

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

CASE NO. _____

PLAINTIFF/PETITIONER (1)

Address: _____

SETS NO. _____

JUDGE: CROSS / KING

DOB: _____

-vs- / -and-

AFFIDAVIT OF FINANCIAL DISCLOSURE
(MONT. D. R. RULE 4.10)

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 (not children of this marriage or step-children) | | | |
| \$ | 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.

| Name & Address of Source | Identifying Description (Account No., Claim No., Etc.) | Income or Benefits |
|--------------------------|--|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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 & 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.

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

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.)

| PLAINTIFF/PETITIONER (1) | | DEFENDANT/PETITIONER (2) |
|--|------------------------------------|--|
| 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 _____