

## **Seneca County Juvenile Court**

Judge Jay A. Meyer  
108 Jefferson St.  
Tiffin, Ohio 44883  
Juvenile (419) 447-4912  
FAX (419) 448-5060

### ***Instruction Sheet for Pro Se Filing***

1. Whether you are filing a new complaint or a motion in an existing case you must complete all forms in their entirety and to the best of your ability. Failure to complete and file all attached documents will result in your filing being returned to you with no action being taken. If this is a new case, a case number will be assigned.
2. If you are filing a new complaint or a motion in an existing case regarding custody and/or visitation you must also complete a child custody affidavit. The affidavit must be notarized prior to your bringing it to the court for filing.
3. If you are filing a new complaint or a motion in an existing case you must also complete a request for service.
4. Type or print your responses in blue or black ink.
5. The filing fee will be \$163.00 per child due at the time you file your paperwork.
6. If the parents were not married when the child was born, paternity must be established. If paternity has been established, attach a copy of the order, acknowledgment, or birth certificate. If paternity has not been established, indicate that in the space provided on the complaint/motion.
7. The complaint/motion shall be set for hearing by the Court. You shall receive a hearing notice in the mail. If your hearing notice is returned as undeliverable as addressed and you have not notified the Court of your new address, in writing, the complaint/motion shall be dismissed without further action.
8. If the hearing notice for another party is returned as undeliverable as addressed, you will be contacted for a new address. It is your responsibility to supply a good address in writing to the Court as soon as possible. If you do not do so, and the complaint/motion is not served at the time of the hearing and the other party does not appear at the hearing, the motion/complaint will be dismissed without further action. All complaints shall be served on the parties by certified mail, unless service by the sheriff or court approved process server is requested in writing. If you request personal service by the sheriff, additional costs will be assessed. If you want personal service by a court approved process server, it is your responsibility to make those arrangements.
9. If you are unable to supply the address because the other party's location is unknown to you, and cannot be found out with reasonable diligence, service by publication is provided for you in Juvenile Rule 16 (A). Because of the technical requirements and cost involved, the Court suggests that you consult with an attorney before pursuing this action.
10. *Ohio Revised Code 4705.01 prohibits the Juvenile Court from giving legal advice or from helping you prepare legal papers in a new or pending case in this or any Court.*
11. Please read the brochure provided by the Court titled: "If you decide to represent yourself".

IN THE COURT OF COMMON PLEAS, SENECA COUNTY, OHIO  
JUVENILE DIVISION

\_\_\_\_\_  
TO BE FILLED IN BY THE COURT

vs.

\_\_\_\_\_  
TO BE FILLED IN BY THE COURT

Case No: \_\_\_\_\_

JUDGE JAY A. MEYER

***PRO SE COMPLAINT/MOTION  
FOR PATERNITY, CUSTODY,  
VISITATION OR SUPPORT  
MODIFICATION***  
**(Mark through any that DO NOT apply)**

**Party Information:**    Circle party filing request:    FATHER    MOTHER    OTHER

Mother's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN:XXX-XX-\_\_\_\_\_ (Last 4 digits only)  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number(\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number(\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN:XXX-XX-\_\_\_\_\_ (Last 4 digits only)  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number(\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number(\_\_\_\_) \_\_\_\_\_

Child's Name: \_\_\_\_\_ (Attach copy of Birth Certificate)  
Date of Birth: \_\_\_\_\_ Resides with: {\_\_} Father {\_\_} Mother {\_\_} Other  
If other, please specify: \_\_\_\_\_

Child's Name: \_\_\_\_\_ (Attach copy of Birth Certificate)  
Date of Birth: \_\_\_\_\_ Resides with: {\_\_} Father {\_\_} Mother {\_\_} Other  
If other, please specify: \_\_\_\_\_

Child's Name: \_\_\_\_\_ (Attach copy of Birth Certificate)  
Date of Birth: \_\_\_\_\_ Resides with: {\_\_} Father {\_\_} Mother {\_\_} Other  
If other, please specify: \_\_\_\_\_

Child's Name: \_\_\_\_\_ (Attach copy of Birth Certificate)  
Date of Birth: \_\_\_\_\_ Resides with: {\_\_} Father {\_\_} Mother {\_\_} Other  
If other, please specify: \_\_\_\_\_

-Attach additional sheet if necessary-

-If a person other than a parent is filing this request:

Name of person filing: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN:XXX-XX-\_\_\_\_\_ (Last 4 digits only)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number(\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number(\_\_\_\_\_) \_\_\_\_\_

Relationship to the Child(ren) \_\_\_\_\_

I have the right and standing to present this request to the Court and a right to the requested relief because: \_\_\_\_\_

**Regarding the above listed child(ren):**

1) Who has legal (Court Ordered) Custody of the child(ren)? \_\_\_\_\_

2) What County and in what Court was Legal custody established? \_\_\_\_\_

3) Who has physical possession of the child(ren) at this time? \_\_\_\_\_

4) Were the parents of the child(ren) ever married to each other? \_\_\_\_\_

5) Was Paternity established? \_\_\_\_\_ (if yes provide a copy of the Administrative Order)

6) Have you ever been to this Court before for any matters concerning the child(ren), and if so please explain when and under what circumstances: \_\_\_\_\_

\_\_\_\_\_

7) It would be in the best interest and welfare of the child(ren) to grant the requested relief because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Attach additional sheet if necessary)

8) Has the Mother: \_\_\_\_\_ Abandoned the child(ren)  
\_\_\_\_\_ Contractually relinquished custody  
\_\_\_\_\_ Been totally unable to provide care and support  
\_\_\_\_\_ Been unfit or unsuited to parent the child(ren)  
\_\_\_\_\_ Other: \_\_\_\_\_

Based upon the following facts: \_\_\_\_\_

\_\_\_\_\_ Attach additional sheet if necessary)

9) Has the Father: \_\_\_\_\_ Abandoned the child(ren)

- \_\_\_\_\_ Contractually relinquished custody
- \_\_\_\_\_ Been totally unable to provide care and support
- \_\_\_\_\_ Been unfit or unsuited to parent the child(ren)
- \_\_\_\_\_ Other: \_\_\_\_\_

Based upon the following facts: \_\_\_\_\_

\_\_\_\_\_ (Attach additional sheet if necessary)

**I am requesting that the Seneca County Juvenile Court hold a hearing to determine and Order the following: (Check all that apply)**

\_\_\_\_\_ Parentage (ORC 3111.04)

- ☐ That \_\_\_\_\_ is the natural Father of the child(ren)
- ☐ That the parties submit to Genetic Testing/DNA
- ☐ That the parties have a Voluntary Acknowledgement
- ☐ That a new birth certificate be issued
- ☐ Reimbursement of Birth Expenses

\_\_\_\_\_ Custody

- ☐ A designation of Residential Parent
- ☐ A Modification of current Residential Parent

\_\_\_\_\_ Child Support

- ☐ Establish a reasonable child support Order as of \_\_\_\_\_ (Insert date)
- ☐ Objections to CSEA Administrative Order of Support
- ☐ A request for Modification of existing Child Support
- ☐ Requirement for health Insurance to be provided
- ☐ Other-Please Specify \_\_\_\_\_

\_\_\_\_\_ Visitation

- ☐ Establish visitation for non-residential parent
- ☐ Modification of existing Visitation

\_\_\_\_\_ Tax Dependency Exemption Award

\_\_\_\_\_ Other: \_\_\_\_\_

Reasons I am requesting a Hearing: \_\_\_\_\_

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***Ohio Revised Code 4705.01 prohibits the Juvenile Court from giving legal advice or from helping you prepare legal papers in a new or pending case in this or any Court.***

IN THE COURT OF COMMON PLEAS, SENECA COUNTY, OHIO  
JUVENILE DIVISION

\_\_\_\_\_  
TO BE FILLED IN BY THE COURT

Case No: \_\_\_\_\_

JUDGE JAY A. MEYER

VS.

\_\_\_\_\_  
TO BE FILLED IN BY THE COURT

*PRO SE* COMPLAINT/MOTION  
REQUEST FOR SERVICE

Please serve the foregoing Complaint and Notice of hearing on the following:

Name (Mother): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name (Father): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name (Custodian/Other): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please issue service by certified mail, return receipt requested, at the address above in accordance with Rule 4.1 of the Ohio Rules of Civil Procedure.

If the same should be returned "unclaimed" or "refused", please cause a true copy to be served at the above address by regular mail pursuant to Rule 4.6 of the Ohio Rules of Civil Procedure.

Your Signature: \_\_\_\_\_

**IN THE COURT OF COMMON PLEAS SENECA COUNTY, OHIO  
JUVENILE COURT**

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

\_\_\_\_\_  
**PLAINTIFF**

**-vs-**

**Judge Jay A. Meyer**

\_\_\_\_\_  
**DEFENDANT**

**DECLARATION UNDER UNIFORM CHILD CUSTODY  
JURISDICTION AND ENFORCEMENT ACT (UCCJEA)  
CHILD CUSTODY AFFIDAVIT (ORC 3127.23)  
ATTACHMENT 2e**

**(Number): \_\_\_\_\_ Minor Child(ren) are subject to this proceeding as follows:** (Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name	Place of birth	Date of birth	Sex
Period of residence _____ To <b>Present</b>	Address [ ] Confidential	Person child lived with (name & address)	Relationship
to			
to			
to			
to			

a. Child's name	Place of birth	Date of birth	Sex
Period of residence _____ To <b>Present</b>	Address [ ] Confidential	Person child lived with (name & address)	Relationship
to			
to			
to			
to			

a. Child's name	Place of birth	Date of birth	Sex
Period of residence _____ To <b>Present</b>	Address [ ] Confidential	Person child lived with (name & address)	Relationship
to			
to			
to			
to			

e. ( ) Additional children are listed on Attachment 2e. (Provide requested information for additional children on an attachment.)



2. **Participation in custody proceeding(s): (check only one)**

\_\_\_\_\_ I **HAVE NOT** participated as a party, witness, or in any capacity in any other litigation, in this or any other state, concerning the custody of or visitation (parenting time) with any child subject to this proceeding.

\_\_\_\_\_ I **HAVE** participated as a party, witness, or in any capacity in any other litigation, in this or any other state, concerning the custody of or visitation (parenting time) with any child subject to this proceeding.

Explain:

a. Name of each child

\_\_\_\_\_

b. Type of proceeding

\_\_\_\_\_

c. Court and state

\_\_\_\_\_

d. Date of court order or judgment (if any):

3. **Information about custody proceeding(s): (check only one)**

\_\_\_\_\_ I **HAVE NO INFORMATION** of any proceedings that could affect the current proceeding, including any proceedings relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this proceeding .

\_\_\_\_\_ I **HAVE THE FOLLOWING INFORMATION** concerning proceedings that could affect the current proceeding, including any proceedings relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this proceeding, other than set out in item 3.

Explain:

a. Name of each child

\_\_\_\_\_

b. Type of proceeding

\_\_\_\_\_

c. Court and state

\_\_\_\_\_

d. Date of court order or judgment (if any):

4. **Persons not a party to this proceeding: (check only one)**

\_\_\_\_\_ I **DO NOT KNOW OF ANY PERSON** not a party to this proceeding who has physical custody or claims to have custody or visitation rights with respect to any child subject to this proceeding.

\_\_\_\_\_ I **KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this proceeding has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this

a. Name and address of person \_\_\_\_\_

( ) has physical custody      ( ) claims custody rights      ( ) claims visitation rights  
Name of each child \_\_\_\_\_

b. Name and address of person \_\_\_\_\_

( ) has physical custody      ( ) claims custody rights      ( ) claims visitation rights  
Name of each child \_\_\_\_\_

c. Name and address of person \_\_\_\_\_

( ) has physical custody      ( ) claims custody rights      ( ) claims visitation rights  
Name of each child \_\_\_\_\_

5. **Knowledge of prior child support proceedings: (check only one)**

\_\_\_\_\_ The child(ren) described in this affidavit are NOT subject to existing child support order(s) in this or any state or territory.

\_\_\_\_\_ The child(ren) described in this affidavit ARE subject to the following existing child support order(s):

a. Name of each child \_\_\_\_\_

b. Type of proceeding \_\_\_\_\_

c. Court and address \_\_\_\_\_

d. Date of court order or judgment (if any): \_\_\_\_\_

e. Amount of child support paid and by whom: \_\_\_\_\_

f. SETS number: \_\_\_\_\_

6. **I acknowledge that I have a continuing duty to advise this Court of any custody, visitation, child support, or guardianship proceeding (including dissolution of marriage, child neglect, or dependency) concerning the child(ren) in this state or any other state about which information is obtained during this proceeding.**

I certify that a copy of this document was (check only one) ( ) mailed      ( ) faxed and mailed  
( ) hand delivered to the person(s) listed below on (date)

\_\_\_\_\_

Other party or his/her attorney:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I understand that I am swearing or affirming under oath to the truthfulness of the statements made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: \_\_\_\_\_  
Signature of Party

Printed name: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

STATE OF OHIO  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_  
Date Notary Public

IN THE COURT OF COMMON PLEAS, SENECA COUNTY, OHIO  
JUVENILE DIVISION

Judge Jay A. Meyer

AFFADAVIT OF INCOME AND EXPENSES

IMPORTANT: THIS FORM IS TO BE COMPLETED AND BROUGHT TO THE COURT HEARING ON THE SENECA COUNTY CSEA ADMINISTRATIVE ORDERS. YOU NEED TO HAVE COPIES OF YOUR THREE LATEST PAY STUBS AND YOUR MOST RECENT INCOME TAX RETURN (FORM), INCLUDING ALL SCHEDULES.

