

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

Plaintiff's/1st Petitioner Obligor/Obligee

Case No. _____

SS# _____ DOB _____

BOS No. _____

-vs- / -and-

Judge _____

Defendant/ 2nd Petitioner Obligor/Obligee

**AFFIDAVIT OF INCOME, EXPENSES
AND FINANCIAL DISCLOSURE**

SS# _____ DOB _____

STATE OF OHIO, SS:

Now comes _____, affidavit 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, assets, liabilities and expenses; (2) to assist in determining orders of support when applicable or any changes thereof and (3) to provide for the issuance of the appropriate withholding order for support.

I do/do not request temporary support and/or alimony. These parties are/are not in the same residence.
(Cross out inappropriate language)

Minor and/or Dependent Children of this Marriage:

_____	Age _____	is residing with _____
_____	Age _____	is residing with _____
_____	Age _____	is residing with _____
_____	Age _____	is residing with _____

SECTION A

GROSS MONTHLY INCOME
(See definition Page 4)

PLAINTIFF/1ST PETITIONER

DEFENDANT/2ND PETITIONER

\$ _____	Employment Income.....	\$ _____
_____	Employer.....	_____
_____	Payroll Address.....	_____
_____	City, State, Zip.....	_____
12 24 26 52.....	Scheduled Paychecks Per Year.....	12 24 26 52
\$ _____	Unemployment Benefits.....	\$ _____
\$ _____	Worker's Compensation.....	\$ _____
\$ _____	Other Disability Benefits List Source in Section C-2.....	\$ _____
\$ _____	Alimony Received.....	\$ _____
\$ _____	Interest/Divided Income List Source in Section C-2.....	\$ _____
\$ _____	Other Income Received (See Definition Page 4) List Source in Section C-2.....	\$ _____
\$ _____	TOTAL MONTHLY INCOME	\$ _____

PLAINTIFF/1ST PETITIONER

ADJUSTMENTS

DEFENDANT/2ND PETITIONER

Court Ordered Support Paid
\$ _____ per monthfor other child(ren).....\$ _____ per month

Court Ordered Alimony Paid
\$ _____ per month..... to a former Spouse.....\$ _____ per month

Number of Other Dependent
.....Children living with the Party.....
(Excluding Unadopted Step Children)

Health Insurance Premium Paid
\$ _____ per month.....by Party If Children Included.....\$ _____ per month

For Post Decree Modifications Only

\$ _____ per month.....Current Spouse's Gross Income.....\$ _____ per month

SECTION B

AFFIANT'S MONTHLY EXPENSES

List expenses below for your **present household**. There are _____ adults and _____ children in my household.

I. MONTHLY

A. Housing

- 1. Rent or Mortgage (including taxes and insurance).....\$ _____
- 2. Utilities
 - a. Gas & Electric.....\$ _____
 - b. Water & Sewer.....\$ _____
 - c. Telephone (excluding long distance).....\$ _____
 - d. Trash Collection.....\$ _____

TOTAL HOUSING.....\$ _____ **(A)**

B. Other

- 1. Car Repairs.....\$ _____
- 2. Insurance: _____ \$ _____
- 3. Medical (not covered by insurance).....\$ _____
- 4. Clothing.....\$ _____
- 5. Other: _____ \$ _____

TOTAL OTHER.....\$ _____ **(B)**

MONTHLY TOTAL (Sum of A and B).....\$ _____ **(I)**

II. WEEKLY

- 1. Grocery Items (to include food, laundry and cleaning products/toiletries, etc.).....\$ _____
- 2. Child Related Expenses
 - a. Child care (employment related only).....\$ _____
 - b. Others: _____ \$ _____
- 3. Gasoline & Oil.....\$ _____
- 4. Other: _____ \$ _____

WEEKLY TOTAL.....\$ _____ **(B)**

MONTHLY TOTAL (Weekly total times 52 divided by 12).....\$ _____ **(II)**

MONTHLY INSTALLMENT PAYMENTS
 (Do not list expenses previously listed on Page 2)

TO WHOM	PURPOSE	BALANCE DUE	MONTHLY PAYMENT
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

III. TOTAL MONTHLY INSTALLMENT PAYMENTS.....\$ _____ **(III)**

TOTAL MONTHLY EXPENSES (Sum of I, II, III).....\$ _____

SECTION C FINANCIAL DISCLOSURE

I. List all funds in deposit in any and all account 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 ("IRA"), stock option, etc. Attach additional pages if needed.

Name & Address of Financial Institution	Account No.	Name (s) on account	Balance Date of this Affidavit
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

2. Other income sources listed in Section A (i.e. disability income, interests or dividend income, rentals, annuities, etc., not listed in Section C-1). Attach additional pages if needed.

Name & Address Of Source	Identifying Description (Account No., Claim No., etc)	Income of Benefits
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

SECTION D

OTHER ASSETS

Describe assets of more than \$1,000.00 in value not otherwise listed in this affidavit. Attach additional pages if needed.

1. _____
_____ Value \$ _____

2. _____
_____ Value \$ _____

SECTION E

LUMP SUM INCOME

List any lump sum income (bonus, gifts, inheritance, etc.) in excess of \$500.00, expected to be received within the next six months, not otherwise listed in this affidavit. Attach additional pages if needed.

1. _____
Source _____ Value \$ _____
Address _____

2. _____
Source _____ Value \$ _____
Address _____

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

Attorney for Affiant Plaintiff/1st Petitioner
Defendant/2nd Petitioner

Sworn to and subscribed in my presence this _____ day of _____, 20 _____.

Notary Public
My commission expires _____

The Plaintiff/1st Petitioner, Defendant/2nd Petitioner hereby acknowledges receipt of a copy of this affidavit. (Cross out inappropriate language)

Date: _____, 20 _____

DEFINITION OF INCOME

To determine gross monthly income, take each annual income from each source, before taxes and other deductions, and divide by 12. Included is income from salaries, wages, overtime, commissions, royalties, tips, bonuses, rents, dividends, severance pay, pensions, interests, trusts, annuities, capital gains, social security, disability, spousal support, etc. Excluded is income from AFDC, SSI, food stamps, general relief, any other means tested assistance, etc.

If self-employed, income is the gross receipts of the business minus any ordinary and necessary business expenses excluding any accelerated depreciation or investment tax credits.