

IN THE COURT OF COMMON PLEAS, DELAWARE COUNTY, OHIO

_____ :
 and : Case Number: _____
 : Judge: _____
 _____ : Magistrate: _____
 Petitioners. : **FORM 3: AFFIDAVIT IN SUPPORT**
 : **OF AGREED CHILD SUPPORT**
 : **ORDERS**

(FORM 3: FOR USE IN ALL INITIAL DISSOLUTION CASES WITH AT LEAST ONE CHILD AND IN ALL AGREED POST DECREE MATTERS DETERMINING SUPPORT. LIST WIFE'S INFORMATION FIRST, (EX)-HUSBAND'S SECOND, WHENEVER TWO LINES PER QUESTION)

STATE OF OHIO
 COUNTY OF _____, ss:

Now comes _____ and _____ the parties hereto, and being duly sworn under penalty of perjury states as follows:

I. PERSONAL INFORMATION

1. Date of marriage: _____

2. Date of separation: _____

3. Minor children of this marriage:

<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Year in School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

6. Address of Wife: _____ Address of Husband: _____
 _____ _____
 _____ _____

II. INCOME INFORMATION

(NOTE: Self-Employed persons shall complete Page 2-a of this Form.)

7. 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:

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

8. 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:

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

Wife:

Husband:

_____	_____
_____	_____
_____	_____

Title:

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

Length of self-employment:

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

Pay Period:

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

Nature of Compensation:
(Fixed salary, commissions,
salary/commissions, etc.)

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

Gross Pay Per Pay Period:

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

Net Pay Per Pay Period:

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

Annual Gross Income:

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

Annual Net Income:

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

Monthly Gross Income:

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

Monthly Net Income:

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

8(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. CHILD SUPPORT CALCULATION INFORMATION

9. Alimony paid to a former spouse:

10. Child Support Paid for Other Children:

11. Number of Other Children of the Party Living With the Party:

12. Amount of Support Received for Said Children

13. Cost of Health Insurance That Covers the Children Involved in This Case:

14. Amount of Work-Related Child Care Spent:

15. Amount of Tax Credit for Work-Related Child Care:

AFFIANT

AFFIANT

Sworn to and subscribed by _____ before me this _____ day of _____, 20__.

Notary Public

Sworn to and subscribed by _____ before me this _____ day of _____, 20__.

Notary Public

IV. CHILD SUPPORT CALCULATION:

(Complete Parts 16 and 17, or 16, 17 and 18 as applicable)

	Wife:	Husband:
Gross Annual Income:	_____	_____
Less Child Support Paid:	_____	_____
Less Support for Other Dependents:	_____	_____
Less Health Insurance:	_____	_____
Less Alimony Paid:	_____	_____
Adjusted Annual Income:	_____	_____
Total Combined Adjusted Annual Incomes:		_____

16. Support for child(ren) in Wife's Custody:

Basic Child Support Obligation (from table):	_____
Plus Child Care Expenses Net of Tax Credit:	_____
Total Support Obligation:	_____
Husband's Percentage:	_____
Husband's Share Per Year (Multiply Above Two Lines):	_____
Husband's Share Per Year Per Child:	_____
Husband's Share Per Week Per Child:	_____

17. Support for Child(ren) in Husband's Custody:

Basic Child Support Obligation (from table):	_____
Plus Child Care Expenses Net of Tax Credit:	_____
Total Support Obligation:	_____
Wife's Percentage:	_____
Wife's Share Per Year (multiply above two lines):	_____
Wife's Share Per Year Per Child:	_____
Wife's Share Per Week Per Child:	_____

18. Split Custody Calculation:

Husband's Share of Support Per Year (from above): _____

Wife's Share of Support Per Year (from above): _____

Net Support to be Paid Per Year By: _____

Net Support to be Paid Per Year Per Child: _____

Net Support to be Paid Per Week Per Child: _____

This Form was prepared by _____, Attorney at Law.

Signature of Preparing Attorney

Ohio Supreme Court Registration No.
