

In the Court of Common Pleas
Domestic Relations Division
Trumbull County, Ohio

Name: _____ :
 Petitioner, :
 : Judge _____
 :
 : Case No. _____
 :
 :
 :
 : -and- :
 :
 : **Husband**
 : **Financial Affidavit for Child Support**
 Name: _____ : **Worksheet**
 Petitioner, :
 :
 :

I, _____ Petitioner, Wife, _____, state under oath that the following information is complete and accurate to the best of my information, knowledge and belief:

1. I am employed at _____.
(include name and address)

2. My annual gross income is _____.

3. I earn \$_____ per hour/per week/per month and have _____ pay periods per year.
(circle one) (number)

4. I earn overtime, bonuses, and/or commissions and they have been as follows:
 \$_____ 3 years ago
 \$_____ 2 years ago
 \$_____ last year
 \$_____ average of above

5. I am self-employed and below is the income/expense information:
 a. \$_____ gross receipts from business
 b. \$_____ ordinary and necessary business expenses
 c. \$_____ 5.6% of adjusted gross income or actual marginal difference between the actual rate paid by me and the F.I.C.A. rate
 d. \$_____ adjusted gross income (subtract the sum of b. and c. from a.)

6. \$_____ is my annual income from interest and dividends.
7. I receive unemployment compensation of \$_____ per week/per month.
(circle one)
8. I receive workers' compensation, disability insurance benefits, or social security disability/retirement benefits of \$_____ **per week/per month.**
(circle one)
9. I am the biological or adoptive parent of _____ (number) of other minor child(ren) who live in my home and are not the children of my current wife. I receive \$_____ per month in court-ordered child support for these other minor child(ren).
10. I pay court-ordered spousal support in the amount of \$_____ per year to my former spouse.
11. I pay _____ in local income taxes in the amount of \$_____ **per year.** This is at a rate of _____% and it is paid to _____ (name of city/tax district).
12. I have mandatory work-related deductions such as union dues, uniform fees, etc. (not including taxes, social security or retirement) that total \$_____ **per year.**
13. I pay work-related, education-related, employment-training-related and/or day care expenses for the minor child(ren) of this marriage in the amount of \$_____ per year.
14. I pay out-of-pocket costs necessary to provide health insurance for my child(ren) from this marriage in the amount of \$_____ per year.
 - a. The cost to cover myself only is \$_____ **per week/per pay.**
(circle one)
 - b. The family plan is \$_____ **per week/per pay.**
(circle one)

Signature of Petitioner Husband

Sworn to and subscribed in my presence this _____ day of _____

Notary Public