

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

**AFFIDAVIT OF GENERAL INFORMATION, INCOME, MONTHLY EXPENSES AND
FINANCIAL DISCLOSURE**

**STATE OF OHIO
COUNTY OF OTTAWA**

_____, being first duly sworn, states in answer to the following questions as hereinafter set forth:

1.) CHILD # 1:

CHILD'S FULL NAME Date of Birth _____

CHILD'S ADDRESS _____

2.) CHILD # 2: (IF APPLICABLE)

CHILD'S FULL NAME Date of Birth _____

CHILD'S ADDRESS _____

** If there are more children, please use a separate sheet of paper to provide the above information and attach to this form.

3.) MOTHER:

MOTHER'S FULL NAME Date of Birth _____

MOTHER'S ADDRESS _____

EMPLOYER and EMPLOYER'S ADDRESS _____

MOTHER'S TELEPHONE NUMBER CELL PHONE # _____

Type of Work? _____

Amount of net pay \$ _____ Pay Frequency: _____

Amount of gross pay \$ _____ Pay Frequency: _____

4.) FATHER:

FATHER'S FULL NAME _____ Date of Birth _____

FATHER'S ADDRESS _____

FATHER'S TELEPHONE NUMBER _____ CELL PHONE # _____

EMPLOYER and EMPLOYER'S ADDRESS _____

Type of Work? _____

Amount of net pay \$ _____ Pay Frequency: _____

Amount of gross pay \$ _____ Pay Frequency: _____

If person from whom support is sought is self-employed, list name under which he or she does business, business address, type of work or service performed, and net income from said business in prior calendar year:

GROSS ANNUAL INCOME

1.) Mother's gross annual income: \$ _____

2.) Father's gross annual income: \$ _____

NOTE: You must attach a copy of your most recent income tax return, including all supporting schedules and a copy of your most recent paystub.

CURRENT MONTHLY INCOME

MOTHER

FATHER

Employment

Self-Employment

Interest / Dividends

Unemployment Comp.

Worker's Comp.

Disability / Sick Pay

Social Security

Spousal Support

Child Support

ADC / GR / Food Stamps

\$

TOTAL ALL COLUMNS

\$

ADJUSTMENTS

(Annual Amounts)

Court-Ordered Support Paid For Other Children

Court-Ordered Spousal Support Paid to Former Spouse

Health Insurance Premium Paid if
Children Covered (Child's portion
only)

Other dependent child in home
(Other resident child)

Local Income Tax Percentage Rate

Annual Daycare Costs

Annual Mandatory Unreimbursed
Employment Expenses (e.g. union
dues)

POTENTIAL ANNUAL GROSS INCOME

(if either party is unemployed or underemployed)

MOTHER

FATHER

Highest Education Completed

Marketable Skills

Health Conditions

Highest Prior Annual

\$

Income and Date

\$

Date Last Employed

MEDICAL INSURANCE COVERAGE

Please list below the medical insurance coverage that is currently in effect for the parties, including any minor children:

Mother's health insurance information is as follows:

Name of Employer / Group / Individual _____

Address of Employer / Group / Individual _____

Name of Insurance Company _____

Insurance for Children Active Now? _____

If No, then will activate within 30 days _____

☐ Yes or ☐ No

☐ Yes

Father's health insurance information is as follows:

Name of Employer / Group / Individual _____

Address of Employer / Group / Individual _____

Name of Insurance Company _____

Insurance for Children Active Now? _____

If No, then will activate within 30 days _____

☐ Yes or ☐ No

☐ Yes

5.) GUARDIAN/CUSTODIAN (if other than parent)

FULL NAME

Date of Birth

GUARDIAN/CUSTODIAN'S ADDRESS

GUARDIAN/CUSTODIAN'S TELEPHONE #

CELL PHONE #

EMPLOYER and EMPLOYER'S ADDRESS

6.) Who has legal (court-ordered) custody of the child(ren) whose custody or visitation you seek?

7.) Where (what county and what court) was legal custody established?

8.) Who has physical possession of the child(ren) at this time?

9.) Were the parents of this/these child(ren) ever married? ___ YES ___ NO

10.) Was paternity established? ___ YES ___ NO (If YES, please provide a copy of the parentage order).

11.) What is your relationship to the child?

12.) How many adults are in your home?

13.) Has any child protective agency ever been involved with this/these child(ren)?
___ YES ___ NO. If YES, please explain.

14.) Have you ever been to any Court before for any matters concerning this child?
___ YES ___ NO If YES, please explain when and under what
circumstances?_____

15.) Would mediation be of any assistance in the resolution of this matter?
Yes___ No___

Affiant

Sworn to before me and subscribed in my presence this _____ day of
_____, 20__.

NOTARY PUBLIC