COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
CUYAHOGA COUNTY, OHIO

_____ :
Plaintiff

_____ : Case Number: _____
Social Security Number Date of Birth

_____ :
Address

_____ : Judge: _____
City, State, Zip Code

Marital Residence: ☐Yes ☐No

:

vs

ANSWER WITH AFFIDAVIT TO MOTION FOR SUPPORT PENDENTE LITE WITH AFFIDAVIT AND NOTICE

:

_____ :
Defendant

Filed by:_____
(Your Name)
☐**WIFE** ☐**HUSBAND**

_____ :
Social Security Number Date of Birth

_____ : Date of Marriage:_____
Address

_____ : Date of Separation: _____
City, State, Zip Code

Marital Residence: ☐Yes ☐ No

☐Plaintiff ☐Defendant in the above-entitled action hereby files his/her Answer with Affidavit to the Motion for Support Pendente Lite with Affidavit and Notice filed by ☐Plaintiff ☐Defendant. The Answer Affidavit is attached hereto and incorporated herein.

CERTIFICATE OF SERVICE

The Answer with Affidavit to Motion for Support Pendente Lite with Affidavit and Notice has been sent by _____ mail to _____ (Name of Attorney or Party) located at _____ (Address), _____ (City/State/Zip) on _____ (Date).

_____
Signature of ☐Plaintiff ☐Defendant, if unrepresented

_____
Signature of Attorney for ☐Plaintiff ☐Defendant

_____
Attorney's Name and Registration Number

_____
Address

_____
City/State/Zip

_____
Telephone Number

☐Plaintiff ☐Defendant herein _____, having been duly sworn states that he/she has been advised that this affidavit may be used for the following purposes: (1) to disclose completely affiant's income and expenses; (2) to assist in determining orders of child support and spousal support when applicable or any changes thereto; and (3) to provide for the issuance of an appropriate support withholding and deduction notice or other order.

Initial: _____

I. Information Required for Support Calculation:

A. Minor or Dependent Children of this Marriage

(Include adopted children and any child of the parties who is over 18 and still attending high school or is mentally or physically disabled)

Child's Name	Date of Birth	Age	Residing with

ARE THERE ANY OTHER SUPPORT ORDERS ESTABLISHED FOR THESE CHILDREN? ☐YES ☐NO
IF YES, ATTACH COPY OF ORDER AND PROVIDE THE FOLLOWING INFORMATION: DATE OF ORDER:_____ AMOUNT: $_____

CASE NUMBER: _____ SETS NUMBER: _____ COURT (or agency) NAME: _____

B. Other Minor Children Living in My Household.

Child's Name	Relationship to You	Date of Birth	Age	Court Ordered Support Received
				$
				$
				$

C. Other Minor Children of Mine, NOT Living in My Household.

Child's Name	Residing with	Date of Birth	Age	Court Ordered Support Paid
				$
				$
				$

II. Child Support Guideline Adjustment:

	Husband/Father (all figures per year)		Wife/Mother (all figures per year)	
Total court ordered child support you pay for other children	$		$	
Total court ordered spousal support you pay to former spouse(s)	$		$	
Number of **your** other dependent children living with you from another marriage or relationship				
Court ordered child support you receive for the dependent child(ren) you indicated on line above	$		$	
Childcare expenses you pay for child(ren) of this marriage (employment or educational related)	$		$	
Local income taxes paid or rate of tax where you live or work	$	%	$	%
Self-employment tax (5.6% of A.G.I.)	$		$	
Health insurance premium for children (family plan cost minus individual plan cost)	$		$	

III. Annual Income [as defined in Ohio Revised Code §3119.01(B)(5)]:

A. Gross Annual Income from Employment (If not known, please estimate and write "EST" after each estimated figure.)

Gross Annual Employment Income ►	**Husband/Father** $ ☐Salary ☐Wages	**Wife/Mother** $ ☐Salary ☐Wages
Name(s) of Employer(s)		
Payroll Address(es)		
City, State, Zip		
Check the number of paychecks per year	☐12 ☐24 ☐26 ☐52	☐12 ☐24 ☐26 ☐52
Year-to-date Gross Income	$ Through date of:	$ Through date of:
Prior Year's Tax Refund	$	$
Benefits from Employment (Company Car, Club Memberships, Stock Options, etc.)		
1.	$	$
2.	$	$
3.	$	$
Total Annual Value of Benefits:	$	$

