

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	☐ Yes ☐ No	☐ Yes ☐ No
Employer	_____	_____
Payroll address	_____	_____
Payroll city, state, zip	_____	_____
Scheduled paychecks per year	☐ 12 ☐ 24 ☐ 26 ☐ 52	☐ 12 ☐ 24 ☐ 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		
☐ Workers' Compensation		
☐ Social Security		
☐ Other: _____	\$ _____	\$ _____
Retirement benefits		
☐ Social Security		
☐ 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

- ☐ Groceries (including food, paper, cleaning products, toiletries, other) \$ _____
- ☐ Restaurant \$ _____

Transportation

- ☐ Vehicle loans, leases \$ _____
- ☐ Vehicle maintenance (oil, repair, license) \$ _____
- ☐ Gasoline \$ _____
- ☐ Parking, public transportation \$ _____

Clothing

- ☐ Clothes (other than children's) \$ _____
- ☐ Dry cleaning, laundry \$ _____

Personal grooming

- ☐ Hair, nail care \$ _____
- ☐ 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	\$	

Charitable contributions	\$	
Memberships (associations, clubs)	\$	
Travel, vacations	\$	
Pets	\$	
Gifts	\$	
Bankruptcy payments	\$	
Attorney fees	\$	
Required deductions from wages (excluding taxes, Social Security and Medicare) (type) _____	\$	
Additional taxes paid (not deducted from wages) (type) _____	\$	
Other _____	\$	
_____	\$	
TOTAL MONTHLY:	\$	

H. MONTHLY INSTALLMENT PAYMENTS

(Do not repeat expenses already listed.)

Examples: car, credit card, rent-to-own, cash advance payments

[illegible]

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

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:
