

[ ] [ ]  
IN THE COURT OF COMMON PLEAS, DELAWARE COUNTY, OHIO

\_\_\_\_\_  
and  
\_\_\_\_\_  
Petitioners.

: Case Number: \_\_\_\_\_  
: Judge: \_\_\_\_\_  
: Magistrate: \_\_\_\_\_  
: **FORM 3: AFFIDAVIT IN SUPPORT  
OF AGREED CHILD SUPPORT  
ORDERS**

(FORM 3: FOR USE IN ALL INITIAL DISSOLUTION CASES WITH AT LEAST ONE CHILD AND IN ALL AGREED POST DECREE MATTERS DETERMINING SUPPORT. LIST WIFE'S INFORMATION FIRST, (EX)-HUSBAND'S SECOND, WHENEVER TWO LINES PER QUESTION)

\*\*\*\*\*

STATE OF OHIO  
COUNTY OF \_\_\_\_\_, ss:

Now comes \_\_\_\_\_ and \_\_\_\_\_ the parties hereto, and being duly sworn under penalty of perjury states as follows:

**I. PERSONAL INFORMATION**

1. Date of marriage: \_\_\_\_\_

2. Date of separation: \_\_\_\_\_

**3. Minor children of this marriage:**

<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Year in School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Age and date of birth:      Wife: \_\_\_\_\_      Husband: \_\_\_\_\_

5. Social Security Number: Wife: \_\_\_\_\_      Husband: \_\_\_\_\_

6. Address of Wife: \_\_\_\_\_      Address of Husband: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. INCOME INFORMATION**

(NOTE: Self-Employed persons shall complete Page 2-a of this Form.)

**7. Employer's Name and address:**

Wife:

Husband:

_____	_____
_____	_____
_____	_____

Employee ID#, 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:**

Wife:

Husband:

_____	_____
_____	_____
_____	_____

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:

Husband:

_____	_____
_____	_____
_____	_____

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. CHILD SUPPORT CALCULATION INFORMATION**

**9. Alimony paid to a former spouse:**

\_\_\_\_\_

**10. Child Support Paid for Other Children:**

\_\_\_\_\_

**11. Number of Other Children of the Party Living With the Party:**

\_\_\_\_\_

**12. Amount of Support Received for Said Children**

\_\_\_\_\_

**13. Cost of Health Insurance That Covers the Children Involved in This Case:**

\_\_\_\_\_

**14. Amount of Work-Related Child Care Spent:**

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_  
AFFIANT

\_\_\_\_\_  
AFFIANT

Sworn to and subscribed by \_\_\_\_\_ before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

Sworn to and subscribed by \_\_\_\_\_ before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

**IV. CHILD SUPPORT CALCULATION:**

(Complete Parts 16 and 17, or 16, 17 and 18 as applicable)

	Wife:	Husband:
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:		_____

**16. Support for child(ren) in Wife's Custody:**

Basic Child Support Obligation (from table):	_____
Plus Child Care Expenses Net of Tax Credit:	_____
Total Support Obligation:	_____
Husband's Percentage:	_____
Husband's Share Per Year (Multiply Above Two Lines):	_____
Husband's Share Per Year Per Child:	_____
Husband's Share Per Week Per Child:	_____

**17. Support for Child(ren) in Husband's Custody:**

Basic Child Support Obligation (from table):	_____
Plus Child Care Expenses Net of Tax Credit:	_____
Total Support Obligation:	_____
Wife's Percentage:	_____
Wife's Share Per Year (multiply above two lines):	_____
Wife's Share Per Year Per Child:	_____
Wife's Share Per Week Per Child:	_____

**18. Split Custody Calculation:**

Husband's Share of Support Per Year (from above): \_\_\_\_\_

Wife's Share of Support Per Year (from above): \_\_\_\_\_

Net Support to be Paid Per Year By: \_\_\_\_\_

Net Support to be Paid Per Year Per Child: \_\_\_\_\_

Net Support to be Paid Per Week Per Child: \_\_\_\_\_

This Form was prepared by \_\_\_\_\_, Attorney at Law.

\_\_\_\_\_  
Signature of Preparing Attorney

Ohio Supreme Court Registration No.  
\_\_\_\_\_