

IN THE COURT OF COMMON PLEAS, DELAWARE COUNTY, OHIO

_____	:	
Plaintiff,	:	Case Number: _____
	:	
Vs.	:	Judge: _____
	:	
_____	:	Magistrate: _____
Defendant	:	FORM 1: AFFIDAVIT IN SUPPORT OF TEMPORARY ORDERS, PRETRIAL STATEMENT

(FORM 1: FOR USE IN ALL INITIAL DIVORCE CASES WITH AT LEAST ONE CHILD, 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. Minor children of this marriage:

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

_____	_____
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Length of self-employment:

_____	_____
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Pay Period:

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

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

_____	_____
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Gross Pay Per Pay Period:

_____	_____
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Net Pay Per Pay Period:

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

Annual Gross Income:

_____	_____
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Annual Net Income:

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

Monthly Gross Income:

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

Monthly Net Income:

_____	_____
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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. ASSETS

9. Real Estate - [Marital residence \(other real estate listed on page 3-a\):](#)

Address: _____

Brief description: _____

Date and price of acquisition: _____

Current value: _____

Balance Due on Mortgage/Mortgages: _____

10. Motor Vehicles:

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

11. Other Tangible Personal Property:

12. Checking Accounts:

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

13. Savings Accounts:

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

14. Other banking assets, certificates of deposit, etc.

9. Real Estate: Other Real Estate / Investment Properties:

a) Address: _____
Brief description: _____
Date and price of acquisition: _____
Current value: _____
Balance due on mortgage(s): _____
Rental income: _____

b) Address: _____
Brief description: _____
Date and price of acquisition: _____
Current value: _____
Balance due on mortgage(s): _____
Rental income: _____

c) Address: _____
Brief description: _____
Date and price of acquisition: _____
Current value: _____
Balance due on mortgage(s): _____
Rental income: _____

d) Address: _____
Brief description: _____
Date and price of acquisition: _____
Current value: _____
Balance due on mortgage(s): _____
Rental income: _____

15. Stocks and bonds:

_____	_____
_____	_____

16. Other investment assets:

_____	_____
_____	_____

17. Debtors:

_____	_____
_____	_____

18. Life insurance:

_____	_____
_____	_____

19. Retirement assets: Profit sharing, pension, IRA, 401(k), etc.:

<u>Type of asset</u>	<u>WhoseName</u>	<u>Benefit</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

20. Health insurance: Briefly describe the type of coverage, who is covered, and the cost of any health, dental, optical, prescription drug, etc. insurance.

21. Other employment benefits:

22. Other: Briefly describe any possible inheritances, assets of the child(ren), etc., or provide any other information that you feel is relevant to the court with respect to property:

IV. DEBTS and EXPENSES

23. Complete for each debt of the parties:

<u>Creditor's Name</u>	<u>Purpose of Debt Or Collateral</u>	<u>Balance</u>	<u>Monthly Payment</u>	<u>Being Paid By</u>
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24. 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 / meals out	_____	_____
Clothing	_____	_____
Dry cleaning, laundry	_____	_____
Medical expenses	_____	_____
Life insurance	_____	_____
Professional fees	_____	_____
Travel - business and family	_____	_____
Entertainment	_____	_____
Personal	_____	_____
Household / Supplies	_____	_____
Gifts	_____	_____
Other	_____	_____
TOTAL DEBTS and EXPENSES:	_____	_____

V. CHILD SUPPORT CALCULATION INFORMATION

25. Alimony paid to a former spouse:

Paid by Wife: _____ Paid by Husband: _____

26. Child Support Paid for Other Children:

Paid by Wife: _____ Paid by Husband: _____

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

Wife: _____ Husband: _____

28. Amount of Support Received for Said Children

Wife: _____ Husband: _____

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

Wife: _____ Husband: _____

30. Amount of Work-Related Child Care Spent:

Wife: _____ Husband: _____

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

Wife: _____ Husband: _____

AFFIANT

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

Notary Public

VI. CHILD SUPPORT CALCULATION: (SEE ATTACHED)

(Complete Parts 32 and 33, or 32, 33 and 34 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:		_____

32. 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:	_____

33. 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:	_____

34. 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.
