

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

\_\_\_\_\_ :

Petitioner/Plaintiff, : JUDGE RANDALL D. FULLER

vs. : Case No. \_\_\_\_\_

\_\_\_\_\_ :

Petitioner/Defendant. :

PARENTING SUPPLEMENTAL INFORMATION AFFIDAVIT

Child's Name:	Child's Name:
DOB:	DOB:
School Attended:	School Attended:
Child's Name:	Child's Name:
DOB:	DOB:
School Attended:	School Attended:
Mother's Residence School District:	Father's Residence School District:
Other children of mother who reside with her:	Other children of father who reside with him:
Other children for whom mother pays child support:	Other children for whom father pays child support:
Amount paid:	Amount paid:

Work-related Day Care Paid by Mother Day Care Provider:  Cost (per week/month)	Work-related Day Care Paid by Father Day Care Provider:  Cost (per week/month)
Cost of Health Insurance Coverage Paid For by Mother Family Coverage Cost:  Single Employee Cost:	Cost of Health Insurance Coverage Paid For by Father Family Coverage Cost:  Single Employee Cost:

**OATH**

(Do not sign until notary is present.)

I, (print name) \_\_\_\_\_, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document 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

Sworn before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: