

**COURT OF COMMON PLEAS**

\_\_\_\_\_ **COUNTY, OHIO**

\_\_\_\_\_  
Plaintiff/Petitioner 1

Case No. \_\_\_\_\_

v./and

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

\_\_\_\_\_  
Respondent/Petitioner 2

**Instructions:** Check local court rules to determine when this form must be filed.  
List ALL OF YOUR PROPERTY AND DEBTS, the property and debts of your spouse, and any joint property or debts. Do not leave any category blank. For each item, if none, put "NONE." If you do not know exact figures for any item, give your best estimate, and put "EST." **If more space is needed, add additional pages.**

**AFFIDAVIT OF PROPERTY**

Affidavit of \_\_\_\_\_  
(Print Your Name)

**I. REAL ESTATE INTERESTS**

	<u>Address</u>	<u>Present Fair Market Value</u>	<u>Titled To</u>	<u>Mortgage Balance</u>	<u>Equity (as of date)</u>
1.	_____	\$ _____	<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both <input type="checkbox"/> _____	\$ _____	\$ _____
2.	_____	\$ _____	<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both	\$ _____	\$ _____

**TOTAL SECTION I: REAL ESTATE INTERESTS** \$ \_\_\_\_\_

**II. OTHER ASSETS**

Category <b>A. Vehicles and Other Certificate of Title Property</b>	Description (List who has possession) (Include model and year of automobiles, trucks, motorcycles, boats, motors, motor homes, etc.)	Titled To	Value/Date of Value
1.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> _____ Both	
2.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> _____ Both	
3.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> _____ Both	
4.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> _____ Both	
5.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> _____ Both	
6.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> _____ Both	
<b>B. Financial Accounts</b>			
	(Include checking, savings, CDs, POD accounts, money market accounts, etc.)		
1.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> _____ Both	
2.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> _____ Both	
3.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> _____ Both	
4.		<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> _____ Both	

<u>Category</u>	<u>Description</u> (List who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
<b>C. Pensions &amp; Retirement plans</b>	(Include profit-sharing, IRAs, 401k plans, etc.; Describe each type of plan)		
1.		<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	
		<input type="checkbox"/> Both	
2.		<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	
		<input type="checkbox"/> Both	
3.		<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	
		<input type="checkbox"/> Both	
4.		<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	
		<input type="checkbox"/> Both	

<u>Category</u>	<u>Description</u> (List who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
<b>D. Publicly Held Stocks, Bonds, Securities, &amp; Mutual Funds</b>			
1.		<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	
		<input type="checkbox"/> Both	
2.		<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	
		<input type="checkbox"/> Both	
3.		<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	
		<input type="checkbox"/> Both	
4.		<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	
		<input type="checkbox"/> Both	

<u>Category</u>	<u>Description</u> (List who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
<b>E. Closely Held Stocks &amp; Other Business Interests and Name of Company</b>	(Type of ownership and number)		
1.		<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	
		<input type="checkbox"/> Both	
2.		<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	
		<input type="checkbox"/> Both	

**F. Life Insurance Type  
(Term/Whole Life)**

(Any cash value or loans)

(Insured party  
& value upon death)

1.	<hr/>		<input type="checkbox"/>	<hr/> Your Name	\$	<hr/>
			<input type="checkbox"/>	<hr/> Spouse's Name		
			<input type="checkbox"/>	<hr/> Both		
2.	<hr/>		<input type="checkbox"/>	<hr/> Your Name	\$	<hr/>
			<input type="checkbox"/>	<hr/> Spouse's Name		
			<input type="checkbox"/>	<hr/> Both		
3.	<hr/>		<input type="checkbox"/>	<hr/> Your Name	\$	<hr/>
			<input type="checkbox"/>	<hr/> Spouse's Name		
			<input type="checkbox"/>	<hr/> Both		
4.	<hr/>		<input type="checkbox"/>	<hr/> Your Name	\$	<hr/>
			<input type="checkbox"/>	<hr/> Spouse's Name		
			<input type="checkbox"/>	<hr/> Both		

Category

Description

Who Has Possession

Value/Date of Value

**G. Furniture & Appliances**

(Estimate value of those in your possession and value of those in your spouse's possession)

1.	<hr/>		<input type="checkbox"/>	<hr/> Your Name	\$	<hr/>
			<input type="checkbox"/>	<hr/> Spouse's Name		
			<input type="checkbox"/>	<hr/> Both		
2.	<hr/>		<input type="checkbox"/>	<hr/> Your Name	\$	<hr/>
			<input type="checkbox"/>	<hr/> Spouse's Name		
			<input type="checkbox"/>	<hr/> Both		
3.	<hr/>		<input type="checkbox"/>	<hr/> Your Name	\$	<hr/>
			<input type="checkbox"/>	<hr/> Spouse's Name		
			<input type="checkbox"/>	<hr/> Both		
4.	<hr/>		<input type="checkbox"/>	<hr/> Your Name	\$	<hr/>
			<input type="checkbox"/>	<hr/> Spouse's Name		
			<input type="checkbox"/>	<hr/> Both		

**H. Safe Deposit Box**

(Give location and describe contents)

Titled To

1.	<hr/>		<input type="checkbox"/>	<hr/> Your Name	\$	<hr/>
			<input type="checkbox"/>	<hr/> Spouse's Name		
			<input type="checkbox"/>	<hr/> Both		
2.	<hr/>		<input type="checkbox"/>	<hr/> Your Name	\$	<hr/>
			<input type="checkbox"/>	<hr/> Spouse's Name		
			<input type="checkbox"/>	<hr/> Both		

**I. Transfer of Assets**

**Explanation:** List the name and address of any person (other than creditors listed on your Affidavit) who has received money or property from you exceeding \$300 in value in the past 12 months and the reason for each transfer.