DO NOT LEAVE A BLANK AFTER ANY QUESTION. IF YOU CANNOT ANSWER A QUESTION, INSERT "UNKNOWN."

State of Ohio, County of \_\_\_\_\_, ss:

Name\_\_\_\_\_

Address\_\_\_\_\_

DOB \_\_\_\_\_ SSN, last 4 digits \_\_\_\_\_

Are or have you been known by any other names? If so please, list each and when used:

Name \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Name \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Name \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Names of child or children for whom you pay or receive support in this court case:

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Full name and date of birth of biological or legally adopted children living with you who are not included in this case [not step children]

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

**INCOME:**

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYER TELEPHONE NO. \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

Rate of pay per Hour \$ \_\_\_\_\_

Hours worked per week \_\_\_\_\_

Weekly gross income \$\_\_\_\_\_

Yearly gross income\_\_\_\_\_

City income tax paid to what city \_\_\_\_\_

Percentage \_\_\_\_\_

Yearly bonuses \$\_\_\_\_\_

Overtime \$\_\_\_\_\_

\$\_\_\_\_\_ one year ago

\$\_\_\_\_\_ two years ago

\$\_\_\_\_\_ three years ago

Work Related expenses:

Union Dues \$\_\_\_\_\_ (MONTHLY)

Uniforms \$\_\_\_\_\_ (MONTHLY)

Interest and Dividends \$\_\_\_\_\_ (MONTHLY)

Unemployment \$\_\_\_\_\_ (MONTHLY)

Worker's Compensation \$\_\_\_\_\_ (MONTHLY)

Social Security Type\_\_\_\_\_ \$\_\_\_\_\_ (MONTHLY)

Other Income (rentals, etc.,) & Source \$\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

OWF/General Relief/Cash Assistance \$\_\_\_\_\_ (MONTHLY)

Food Stamps/Ohio Direction Card \$\_\_\_\_\_ (MONTHLY)

IF YOU ARE NOT WORKING, WHEN DID YOU LAST WORK AND WHY ARE YOU NOT WORKING  
AT THIS TIME?

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Are the children in this court action covered by you as to health/medical/ dental/optical insurance?

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If so, what is the monthly amount of the cost for coverage for you?

Medical \$\_\_\_\_\_ Dental \$\_\_\_\_\_

Optical \$\_\_\_\_\_

If so, what is the monthly amount of the cost for coverage of the child(ren) of this action?

Medical \$\_\_\_\_\_ Dental \$\_\_\_\_\_

Optical \$\_\_\_\_\_

How many other children are covered? \_\_\_\_\_

Annual work-related monthly child care costs for the child(ren) of this action?

\$\_\_\_\_\_ [rate per hour \_\_\_\_\_; hours per week \_\_\_\_\_]

**YOU MUST ATTACH VERIFICATION OF CHILD CARE COSTS**

Annual court-ordered child support received by you \$\_\_\_\_\_

(Do not include support received in this case)

**LIST WHAT COUNTY CSEA AND SETS NUMBERS:**

COUNTY \_\_\_\_\_ SETS NO. \_\_\_\_\_

COUNTY \_\_\_\_\_ SETS NO. \_\_\_\_\_

COUNTY \_\_\_\_\_ SETS NO. \_\_\_\_\_

COUNTY \_\_\_\_\_ SETS NO. \_\_\_\_\_

Annual court-ordered spousal support received by you \$\_\_\_\_\_

Annual court-ordered child support paid by you \$ \_\_\_\_\_

**LIST WHAT COUNTY CSEA AND SETS NUMBERS:**

COUNTY \_\_\_\_\_ SETS NO. \_\_\_\_\_

COUNTY \_\_\_\_\_ SETS NO. \_\_\_\_\_

COUNTY \_\_\_\_\_ SETS NO. \_\_\_\_\_

COUNTY \_\_\_\_\_ SETS NO. \_\_\_\_\_

Annual court-ordered spousal support paid by you \$ \_\_\_\_\_

**NOTE: You must submit proof of the above expenses to receive adjustments.**

**IF SELF-EMPLOYED, ANSWER THESE QUESTIONS:**

Gross receipts from business \$ \_\_\_\_\_

Annual ordinary and necessary business expenses

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

The amount which is 5.6% of your gross annual income or the actual marginal difference between the actual rate paid by you and the FICA rate.