B. Annual Overtime, Commissions and Bonuses (If not known, please estimate and write "EST" after each estimated figure.)

	Husband/Father		Wife/Mother	
	Base Income	Overtime, Commissions & Bonuses	Base Income	Overtime, Commissions & Bonuses
LAST YEAR:	$	$	$	$
2 YEARS AGO:	$	$	$	$
3 YEARS AGO:	$	$	$	$
THIS YEAR THROUGH ► Month Day Year	$	$	$	$

C. Gross Annual Self-Employment Income (If not known, please estimate and write "EST" after each estimated figure.)
Use gross annual figures for most recent full year. See Ohio Revised Code §3119.01(C)(13)

Gross Annual Business Receipts	$	Company Name	
Ordinary & Necessary Business Expenses	- $	Company Address	
Net Annual Business Income	= $	Nature of Business:	

D. Other Annual Income: Other income includes commissions (other than from employment), royalties, tips, rents, dividends, severance pay, interest, trust income, annuities, social security benefits (including retirement, disability and survivor benefits that are not need based), workers' compensation, unemployment insurance, spousal support actually received, recurring capital gains, etc. Also include military pay (including base pay, BAQ, BAS, specialty pay, variable housing allowance, training pay, combat pay, hazardous duty pay, etc). Need Based Assistance includes benefits received from a government-administered means-tested program such as Ohio works first, food stamps, SSI, disability financial assistance, etc. For complete definition of income see Ohio Revised Code Section 3119.01(C)(7). If exact amounts are not known, please estimate and write "EST" after each estimated figure.

If more space is needed, attach extra pages. See additional pages ☐ YES

Husband/Father				Wife/Mother			
Other Income (Describe)		Need Based Assistance		Other Income (Describe)		Need Based Assistance	
	$		$		$		$
	$		$		$		$
	$		$		$		$
	$		$		$		$
Total Other Income	$	Total Need Based Assistance	$	Total Other Income	$	Total Need Based Assistance	$

E. Available Monthly Income

Husband/Father				Wife/Mother			
Average Monthly Deductions		Total Gross Annual Income	$	Average Monthly Deductions		Total Gross Annual Income	$
Fed/State/Local Taxes	$			Fed/State/Local Taxes	$		
Social Security Medicare	$	Total Average Gross Monthly Income	Divide Gross Annual By 12 $	Social Security Medicare	$	Total Average Gross Monthly Income	Divide Gross Annual By 12 $
Health Insurance	$			Health Insurance	$		
Union Dues	$	Average Monthly Deductions	Minus $	Union Dues	$	Average Monthly Deductions	Minus $
Pensions	$			Pensions	$		
IRAs/401(k)s	$	Available Monthly Income	Equals $	IRAs/401(k)s	$	Available Monthly Income	Equals $
Support Orders	$			Support Orders	$		
Other:	$			Other:	$		
Total Average Deductions	$			Total Average Deductions	$		

IV. Affiant's Monthly Living Expenses: On pages 4 and 5 please list the **ACTUAL** expenses for your present household. Give estimated expenses if you do not have exact figures, and check the appropriate box if you give an estimated expense.

A. MONTHLY HOUSING EXPENSES	Check box to right of each ESTIMATED expense
RENT OR FIRST MORTGAGE (circle one)	$ ☐
REAL ESTATE TAXES (if not included above)	$ ☐
REAL ESTATE/HOMEOWNERS INSURANCE (if not included above)	$ ☐
SECOND MORTGAGE or EQUITY LINE, if any	$ ☐
UTILITIES:	
• Electric (level billing or average/month)	$ ☐
• Gas (if billed separately)	$ ☐
• Fuel Oil/Propane	$ ☐
• Water and Sewer	$ ☐
• Telephone (basic monthly charge & average long distance)	$ ☐
• Cable Television	$ ☐
CLEANING, MAINTENANCE, REPAIR	
• Cleaning Service	$ ☐
• Maintenance and home repairs Expenses	$ ☐
LAWN SERVICE AND SNOW REMOVAL	$ ☐
OTHER (specify):	$ ☐
TOTAL HOUSING (A)	$