1.		<input type="checkbox"/> _____ Your Name	\$	
		<input type="checkbox"/> _____ Spouse's Name		
		<input type="checkbox"/> Both		
		<input type="checkbox"/> _____ Your Name	\$	
		<input type="checkbox"/> _____ Spouse's Name		
		<input type="checkbox"/> Both		
2.		<input type="checkbox"/> _____ Your Name	\$	
		<input type="checkbox"/> _____ Spouse's Name		
		<input type="checkbox"/> Both		
3.		<input type="checkbox"/> _____ Your Name	\$	
		<input type="checkbox"/> _____ Spouse's Name		
		<input type="checkbox"/> Both		
		<input type="checkbox"/> _____ Your Name	\$	
		<input type="checkbox"/> _____ Spouse's Name		
		<input type="checkbox"/> Both		
4.		<input type="checkbox"/> _____ Your Name	\$	
		<input type="checkbox"/> _____ Spouse's Name		
		<input type="checkbox"/> Both		

<u>Category</u>	<u>Description</u> (Also list who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
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**J. All Other Assets Not Listed Above**

**Explanation:** List any item you have not listed above that is considered an asset.

1.		<input type="checkbox"/> _____ Your Name	\$	
		<input type="checkbox"/> _____ Spouse's Name		
		<input type="checkbox"/> Both		
		<input type="checkbox"/> _____ Your Name	\$	
		<input type="checkbox"/> _____ Spouse's Name		
		<input type="checkbox"/> Both		
2.		<input type="checkbox"/> _____ Your Name	\$	
		<input type="checkbox"/> _____ Spouse's Name		
		<input type="checkbox"/> Both		

**TOTAL SECTION II: OTHER ASSETS** \$ \_\_\_\_\_

**III. SEPARATE PROPERTY CLAIMS: Pre-marital assets, gifts to one spouse only, inheritances**

If you are making any claims in any of the categories below, explain the nature and amount of your claim. **This includes, but is not limited to, inheritances, property owned before marriage, and any pre-marital agreements.**

	<u>Category</u> (Pre-marital Gift, Inheritance, etc., acquired after separation)	<u>Description</u>	<u>Why do you claim this as a separate property?</u>	<u>Present Fair Market Value</u>
1.				\$ _____
2.				\$ _____
3.				\$ _____
4.				\$ _____
5.				\$ _____

**TOTAL SECTION III: SEPARATE PROPERTY CLAIMS** \$ \_\_\_\_\_

**IV. DEBT**

List ALL OF YOUR DEBTS, the debts of your spouse, and any joint debts. Do not leave any category blank. For each item, if none, put "NONE." If you don't know exact figures for any item, give your best estimate, and put "EST." **If more space is needed to explain, please attach an additional page with the explanation and identify which question you are answering.**

<u>Type</u>	<u>Name of Creditor/Purpose of Debt</u>	<u>Account Name</u>	<u>Name(s) on Account</u>	<u>Total Debt Due</u>	<u>Monthly Payment</u>
<b>A. Secured Debt (Mortgages, Car, etc.)</b>					
1.			<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
2.			<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
3.			<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
4.			<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
5.			<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____

<b>B. Unsecured Debt, including credit cards</b>					
1.			<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
2.			<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
3.			<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____

		<input type="checkbox"/>		
			Your Name	
		<input type="checkbox"/>	Spouse's Name	
4.		<input type="checkbox"/>	Joint	\$                      \$
		<input type="checkbox"/>	Your Name	
		<input type="checkbox"/>	Spouse's Name	
5.		<input type="checkbox"/>	Joint	\$                      \$

**TOTAL SECTION IV: DEBT**    \$ \_\_\_\_\_

**V. BANKRUPTCY**

Filed by:

- \_\_\_\_\_  
Your Name
- \_\_\_\_\_  
Spouse's Name
- Both

Date of Filing:  
Case Number

Date of Discharge  
or Relief from Stay

Type of Case  
(Ch. 7, 11, 12, 13)

Current Monthly  
Payments

1.	<input type="checkbox"/> _____ Your Name			
	<input type="checkbox"/> _____ Spouse's Name			
	<input type="checkbox"/> Both			\$ _____
2.	<input type="checkbox"/> _____ Your Name			
	<input type="checkbox"/> _____ Spouse's Name			
	<input type="checkbox"/> Both			\$ _____

**TOTAL SECTION V: BANKRUPTCY**    \$ \_\_\_\_\_

**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:  
\_\_\_\_\_