

IN THE COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
MAHONING COUNTY, OHIO

Revised 10/1/06

_____)	CASE NO. _____
_____)	
_____)	JUDGE BETH A. SMITH
EMPLOYER: _____)	
_____)	
PLAINTIFF/PETITIONER)	
_____)	
VS./AND)	AFFIDAVIT OF INCOME, EXPENSES
_____)	AND FINANCIAL DISCLOSURE
_____)	OF
_____)	_____
EMPLOYER: _____)	
_____)	
DEFENDANT/PETITIONER)	

STATE OF OHIO, SS:

Now comes _____, being first duly 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, liabilities and expenses; (2) to assist in determining orders of child support or spousal support when applicable or any changes thereto; and (3) to provide for the issuance of the appropriate deduction order for support.

Date of Marriage _____
Date of Separation _____
Date of Divorce/Dissolution Decree (If Post-Decree Case) _____

Minor and/or Dependent Children of this Marriage:

1. _____	DOB _____	4. _____	DOB _____
2. _____	DOB _____	5. _____	DOB _____
3. _____	DOB _____	6. _____	DOB _____

FATHER/HUSBAND
EMPLOYER/PAYOR

MOTHER/WIFE
EMPLOYER/PAYOR

_____ Name of Employer _____

_____ Payroll Address _____

_____ City, State, Zip _____

12 24 26 52 (Circle One) Paychecks Per Year (Circle One) 12 24 26
52

ATTACH A COPY OF 3 RECENT PAYSTUBS AND W-2 OR FEDERAL INCOME TAX RETURN FOR LAST YEAR

SECTION I. GROSS INCOME

FATHER/HUSBAND

MOTHER/WIFE

\$ _____
Year 3 - 20__ \$ _____
Year 2 - 20__ \$ _____
Year 1 - 20__ \$ _____

Yearly Income from Employment
Three years ago
Two years ago
Last Calendar Year

\$ _____
Year 3 - 20__ \$ _____
Year 2 - 20__ \$ _____
Year 1 - 20__ \$ _____

\$ _____
\$ _____

Yearly Average Overtime, Commission & Bonus Income
(Average of Past Three Years)

\$ _____

Unemployment benefits

\$ _____

\$ _____

Worker's Compensation

\$ _____

\$ _____

Social Security or Other Disability Benefits
(Identify)

\$ _____

\$ _____

Retirement Benefits

\$ _____

\$ _____

Interest/Dividend Income

\$ _____

\$ _____

Other Income Received
(Identify) -- (inc. spousal support)

\$ _____

\$ _____

TOTAL YEARLY INCOME

\$ _____

ADJUSTMENTS

\$ _____ per year

Court Ordered Support Paid
for other child(ren)

\$ _____ per year

\$ _____ per year

Court Ordered Spousal Support
Paid to any Spouse

\$ _____ per year

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

\$ _____ per year

Child Support Received for Other Dependent Children
Indicated Immediately Above

\$ _____ per year

\$ _____ per year

Health Insurance Premium Paid
Family plan cost less Individual plan cost

\$ _____ per year

\$ _____ per year
per year

Local Income Taxes Paid

\$ _____

\$ _____ per year

Self-Employment Tax (5.6% of AGI)

\$ _____ per year

\$ _____ per year

Other (Union dues, etc.)

\$ _____ per year

\$ _____ per year

Work Related Child Care Expense

\$ _____ per year

SECTION II. AFFIANT'S MONTHLY EXPENSES

A. HOUSING:

- 1. Rent or Mortgage \$ _____
- 2. Taxes (only if not incl. in mortgage) \$ _____
- 3. Insurance (only if not incl. in mortgage) \$ _____
- 4. Second Mortgage \$ _____

B. UTILITIES:

- 1. Gas \$ _____
- 2. Electric \$ _____
- 3. Water & Sewer \$ _____
- 4. Telephone \$ _____
- 5. Trash Collection \$ _____
- 6. Cable Television \$ _____

\$ _____ \$ _____

C. FOOD:

- 1. Groceries \$ _____
- 2. School Lunches \$ _____

\$ _____

D. MEDICAL:

- 1. Doctor \$ _____
- 2. Dentist/Orthodontist \$ _____
- 3. Prescriptions \$ _____

\$ _____

E. CLOTHING:

- 1. Regular \$ _____
- 2. Dry Cleaning \$ _____

F. TRANSPORTATION:

- 1. Car Loan \$ _____
- 2. Car Loan/Lease \$ _____
- 3. Car Insurance \$ _____
- 4. Gas and Oil \$ _____
- 5. Maintenance/Repair \$ _____

G. INSURANCE:

- 1. Life \$ _____
- 2. Health \$ _____
- 3. Disability \$ _____

H. CHILDCARE:

- 1. Work Related \$ _____
- 2. Other \$ _____

I. OTHER:

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____
- 4. _____ \$ _____
- 5. _____ \$ _____
- 6. _____ \$ _____
- 7. _____ \$ _____
- 8. _____ \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

SECTION III. MONTHLY INSTALLMENT PAYMENTS

CREDITOR: DUE	DEBTOR (H, W, JT)	REASON FOR LOAN	ORIGINAL AMOUNT	MONTHLY PAYMENT	BALANCE
1. _____	_____	_____	\$ _____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____	\$ _____

TOTAL MONTHLY INSTALLMENT PAYMENTS: \$ _____

SECTION IV. FINANCIAL DISCLOSURE

A. 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 & Address of Financial Institution	Name(s) on Account	Account No.	Balance on Date of this Affidavit
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

B. Other income sources listed in Section I (i.e., retirement/pension benefits, disability income, interest or dividend income, rental, annuities, etc.). Attach additional pages if needed.

Name & Address of Source	Identifying Description (Account No., Claim No., etc.)	Income or Benefits
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

SECTION V. HEALTH INSURANCE DISCLOSURE

Plaintiff/Petitioner		Available through employment Other Group Plan	Defendant/Petitioner	
_____ Yes	_____ No		_____ Yes	_____ No
_____ Yes	_____ No		_____ Yes	
_____ No				

_____	INSURER'S NAME	_____
_____	ADDRESS	_____
_____	POLICY NUMBER	_____

\$ _____	Monthly premium of Individual Plan (employee share)	\$ _____
\$ _____	Monthly premium of Family Plan (employee share)	\$ _____

Summarize health care benefits, i.e. major medical only, deductible, co-payments, health maintenance organization, etc. Attach separate sheet where necessary.

_____	_____
_____	_____
_____	_____

- | | | | | |
|---|---|-----------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is coverage presently in effect? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Self | <input type="checkbox"/> Above named spouse | Who is Covered | <input type="checkbox"/> Self | <input type="checkbox"/> Above named spouse |
| <input type="checkbox"/> Dependent children of the marriage | | | <input type="checkbox"/> Dependent children of the marriage | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is a participant card available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is a prescription card available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

CERTIFICATION

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. Further, Affiant certifies that (s)he has caused a copy hereof to be mailed or delivered to the other party at the time of filing same with the Court.

AFFIANT

SWORN TO before me and subscribed in my presence, this ____ day of _____, 20 ____.

NOTARY PUBLIC