real estate taxes (if not included above)               | \$ _____        |
| Renter or homeowner’s insurance (if not included above) | \$ _____        |
| Homeowner or condominium association fee                | \$ _____        |
| Utilities   |                 |
| ◦ Electric  | \$ _____        |
| ◦ Gas, fuel oil, propane                                | \$ _____        |
| ◦ Water and sewer                                       | \$ _____        |
| ◦ Telephone and/or cell phone                           | \$ _____        |
| ◦ Trash collection                                      | \$ _____        |
| ◦ Cable/satellite television                            | \$ _____        |
| ◦ Internet service                                      | \$ _____        |
| Cleaning  | \$ _____        |
| Lawn service and/or snow removal                        | \$ _____        |
| Other: _____  | \$ _____        |
| _____   | \$ _____        |
| <b>TOTAL MONTHLY:</b>                                   | <b>\$ _____</b> |

**B. OTHER MONTHLY LIVING EXPENSES**

|   |          |
|---|----------|
| Food  |          |
| ◦ Groceries (including food, paper, cleaning products, toiletries, and other) | \$ _____ |
| ◦ Restaurant  | \$ _____ |
| Transportation  |          |
| ◦ Vehicle loan, lease   | \$ _____ |
| ◦ Vehicle maintenance   | \$ _____ |
| ◦ Gasoline  | \$ _____ |

|                                     |                 |
|-------------------------------------|-----------------|
| ◦ Parking, public transportation    | \$ _____        |
| Clothing                            |                 |
| ◦ Clothes (other than child(ren)'s) | \$ _____        |
| ◦ Dry cleaning and laundry          | \$ _____        |
| Personal grooming                   |                 |
| ◦ Hair and nail care                | \$ _____        |
| ◦ Other: _____                      | \$ _____        |
| Other: _____                        | \$ _____        |
| <b>TOTAL MONTHLY:</b>               | <b>\$ _____</b> |

**C. MONTHLY MINOR CHILD-RELATED EXPENSES**  
(for child(ren) of the marriage or relationship)

|  |                 |
|--|-----------------|
| Work and/or education-related child care                               | \$ _____        |
| Other child care   | \$ _____        |
| Extraordinary parenting time travel cost                               | \$ _____        |
| School tuition   | \$ _____        |
| School lunches   | \$ _____        |
| School supplies  | \$ _____        |
| Extracurricular activities and lessons                                 | \$ _____        |
| Clothing   | \$ _____        |
| Child(ren)'s allowances  | \$ _____        |
| Special and extraordinary needs of child(ren) (not included elsewhere) | \$ _____        |
| Other: _____   | \$ _____        |
| <b>TOTAL MONTHLY:</b>  | <b>\$ _____</b> |

**D. MONTHLY INSURANCE PREMIUMS**

|                       |                 |
|-----------------------|-----------------|
| Life                  | \$ _____        |
| Auto                  | \$ _____        |
| Health                | \$ _____        |
| Disability            | \$ _____        |
| Other: _____          | \$ _____        |
| <b>TOTAL MONTHLY:</b> | <b>\$ _____</b> |

**E. MONTHLY WORK AND EDUCATION EXPENSES FOR SELF**

Mandatory work expenses (union dues, uniforms, or other) \$ \_\_\_\_\_  
Additional income taxes paid (not deducted from wages) \$ \_\_\_\_\_  
Tuition \$ \_\_\_\_\_  
Books, fees, and other \$ \_\_\_\_\_  
College loan \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL MONTHLY:** \$ \_\_\_\_\_

**F. MONTHLY HEALTH CARE EXPENSES**

(not covered by insurance)

Physicians \$ \_\_\_\_\_  
Dentists and orthodontists \$ \_\_\_\_\_  
Optometrists and opticians \$ \_\_\_\_\_  
Prescriptions \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL MONTHLY:** \$ \_\_\_\_\_

**G. MISCELLANEOUS MONTHLY EXPENSES**

Extraordinary obligations for other minor/handicapped child(ren) [for child(ren) who were not born of this marriage or relationship and were not adopted by these parties] \$ \_\_\_\_\_  
Child support for child(ren) who were not born of this marriage or relationship and were not adopted by these parties \$ \_\_\_\_\_  
Expenses paid for adult child(ren) or other dependent(s) \$ \_\_\_\_\_  
Spousal support paid to former spouse(s) \$ \_\_\_\_\_  
Subscriptions and books \$ \_\_\_\_\_  
Charitable contributions \$ \_\_\_\_\_  
Memberships (associations and clubs) \$ \_\_\_\_\_  
Travel and vacations \$ \_\_\_\_\_  
Pets \$ \_\_\_\_\_  
Gifts \$ \_\_\_\_\_  
Attorney fees \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL MONTHLY: \$ \_\_\_\_\_**

**H. MONTHLY INSTALLMENT PAYMENTS INCLUDING BANKRUPTCY PAYMENTS**

(Do not repeat expenses already listed.)  
Examples: car, credit card, rent-to-own, or cash advance payments

| To whom paid | Purpose | Balance due           | Monthly payment |
|--------------|---------|-----------------------|-----------------|
| _____        | _____   | _____                 | \$ _____        |
| _____        | _____   | _____                 | \$ _____        |
| _____        | _____   | _____                 | \$ _____        |
| _____        | _____   | _____                 | \$ _____        |
| _____        | _____   | _____                 | \$ _____        |
| _____        | _____   | _____                 | \$ _____        |
| _____        | _____   | _____                 | \$ _____        |
| _____        | _____   | _____                 | \$ _____        |
| _____        | _____   | _____                 | \$ _____        |
| _____        | _____   | _____                 | \$ _____        |
| _____        | _____   | _____                 | \$ _____        |
| _____        | _____   | _____                 | \$ _____        |
| _____        | _____   | _____                 | \$ _____        |
| _____        | _____   | _____                 | \$ _____        |
| _____        | _____   | _____                 | \$ _____        |
|              |         | <b>TOTAL MONTHLY:</b> | <b>\$ _____</b> |

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

