

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

Plaintiff/Petitioner 1

vs./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. Do not leave any category blank. For each item, if none, put "NONE." 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 BASIC INFORMATION, INCOME, AND EXPENSES

Affidavit of _____
(Print Name)

Date of marriage _____ Date of separation _____

SECTION I – BASIC INFORMATION

Plaintiff/Petitioner 1

Defendant/Petitioner 2

| | |
|--|--|
| Date of Birth _____ | Date of Birth _____ |
| Last 4 Digits of Social Security # XXX-XX-_____ | Last 4 Digits of Social Security # XXX-XX-_____ |
| Phone Number _____ | Phone Number _____ |
| Email Address _____ | Email Address _____ |
| Is an interpreter needed? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain: _____ | Is an interpreter needed? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain: _____ |
| Health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If health is not good, please explain: | Health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If health is not good, please explain: |

| | |
|---|---|
| Education: (<i>Check highest level achieved</i>) <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate | Education: (<i>Check highest level achieved</i>) <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate |
| Other Technical Certifications: Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No | Other Technical Certifications: Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION II – INCOME

| | <u>Plaintiff/Petitioner 1</u> | <u>Defendant/Petitioner 2</u> |
|------------------------------|---|---|
| Employed | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of Employment | _____ | _____ |
| Name of Employer | _____ | _____ |
| Payroll Address | _____ | _____ |
| Payroll City, State, Zip | _____ | _____ |
| Scheduled Paychecks Per Year | <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52 | <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52 |

A. YEARLY INCOME, OVERTIME, COMMISSIONS, AND BONUSES FOR PAST THREE YEARS

| | <u>Plaintiff/Petitioner 1</u> | Year | <u>Defendant/Petitioner 2</u> |
|--|--------------------------------------|--------------------|--------------------------------------|
| 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

| | <u>Plaintiff/Petitioner 1</u> | <u>Defendant/Petitioner 2</u> |
|--|--------------------------------------|--------------------------------------|
| 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) and/or public assistance | \$ _____ | \$ _____ |
| Social Security or Veteran's benefits received for child(ren) | | |
| <input type="checkbox"/> Based on parent's disability | | |
| <input type="checkbox"/> Based on child's disability | \$ _____ | \$ _____ |
| Child support you receive from a child support enforcement agency or court order for minor and/or dependent child(ren) not of the marriage or relationship | \$ _____ | \$ _____ |

SECTION III – CHILDREN AND HOUSEHOLD RESIDENTS

Minor and/or dependent child(ren) who is/are adopted or born from this marriage or relationship:

| Name | Date of birth | Living with |
|-------|---------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

In addition to the above child(ren):
 Plaintiff/Petitioner 1 has _____ other minor biological or adopted child(ren).
 Defendant/Petitioner 2 has _____ other minor biological or adopted child(ren).
 There is/are _____ adult(s) in your household.

SECTION IV – EXPENSES

List monthly expenses below for your present household.

A. MONTHLY HOUSING EXPENSES

| | |
|---|-----------------|
| Rent or first mortgage (including taxes and insurance) | \$ _____ |
| Second mortgage/equity line of credit | \$ _____ |
| Real estate taxes (if not included above) | \$ _____ |
| Renter or homeowner’s insurance (if not included above) | \$ _____ |
| Homeowner or condominium association fee | \$ _____ |
| Utilities | |
| ◦ Electric | \$ _____ |
| ◦ Gas, fuel oil, propane | \$ _____ |
| ◦ Water and sewer | \$ _____ |
| ◦ Telephone and/or cell phone | \$ _____ |
| ◦ Trash collection | \$ _____ |
| ◦ Cable/satellite television | \$ _____ |
| ◦ Internet service | \$ _____ |
| Cleaning | \$ _____ |
| Lawn service and/or snow removal | \$ _____ |
| Other: _____ | \$ _____ |
| _____ | \$ _____ |
| TOTAL MONTHLY: | \$ _____ |

B. OTHER MONTHLY LIVING EXPENSES

| | |
|---|----------|
| Food | |
| ◦ Groceries (including food, paper, cleaning products, toiletries, and other) | \$ _____ |
| ◦ Restaurant | \$ _____ |
| Transportation | |
| ◦ Vehicle loan, lease | \$ _____ |
| ◦ Vehicle maintenance | \$ _____ |
| ◦ Gasoline | \$ _____ |

| | |
|-------------------------------------|----------|
| ◦ Parking, public transportation | \$ _____ |
| Clothing | |
| ◦ Clothes (other than child(ren)'s) | \$ _____ |
| ◦ Dry cleaning and laundry | \$ _____ |
| Personal grooming | |
| ◦ Hair and nail care | \$ _____ |
| ◦ Other: _____ | \$ _____ |
| Other: _____ | \$ _____ |
| TOTAL MONTHLY: \$ _____ | |

C. MONTHLY MINOR CHILD-RELATED EXPENSES
(for child(ren) of the marriage or relationship)

| | |
|--|----------|
| Work and/or education-related child care | \$ _____ |
| Other child care | \$ _____ |
| Extraordinary parenting time travel cost | \$ _____ |
| School tuition | \$ _____ |
| School lunches | \$ _____ |
| School supplies | \$ _____ |
| Extracurricular activities and lessons | \$ _____ |
| Clothing | \$ _____ |
| Child(ren)'s allowances | \$ _____ |
| Special and extraordinary needs of child(ren) (not included elsewhere) | \$ _____ |
| Other: _____ | \$ _____ |
| TOTAL MONTHLY: \$ _____ | |

D. MONTHLY INSURANCE PREMIUMS

| | |
|--------------------------------|----------|
| Life | \$ _____ |
| Auto | \$ _____ |
| Health | \$ _____ |
| Disability | \$ _____ |
| Other: _____ | \$ _____ |
| TOTAL MONTHLY: \$ _____ | |

E. MONTHLY WORK AND EDUCATION EXPENSES FOR SELF

Mandatory work expenses (union dues, uniforms, or other) \$ _____
Additional income taxes paid (not deducted from wages) \$ _____
Tuition \$ _____
Books, fees, and other \$ _____
College loan \$ _____
Other: _____ \$ _____
_____ \$ _____
TOTAL MONTHLY: \$ _____

F. MONTHLY HEALTH CARE EXPENSES

(not covered by insurance)

Physicians \$ _____
Dentists and orthodontists \$ _____
Optometrists and opticians \$ _____
Prescriptions \$ _____
Other: _____ \$ _____
TOTAL MONTHLY: \$ _____

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) [for child(ren) who were not born of this marriage or relationship and were not adopted by these parties] \$ _____
Child support for child(ren) who were not born of this marriage or relationship and were not adopted by these parties \$ _____
Expenses paid for adult child(ren) or other dependent(s) \$ _____
Spousal support paid to former spouse(s) \$ _____
Subscriptions and books \$ _____
Charitable contributions \$ _____
Memberships (associations and clubs) \$ _____
Travel and vacations \$ _____
Pets \$ _____
Gifts \$ _____
Attorney fees \$ _____

OATH OR AFFIRMATION

(Do not sign until Notary Public is present)

I, (print name) _____, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit 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

STATE OF _____)
COUNTY OF _____) **SS**

Sworn to or affirmed before me by _____ this _____ day of _____, _____.

Signature of Notary Public

Printed Name of Notary Public

Commission Expiration Date: _____

(Affix seal here)