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

If you are self-employed, you must attach your latest federal and state tax returns with the appropriate schedules



I swear that the answers given above are true and accurate.

\_\_\_\_\_  
Signature

Sworn to before me and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
Commission expires:

**IN THE COURT OF COMMON PLEAS, SENECA COUNTY, OHIO  
JUVENILE DIVISION**

**HEALTH INSURANCE DISCLOSURE FORM**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone Number: \_\_\_\_\_

Are you currently receiving Medicaid? \_\_\_\_\_ Medicare? \_\_\_\_\_

Do you currently have health insurance available to you through your employer? \_\_\_\_\_

Is the coverage in effect? \_\_\_\_\_

If so, who is presently covered?

\_\_\_\_\_

relationship: \_\_\_\_\_

\_\_\_\_\_

relationship: \_\_\_\_\_

\_\_\_\_\_

relationship: \_\_\_\_\_

\_\_\_\_\_

relationship: \_\_\_\_\_

\_\_\_\_\_

relationship: \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Telephone Number: \_\_\_\_\_

Policy or Group #: \_\_\_\_\_

Are insurance cards required for services? YES \_\_\_\_\_ NO \_\_\_\_\_

What is the cost (premium) of providing health insurance per month? \_\_\_\_\_

What is the cost (premium) for individual coverage per month? \_\_\_\_\_

What is the cost (premium) for family coverage per month? \_\_\_\_\_

**TYPE OF COVERAGE:**

Does your plan cover hospitalization? YES \_\_\_\_\_ NO \_\_\_\_\_

Is there a deductible? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what is the deductible? \$ \_\_\_\_\_ per visit / month / year

Does your plan cover Doctor visits? YES \_\_\_\_\_ NO \_\_\_\_\_

Is there a co-payment required? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what is the co-payment? \$ \_\_\_\_\_ per visit

Is prescription coverage available? YES \_\_\_\_\_ NO \_\_\_\_\_

Is there a co-payment? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what is the co-payment? \$ \_\_\_\_\_ per prescription

Is there a different rate for generic? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what is that co-payment? \$ \_\_\_\_\_ per prescription

DOES THE OTHER PARENT OF THE CHILD(REN) HAVE HEALTH INSURANCE  
COVERAGE? \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING:

The other parent's Name: \_\_\_\_\_

The other parent's Employer: \_\_\_\_\_

The other parent's Employer Address: \_\_\_\_\_

The other parent's Employer Telephone Number: \_\_\_\_\_

Is the other parent currently receiving Medicaid? \_\_\_\_\_ Medicare? \_\_\_\_\_

Does the other parent currently have health insurance available through his/her employer? \_\_\_\_\_

Is the coverage in effect? \_\_\_\_\_

If so, who is presently covered?

_____	relationship: _____
_____	relationship: _____
_____	relationship: _____
_____	relationship: _____
_____	relationship: _____

Name of Insurance Company \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Telephone Number: \_\_\_\_\_

Policy or Group #: \_\_\_\_\_

Are insurance cards required for services? YES \_\_\_\_\_ NO \_\_\_\_\_

What is the cost (premium) of providing health insurance per month? \_\_\_\_\_

What is the cost (premium) for individual coverage per month? \_\_\_\_\_

What is the cost (premium) for family coverage per month? \_\_\_\_\_

**TYPE OF COVERAGE:**

Does the plan cover hospitalization? YES \_\_\_\_\_ NO \_\_\_\_\_

Is there a deductible? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what is the deductible? \$ \_\_\_\_\_ per visit / month / year

Does the plan cover Doctor visits? YES \_\_\_\_\_ NO \_\_\_\_\_

Is there a co-payment required? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what is the co-payment? \$ \_\_\_\_\_ per visit

Is prescription coverage available? YES \_\_\_\_\_ NO \_\_\_\_\_

Is there a co-payment? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what is the co-payment? \$ \_\_\_\_\_ per prescription

Is there a different rate for generic? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what is that co-payment? \$ \_\_\_\_\_ per prescription

I have attached a copy of my current health insurance card and/or my current prescription card.

I hereby certify that the above is a full and complete statement to the best of my knowledge and belief.

\_\_\_\_\_ DATE \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**NOTE: This disclosure form must be completed and attached to the Affidavit of Income Form.**