

IN THE COURT OF COMMON PLEAS, DELAWARE COUNTY, OHIO

_____	:	
Plaintiff,	:	Case Number: _____
	:	
Vs.	:	Judge: _____
	:	
_____	:	Magistrate: _____
Defendant	:	<u>FORM 2: AFFIDAVIT IN SUPPORT</u> <u>OF TEMPORARY ORDERS,</u> <u>PRETRIAL STATEMENT</u>

(FORM 2: FOR USE IN ALL INITIAL DIVORCE CASES WITH NO MINOR CHILDREN, BY PLAINTIFF, AND, BY DEFENDANT AS COUNTER AFFIDAVIT. LIST WIFE'S INFORMATION FIRST, HUSBAND'S SECOND, WHENEVER TWO LINES PER QUESTION)

STATE OF OHIO
COUNTY OF _____, ss:

Now comes _____, the _____ herein, and

being duly sworn under penalty of perjury states as follows:

I. PERSONAL INFORMATION

1. Date of marriage: _____

2. Date of separation: _____

3. Age and date of birth: Wife: _____ Husband: _____

4. Social Security Number: Wife: _____ Husband: _____

5. Address of Wife:	Address of Husband:
_____	_____
_____	_____

II. INCOME INFORMATION

(NOTE: Self-Employed persons shall complete Page 3 of this Form.)

6. Employer's Name and address:

Wife:

Husband:

Employee ID#, if any:

Position:

Shift hours worked:

Length of employment:

Pay period:

Amount of hourly rate or
other manner of payment:

Gross pay per pay period:

Net pay per pay period:

Deductions per pay other than
those required by law for taxes,
social security, etc.

Annual Gross Income:

Monthly net income:

7. Other sources of income and amount:

Wife:

Husband:

Attach copies of a recent pay stub and also W-2's for the most recent year available.

II (a). SELF-EMPLOYMENT INCOME INFORMATION:

6(a). Name and address of place of self-employment:

Wife:

Husband:

_____	_____
_____	_____
_____	_____

Title:

_____	_____
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Length of self-employment:

_____	_____
-------	-------

Pay Period:

_____	_____
-------	-------

Amount of Hourly Rate or Other
Manner of Payment:

_____	_____
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Gross Pay Per Pay Period:

_____	_____
-------	-------

Net Pay Per Pay Period:

_____	_____
-------	-------

Annual Gross Income:

_____	_____
-------	-------

Monthly Net Income:

_____	_____
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7(a). Other Sources of Income, Frequency of Receipt and Amount:

_____	_____
_____	_____
_____	_____

COPIES OF THE FOLLOWING SHALL BE ATTACHED TO THIS FORM, IF AVAILABLE:

Most recent pay stub; monthly gross income figures for the past six (6) months; monthly itemized expenses for the past six (6) months; income and itemized expenses for the prior calendar year, with verification thereof, or, complete copy of Federal Tax Return for the prior calendar year.

III. ASSETS

8. Real Estate :

Address: _____

Brief description: _____

Date and price of acquisition: _____

Current value: _____

Balance Due on Mortgage/Mortgages: _____

9. Motor Vehicles:

<u>Year and Make of Vehicle</u>	<u>Whose Possession</u>	<u>Title In Name of</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Other Tangible Personal Property:

NOTE: Before the pretrial, exchange with the other party a list of items in the possession of the other party which you want or for which you want a credit and state the amount of the credit. Bring those lists with you to Pretrial.

11. Checking Accounts:

<u>Name of Bank</u>	<u>Name(s) on account</u>	<u>Approximate/Estimated Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Savings Accounts:

<u>Name of Bank</u>	<u>Name(s) on account</u>	<u>Approximate/Estimated Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Other Banking Assets, Certificates of Deposit, etc.

<u>Name of Bank</u>	<u>Name(s) on account</u>	<u>Approximate/Estimated Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Stocks and Bonds:

_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Other Investment Assets:

_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Debtors:

_____	_____	_____
_____	_____	_____
_____	_____	_____

17. Life Insurance:

<u>Issuing Company</u>	<u>Insured</u>	<u>Face Amount</u>	<u>Cash Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. Retirement Assets: Profit Sharing, Pension, IRA, 401(k), etc.:

<u>Type of Asset</u>	<u>Whose Name</u>	<u>Benefit</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

23. Expenses (Do not list any debt payments covered above, list amounts on a monthly basis):

	<u>Wife</u> :	<u>Husband</u> :
Rent / Mortgage	_____	_____
Real estate taxes	_____	_____
Real estate insurance	_____	_____
Gas, fuel oil (heat)	_____	_____
Electric	_____	_____
Water, sewer	_____	_____
Phone - base rate & long distance	_____	_____
Cable TV	_____	_____
Garbage collection	_____	_____
Auto operating expense	_____	_____
Auto maintenance	_____	_____
Auto insurance	_____	_____
Food and groceries	_____	_____
Clothing	_____	_____
Dry cleaning, laundry	_____	_____
Medical insurance	_____	_____
Life insurance	_____	_____
Newspapers/magazines	_____	_____
Gifts	_____	_____
Church	_____	_____
Barber	_____	_____
Meals Out	_____	_____
Repairs/Upkeep	_____	_____
Pet food, supplies, vet	_____	_____
Entertainment	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
TOTAL DEBTS and EXPENSES:	_____	_____

Affiant

Sworn to and subscribed by _____ before me this ____ day of _____, _____.

Notary Public