IN THE FRANKLIN COUNTY COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS AND JUVENILE DIVISION

____
Plaintiff/Petitioner 1

vs./and

____
Defendant/Petitioner 2

Case No. ______________________________

Judge______________________________

Magistrate ______________________________

> Instructions: Pursuant to Local Domestic Rule 24 and Local Juvenile Rule 10, this affidavit is required to be filed in all actions for dissolution, divorce or legal separation involving minor children, any complaint for custody, support, paternity, or any answer or counterclaim thereto, and with all motions to establish or modify child support or health insurance coverage. This affidavit is used to disclose health insurance coverage that is available for children. It is also used to determine child support. It must be filed if there are minor children of the relationship. If more space is needed, add additional pages.

HEALTH INSURANCE AFFIDAVIT

Affidavit of ______________________________
(Print Your Name)

	Plaintiff/Petitioner 1	Defendant/Petitioner 2
Is/are your child(ren) currently enrolled in a low-income program (i.e. Healthy Start/ Medicaid)?	☐ Yes ☐ No	☐ Yes ☐ No
Is/are your child(ren) enrolled in an individual (non-group or COBRA) health insurance plan?	☐ Yes ☐ No	☐ Yes ☐ No
Is/are your children enrolled in a plan found through the exchange/Affordable HealthCare Marketplace?	☐ Yes ☐ No	☐ Yes ☐ No
Is/are your child(ren) enrolled in a health insurance plan through a group (employer or other organization)?	☐ Yes ☐ No	☐ Yes ☐ No
If your child(ren) is/are not enrolled, do/does he/she/they have health insurance available through a group (employer or other organization)?	☐ Yes ☐ No	☐ Yes ☐ No
Does the available insurance cover primary care services within 30 miles of the children's home?	☐ Yes ☐ No	☐ Yes ☐ No
Under the available insurance, what is the annual premium you pay for family coverage?	$__________________	$__________________
Name of group (employer or organization) that provides health insurance	__________________	__________________
Address	__________________	__________________
	__________________	__________________
Phone Number	__________________	__________________

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 _________________)
) SS
COUNTY OF _______________)

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)