

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

CASE NO. \_\_\_\_\_

PLAINTIFF/PETITIONER (1)

Address: \_\_\_\_\_

SETS NO. \_\_\_\_\_

JUDGE: HURLEY

DOB: \_\_\_\_\_

-vs- / -and-

AFFIDAVIT OF FINANCIAL DISCLOSURE

DEFENDANT/PETITIONER (2)

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

STATE OF OHIO, SS:

Now comes \_\_\_\_\_, affiant herein, and having been duly cautioned and 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 support when applicable.

I. TEMPORARY ORDERS/OTHER ACTIVE CASES:

I do not request a temporary order.
I request a temporary order for \_\_\_\_\_ custody, \_\_\_\_\_ child support, and/or \_\_\_\_\_ spousal support.
A Domestic Violence Order under Case No. \_\_\_\_\_ currently is in effect.
A UIFSA or Juvenile Court Case under Case No. \_\_\_\_\_ currently is in effect.
A Bankruptcy action under Case No. \_\_\_\_\_ was filed \_\_\_\_\_.

DATE OF SEPARATION (NEW CASES) \_\_\_\_\_

II. MINOR AND/OR DEPENDENT CHILDREN ONLY OF THIS MARRIAGE:

DOB: \_\_\_\_\_ Residing with \_\_\_\_\_
DOB: \_\_\_\_\_ Residing with \_\_\_\_\_
DOB: \_\_\_\_\_ Residing with \_\_\_\_\_
DOB: \_\_\_\_\_ Residing with \_\_\_\_\_

EMPLOYMENT OR SCHOOL RELATED CHILD CARE EXPENSES FOR THESE CHILDREN: \$ \_\_\_\_\_ per year

III. TOTAL INCOME FROM ALL SOURCES, (A, plus B, plus Average of C)

PLAINTIFF \$ \_\_\_\_\_ DEFENDANT \$ \_\_\_\_\_

A. GROSS YEARLY INCOME FROM EMPLOYMENT

PLAINTIFF/PETITIONER (1) DEFENDANT/PETITIONER (2)

YES NO ..... Employed? ..... YES NO

\$ ..... (Actual or Estimate)..... Base Yearly Wages ..... (Actual or Estimate) \$ \$
or Gross Receipts if Self-Employed

..... Employer .....

..... Payroll Address .....

..... City, State, Zip .....

**B. OTHER YEARLY INCOME** (Please list all sources of other income in Section E.)

PLAINTIFF/PETITIONER (1)

DEFENDANT/PETITIONER (2)

\$	Interest/Dividend Income	\$
\$	Unemployment Compensation	\$
\$	Workers' Compensation, Social Security or Other Disability Benefits	\$
\$	Social Security & Pension Income	\$
\$	Gross Self-Employment Income	\$
\$	Ordinary & Necessary Business Expenses	\$

**C. OVERTIME, COMMISSION AND BONUSES EARNED:**

[Past Three Year History - Year 3 Is Most Recent Year]

<u>Overtime, Commission, Bonuses</u>		<u>Overtime, Commission, Bonuses</u>	
20__	Year 1 \$ _____	20__	Year 1 \$ _____
20__	Year 2 \$ _____	20__	Year 2 \$ _____
20__	Year 3 \$ _____	20__	Year 3 \$ _____

**D. OTHER INFORMATION CONCERNING CHILDREN:**

PLAINTIFF/PETITIONER (1)

DEFENDANT/PETITIONER (2)

\$	per year	Court Ordered Child Support Payable for Other Child(ren) Who Are Not of this Marriage	\$	per year
\$	per year	Court Ordered Spousal Support Payable to a Spouse(s)	\$	per year
Number of Other Minor Child(ren) Living With You ( <b>not children of this marriage or step-children</b> )				
\$	per year	Child Support You Receive for the Minor Child(ren) You Indicated on Line Above	\$	per year

**E. OTHER ASSETS AND LUMP SUM INCOME**

1. Describe income sources listed in Section B (i.e., retirement/pension benefits, disability income, interests or dividend income, rentals, annuities, etc.) Attach additional pages if needed.

