

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

Revised 10/1/06

_____ )	CASE NO. _____
_____ )	
_____ )	JUDGE BETH A. SMITH
EMPLOYER: _____ )	
_____ )	
PLAINTIFF/PETITIONER )	
_____ )	
VS./AND )	AFFIDAVIT OF INCOME, EXPENSES
_____ )	AND FINANCIAL DISCLOSURE
_____ )	OF
EMPLOYER: _____ )	_____
_____ )	
DEFENDANT/PETITIONER )	

STATE OF OHIO, SS:

Now comes \_\_\_\_\_, being first duly sworn, states that he/she has been advised that this Affidavit may be used for any or all of the following purposes: (1) to make complete disclosure of affiant's income, liabilities and expenses; (2) to assist in determining orders of child support or spousal support when applicable or any changes thereto; and (3) to provide for the issuance of the appropriate deduction order for support.

Date of Marriage \_\_\_\_\_  
Date of Separation \_\_\_\_\_  
Date of Divorce/Dissolution Decree (If Post-Decree Case) \_\_\_\_\_

Minor and/or Dependent Children of this Marriage:

1. _____	DOB _____	4. _____	DOB _____
2. _____	DOB _____	5. _____	DOB _____
3. _____	DOB _____	6. _____	DOB _____

FATHER/HUSBAND  
EMPLOYER/PAYOR

MOTHER/WIFE  
EMPLOYER/PAYOR

\_\_\_\_\_ Name of Employer \_\_\_\_\_

\_\_\_\_\_ Payroll Address \_\_\_\_\_

\_\_\_\_\_ City, State, Zip \_\_\_\_\_

12 24 26 52 (Circle One) Paychecks Per Year (Circle One) 12 24 26  
52

ATTACH A COPY OF 3 RECENT PAYSTUBS AND W-2 OR FEDERAL INCOME TAX RETURN FOR LAST YEAR

SECTION I. GROSS INCOME

**FATHER/HUSBAND**

**MOTHER/WIFE**

\$ \_\_\_\_\_  
Year 3 - 20\_\_ \$ \_\_\_\_\_  
Year 2 - 20\_\_ \$ \_\_\_\_\_  
Year 1 - 20\_\_ \$ \_\_\_\_\_

**Yearly Income from Employment**  
Three years ago  
Two years ago  
Last Calendar Year

\$ \_\_\_\_\_  
Year 3 - 20\_\_ \$ \_\_\_\_\_  
Year 2 - 20\_\_ \$ \_\_\_\_\_  
Year 1 - 20\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**Yearly Average Overtime, Commission & Bonus Income**  
(Average of Past Three Years)

\$ \_\_\_\_\_

**Unemployment benefits**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Worker's Compensation**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Social Security or Other Disability Benefits**  
(Identify)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Retirement Benefits**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Interest/Dividend Income**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Other Income Received**  
(Identify) -- (inc. spousal support)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL YEARLY INCOME**

\$ \_\_\_\_\_

**ADJUSTMENTS**

\$ \_\_\_\_\_ per year

**Court Ordered Support Paid**  
**for other child(ren)**

\$ \_\_\_\_\_ per year

\$ \_\_\_\_\_ per year

**Court Ordered Spousal Support**  
**Paid to any Spouse**

\$ \_\_\_\_\_ per year

\_\_\_\_\_

**Number of Other Dependent**  
**Children living with the Party**  
**(Excluding Unadopted Step Children)**

\_\_\_\_\_

\$ \_\_\_\_\_ per year

**Child Support Received for Other Dependent Children**  
**Indicated Immediately Above**

\$ \_\_\_\_\_ per year

\$ \_\_\_\_\_ per year

**Health Insurance Premium Paid**  
**Family plan cost less Individual plan cost**

\$ \_\_\_\_\_ per year

\$ \_\_\_\_\_ per year  
per year

**Local Income Taxes Paid**

\$ \_\_\_\_\_

\$ \_\_\_\_\_ per year

**Self-Employment Tax (5.6% of AGI)**

\$ \_\_\_\_\_ per year

\$ \_\_\_\_\_ per year

**Other (Union dues, etc.)**

\$ \_\_\_\_\_ per year

\$ \_\_\_\_\_ per year

**Work Related Child Care Expense**

\$ \_\_\_\_\_ per year

**SECTION II. AFFIANT'S MONTHLY EXPENSES**

**A. HOUSING:**

- 1. Rent or Mortgage \$ \_\_\_\_\_
- 2. Taxes (only if not incl. in mortgage) \$ \_\_\_\_\_
- 3. Insurance (only if not incl. in mortgage) \$ \_\_\_\_\_
- 4. Second Mortgage \$ \_\_\_\_\_