B. OTHER MONTHLY LIVING EXPENSES	Check box to right of each ESTIMATED expense
FOOD, ETC.:	
• Groceries (include food, paper and cleaning products, toiletries, etc.)	$ ☐
• Restaurant	$ ☐
TRANSPORTATION, ETC.	
• Vehicle Loans and/or Leases	$ ☐
• Vehicle Maintenance	$ ☐
• Gasoline	$ ☐
• Parking, Public Transportation	$ ☐
CLOTHING, ETC.	
• Clothes (other than for children)	$ ☐
• Dry Cleaning, Laundry	$ ☐
PERSONAL GROOMING	
	$ ☐
	$ ☐
CELL PHONE	$ ☐
OTHER (Specify):	$ ☐
	$ ☐
TOTAL OTHER LIVING EXPENSES (B)	$

C. MONTHLY CHILD RELATED EXPENSES	Check box to right of each ESTIMATED expense
Work/Educational Related Childcare	$ ☐
Clothing	$ ☐
School Supplies	$ ☐
Children's Allowances	$ ☐
Extracurricular Activities, Lessons	$ ☐
School Lunches	$ ☐
Other:	$ ☐
TOTAL CHILD RELATED EXPENSES (C)	$ ☐

D. MONTHLY INSURANCE PREMIUMS	Check box to right of each ESTIMATED expense
Life	$ ☐
Auto	$ ☐
Health	$ ☐
Disability	$ ☐
Renters/Personal Property	$ ☐
Other (specify):	$ ☐
TOTAL INSURANCE PREMIUMS (D)	$

E. MONTHLY EDUCATIONAL EXPENSES	Check box to right of each ESTIMATED expense	
Description	You	Children
Tuition	$ ☐	$ ☐
Books, Fees, etc.	$ ☐	$ ☐
College Loan Repayment	$ ☐	$ ☐
Other:	$ ☐	$ ☐
Total Education Expenses for Each Column	$	$
TOTAL EDUCATION (E) (Add Both Columns)	$	

F. MONTHLY HEALTH CARE EXPENSES (Not covered by insurance)	Check box to right of each ESTIMATED expense	
Description	You	Children
Physicians	$ ☐	$ ☐
Dentists	$ ☐	$ ☐
Optometrists/Opticians	$ ☐	$ ☐
Prescriptions	$ ☐	$ ☐
Other (specify):	$ ☐	$ ☐
Total Health Care Expenses for Each Column.	$	$
TOTAL HEALTH CARE EXPENSES (F) (Add Both Columns)	$	

G. MISCELLANEOUS MONTHLY EXPENSES (Your Expenses Only) Include children's expenses in section C or E on page 4	Check box to right of each ESTIMATED expense
Entertainment	$ ☐
Lessons, Health Clubs, Hobbies, Etc.	$ ☐
Books, Newspapers, Magazines and Other Subscriptions	$ ☐
Donations	$ ☐
Gifts	$ ☐
Vacations	$ ☐
Other (specify):	$ ☐
	$ ☐
	$ ☐
	$ ☐
TOTAL MISCELLANEOUS (G)	$

There are _____ adults and _____ children now living with me.

I am assisted in my living expenses by:

_____

Amount of Contribution per Month: $_____
DO NOT INCLUDE NEED BASED PUBLIC ASSISTANCE

H . MONTHLY DEBT PAYMENTS NOT PREVIOUSLY LISTED Identify by Creditor	Last 4 digits of account #	Check box to right of each ESTIMATED expense
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
TOTAL DEBT PAYMENTS (H)		$

GRAND TOTAL OF MONTHLY EXPENSES (SUM OF A thru H)
It is very important that you add each section and place a total in this box ► **$**

IV. Bankruptcy:

Filed by	Date of Filing	Case Number	Date of discharge or relief from stay	Type of case (Ch. 7, 11, 12, 13)	Current monthly payments
					$
					$

OATH OF AFFIANT

I, (print name) _____, hereby swear or affirm that the information set forth in this Affidavit is true, complete, and accurate. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury (Ohio Revised Code §2921.11).

_____
Affiant

Sworn to and subscribed before me this _____ day of _____, 20_____.

_____
Notary Public