GREENE COUNTY JUVENILE COURT AFFIDAVIT OF INCOME AND EXPENSES

| State of Ohio | | | Casa Na | |
|---|----------------------------|------------------|-------------------------------------|------------------------------|
| County of Greene, ss: | | | Case No | |
| | | | haina firat d | uly contioned and |
| sworn, hereby states that | at the following inform | ation is true to | _, being first di the best of my | uly cautioned and knowledge. |
| Name of child(ren) for | which child support is | being determin | ed: | |
| Affiant's Name: | | | | |
| Address: | | | | City: |
| State: | Zip Code: | | Phone: | |
| Employer's Name: | | | | |
| Employer's Address: | | | | |
| | Date Employment Commenced: | | | |
| Annual Gross Income: | | | # of Pay Pe | riods Per Year: |
| Attached hereto | are copies of my three | (3) most recen | t pay stubs | |
| Amount of Overtime an | d Bonuses: | | | |
| Last Calendar Year: | | | | |
| Two Years Ago: | | | | |
| Three Years Ago: | | | | |
| All others Sources of in compensation, etc.): | come (interest, divider | nds, unemployn | nent compensat | tion, workers |
| Source: | | | | Amount: |
| Source: | | | | Amount: |
| Amount of Local, City, | School District Taxes | Etc.: | | |
| Annual Court-Ordered | support paid for other | children: | | |
| Name of Court, Case Ca | aption, and Case Numl | oer for said Ord | er: | |
| Any non-means-tested l | penefits, including soci | ial security and | veteran's bene | fits, paid to and |
| received by a child or a | person on behalf of the | e child due to d | eath, disability | , or retirement of the |
| parent. | | | | |
| Monthly Benefit Amou | nt | Source | of Benefit | |

| Mandatory work-related deductions such as union | dues, uniform fees, etc. (Please identify) | | |
|--|--|--|--|
| Name and Location of Day Care: | | | |
| | Annual Cost of Day Care: | | |
| Name of Health Insurer: | Health Insurer:Policy No | | |
| Monthly Cost of Health Insurance Premiums to ad- | d child(ren) to Insurance Plan: | | |
| Minor Child(ren) living with me, which is/are my | natural child(ren) and the child(ren) of another | | |
| parent (not the child(ren) who is/are the subject of | this case.) | | |
| Name of Child: | Age: | | |
| Name of Child: | _Age: | | |
| Name of Child: | Age: | | |
| Annual Child Support received for said child(ren): | | | |
| Annual Court-Ordered spousal support (alimony) p | paid to former spouse: | | |
| Name of Court, Case Caption, and Case Nu | ımber for said order: | | |
| Self-employed individuals must attach a copy of Self-employed individuals must | chedule C of IRS Form 1040. | | |
| | Affiant's Signature | | |
| Sworn to and subscribed before me this | , day of | | |
| | Notary Public/Deputy Clerk | | |

Revised: 5/2011