

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

	:	
Plaintiff/Petitioner	:	Case Number
	:	
vs/and	:	Judge
	:	Magistrate
	:	<u>DELAWARE COUNTY COURT FORM 4:</u>
	:	<u>AFFIDAVIT IN SUPPORT OF OR IN</u>
Defendant/Petitioner	:	<u>OPPOSITION TO MOTION TO</u>
	:	<u>MODIFY ORDERS</u>
	:	

(FORM 4: FOR USE IN ALL MOTIONS TO MODIFY SUPPORT, MOVING PARTY; AND, BY RESPONDING PARTY AS COUNTER AFFIDAVIT. LIST (EX)-WIFE'S INFORMATION FIRST, (EX)-HUSBAND'S SECOND, WHENEVER TWO LINES PER QUESTION)

STATE OF OHIO
COUNTY OF DELAWARE, ss:

Now comes _____, the Petitioner/Plaintiff/Defendant herein, and being duly sworn under penalty of perjury states as follows:

I. PERSONAL INFORMATION

1. Date of Divorce or Dissolution: _____
2. Date Support Last Set Herein: _____
3. Minor Children of this marriage:

<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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

II. INCOME INFORMATION

(NOTE: Self-Employed persons shall complete Page 3 of this Form.)

7. Employer's Name and Address:

Wife:

Husband:

Employee ID Number, 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:

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's:

Husband's:

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. DEBTS and EXPENSES

9. 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Complete for each debt of the Ex-Husband:

<u>Creditor's Name</u>	<u>Purpose of Debt or Collateral</u>	<u>Balance</u>	<u>Monthly Payment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. 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	_____	_____
Phone – long distance	_____	_____
Cable TV	_____	_____
Garbage collection	_____	_____
Auto operating expense	_____	_____
Auto maintenance	_____	_____
Auto insurance	_____	_____

Food and groceries	_____	_____
Clothing	_____	_____
Dry cleaning, laundry	_____	_____
Medical Insurance	_____	_____
Life insurance	_____	_____
School lunches	_____	_____
School expenses	_____	_____
Newspapers/magazines	_____	_____
Gifts	_____	_____
Church	_____	_____
Barber	_____	_____
Meals out	_____	_____
Repairs / Upkeep	_____	_____
Pet food, supplies, vet	_____	_____
Other	_____	_____
Other	_____	_____
TOTAL DEBTS AND EXPENSES:	_____	_____

V. Child Support Calculation Information:

12. Alimony paid to a former spouse:

Ex-Wife:

Ex-Husband:

13. Child Support Paid for Other Children:

14. Number of Other Children of the Party Living with the Party:

15. Amount of Support Received for Said Children:

16. Cost of Health Insurance That Covers the Children Involved in this Case:

17. Amount of Work-Related Child Care Spent:

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

AFFIANT

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

NOTARY PUBLIC

VI. CHILD SUPPORT CALCULATION:

(Complete Parts 19 and 20, or 19, 20 and 21 as

applicable) 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:
