

COURT OF COMMON PLEAS
_____ COUNTY, OHIO

 Plaintiff/Petitioner 1

v./and

 Defendant/Petitioner 2

Case No. _____

Judge _____

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 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 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 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	
o Groceries (including food, paper, cleaning products, toiletries, other)	\$
o Restaurant	\$
Transportation	
o Vehicle loans, leases	\$
o Vehicle maintenance (oil, repair, license)	\$
o Gasoline	\$
o Parking, public transportation	\$
Clothing	
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. 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	\$

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:

Print Form