<i>Name &amp; Address of Source</i>	<i>Identifying Description (Account No., Claim No., Etc.)</i>	<i>Income or Benefits</i>

2. List any lump sum income (bonus, gifts, inheritance, etc.) in excess of \$500, expected to be received within the next six months, not otherwise listed in this affidavit. Attach additional pages if needed.

Source \_\_\_\_\_ Value  
 \_\_\_\_\_ \$ \_\_\_\_\_

3. 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 account ("IRA"), stock option, etc. Attach additional pages if needed.

<i>Name &amp; Address of Financial Institution</i>	<i>Account Number</i>	<i>Name(s) on Account</i>	<i>Balance</i>

**IV. AFFIANT'S MONTHLY EXPENSES**

List your ACTUAL expenses for your **present household**. If you expect changes in your expenses soon, attach a separate sheet with your ESTIMATED expenses. **If you are living with your parents or someone is helping you with your living expenses, please identify that party \_\_\_\_\_ and the amount of support provided \_\_\_\_\_.**

**A. MONTHLY EXPENSES**

**1. Housing**

- Rent or Mortgage (including taxes and insurance) ..... \$ \_\_\_\_\_
- Utilities
- a. Gas & Electric (level billing or average per month) ..... \$ \_\_\_\_\_
- b. Water & Sewer ..... \$ \_\_\_\_\_
- c. Basic Telephone (excluding long distance) ..... \$ \_\_\_\_\_
- d. Trash Collection: ..... \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

**HOUSING TOTAL** ..... \$ \_\_\_\_\_ (I)

**2. Other**

- Grocery (include food, laundry & cleaning products/toiletries etc) ..... \$ \_\_\_\_\_
- Gasoline & Oil ..... \$ \_\_\_\_\_
- Car Repairs ..... \$ \_\_\_\_\_
- Insurance: (life/auto/renter's) \_\_\_\_\_ \$ \_\_\_\_\_
- Medical (not covered by insurance) ..... \$ \_\_\_\_\_
- Clothing ..... \$ \_\_\_\_\_
- Internet ..... \$ \_\_\_\_\_
- Other \_\_\_\_\_

**OTHER MONTHLY EXPENSES TOTAL** ..... \$ \_\_\_\_\_ (II)

**B. MONTHLY DEBT PAYMENTS**

Do not list expenses previously listed in Section A (Monthly Expenses). Attach additional pages if needed.

<u>TO WHOM PAID</u> (ALSO INDICATE NAME ACCOUNT IS IN OR JOINT ACCOUNT)	<u>PURPOSE/SECURITY</u> (IF CAR LOAN, STATE MODEL & WHO DRIVES IT)	<u>MONTHLY PAYMENT</u>	<u>TOTAL BALANCE DUE</u>
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**MONTHLY DEBT PAYMENTS  
TOTAL.....**

\$	(III)
----	-------

**GRAND TOTAL MONTHLY  
EXPENSES.....**

\$
----

**V. HEALTH INSURANCE**

GROUP HEALTH INSURANCE COVERAGE AVAILABLE FOR DEPENDENT CHILDREN  
(This section to be filled in **ONLY** when there are dependent children of the parties.)

<b>PLAINTIFF/PETITIONER (1)</b>		<b>DEFENDANT/PETITIONER (2)</b>
YES / NO	Available through employment	YES / NO
YES / NO	Other Group Plan	YES / NO
_____	Insurance Company Name	_____
_____	Address	_____
_____	Policy Number	_____
\$ _____ per year / month (individual)	Employee Cost	\$ _____ per year / month (individual)
\$ _____ per year / month (family)	(Indicate "0" if no cost to party)	\$ _____ per year / month (family)

CHECK IF CHILDREN ARE CURRENTLY ENROLLED:  FAMILY PLAN or  INDIVIDUAL PLAN

Affiant states that the information contained herein and attached hereto, is complete and accurate to the best of his/her information, knowledge or belief under penalty of law.

\_\_\_\_\_  
Attorney for Plaintiff/Defendant/Petitioner

\_\_\_\_\_  
Affiant Plaintiff/Petitioner (1)  
Defendant/Petitioner (2)

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires \_\_\_\_\_