**B. UTILITIES:**

- 1. Gas \$ \_\_\_\_\_
- 2. Electric \$ \_\_\_\_\_
- 3. Water & Sewer \$ \_\_\_\_\_
- 4. Telephone \$ \_\_\_\_\_
- 5. Trash Collection \$ \_\_\_\_\_
- 6. Cable Television \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**C. FOOD:**

- 1. Groceries \$ \_\_\_\_\_
- 2. School Lunches \$ \_\_\_\_\_

\$ \_\_\_\_\_

**D. MEDICAL:**

- 1. Doctor \$ \_\_\_\_\_
- 2. Dentist/Orthodontist \$ \_\_\_\_\_
- 3. Prescriptions \$ \_\_\_\_\_

\$ \_\_\_\_\_

**E. CLOTHING:**

- 1. Regular \$ \_\_\_\_\_
- 2. Dry Cleaning \$ \_\_\_\_\_

**F. TRANSPORTATION:**

- 1. Car Loan \$ \_\_\_\_\_
- 2. Car Loan/Lease \$ \_\_\_\_\_
- 3. Car Insurance \$ \_\_\_\_\_
- 4. Gas and Oil \$ \_\_\_\_\_
- 5. Maintenance/Repair \$ \_\_\_\_\_

**G. INSURANCE:**

- 1. Life \$ \_\_\_\_\_
- 2. Health \$ \_\_\_\_\_
- 3. Disability \$ \_\_\_\_\_

**H. CHILDCARE:**

- 1. Work Related \$ \_\_\_\_\_
- 2. Other \$ \_\_\_\_\_

**I. OTHER:**

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_
- 6. \_\_\_\_\_ \$ \_\_\_\_\_
- 7. \_\_\_\_\_ \$ \_\_\_\_\_
- 8. \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_**

**SECTION III. MONTHLY INSTALLMENT PAYMENTS**

CREDITOR: DUE	DEBTOR (H, W, JT)	REASON FOR LOAN	ORIGINAL AMOUNT	MONTHLY PAYMENT	BALANCE
1. _____	_____	_____	\$ _____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____	\$ _____

**TOTAL MONTHLY INSTALLMENT PAYMENTS: \$ \_\_\_\_\_**

**SECTION IV. FINANCIAL DISCLOSURE**

A. List all funds on deposit in any and all accounts in any bank, savings & loan, credit union, regulated investment company, mutual fund or other financial institution. Account includes any of the following: checking, certificate of deposit ("CD"), investment, savings, individual retirement ("IRA"), stock option, etc. Attach additional pages if needed.

Name & Address of Financial Institution	Name(s) on Account	Account No.	Balance on Date of this Affidavit
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

B. Other income sources listed in Section I (i.e., retirement/pension benefits, disability income, interest or dividend income, rental, annuities, etc.). Attach additional pages if needed.

Name & Address of Source	Identifying Description (Account No., Claim No., etc.)	Income or Benefits
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

**SECTION V. HEALTH INSURANCE DISCLOSURE**

Plaintiff/Petitioner		Available through employment Other Group Plan	Defendant/Petitioner	
_____ Yes	_____ No		_____ Yes	_____ No
_____ Yes	_____ No		_____ Yes	
_____ No				

_____	INSURER'S NAME	_____
_____	ADDRESS	_____
_____		_____
_____	POLICY NUMBER	_____

\$ _____	Monthly premium of Individual Plan (employee share)	\$ _____
\$ _____	Monthly premium of Family Plan (employee share)	\$ _____

Summarize health care benefits, i.e. major medical only, deductible, co-payments, health maintenance organization, etc. Attach separate sheet where necessary.

_____	_____
_____	_____
_____	_____

- |                                        |                        |                                   |                                        |                        |
|----------------------------------------|------------------------|-----------------------------------|----------------------------------------|------------------------|
| ( ) Yes                                | ( ) No                 | Is coverage presently in effect?  | ( ) Yes                                | ( ) No                 |
| ( ) Self                               | ( ) Above named spouse | Who is Covered                    | ( ) Self                               | ( ) Above named spouse |
| ( ) Dependent children of the marriage |                        |                                   | ( ) Dependent children of the marriage |                        |
| ( ) Yes                                | ( ) No                 | Is a participant card available?  | ( ) Yes                                | ( ) No                 |
| ( ) Yes                                | ( ) No                 | Is a prescription card available? | ( ) Yes                                | ( ) No                 |

**CERTIFICATION**

**Affiant states that the information contained herein is complete and accurate to the best of his/her information, knowledge or belief under penalty of law. Further, Affiant certifies that (s)he has caused a copy hereof to be mailed or delivered to the other party at the time of filing same with the Court.**

\_\_\_\_\_  
AFFIANT

**SWORN TO** before me and subscribed in my presence, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC