

**IN THE COMMON PLEAS COURT OF SUMMIT COUNTY, OHIO
DIVISION OF DOMESTIC RELATIONS**

Petitioner (1)

Address: _____

Attorney _____

Attorney Address _____

Attorney telephone _____

CASE NO. _____

SETS NO. _____

JUDGE _____

MAGISTRATE _____

V.

Petitioner (2)

Address: _____

Attorney _____

Attorney Address _____

Attorney telephone _____

Dissolution

Affidavit of Property and Income

| | |
|--------------------|--|
| Date of Marriage | |
| Date of Separation | |

Note: In accordance with Local Rule 2.02, this affidavit must be filed with every dissolution. You are under a continuing legal duty to file an updated version of this form if you learn of any additional information. **If more space is needed, attach additional page(s).**

I. Children: Minor or Dependent Children of this Marriage

(Include adopted children and any child of the parties who is over 18 and handicapped)

| Child's Name | Date of Birth | Male / Female | Age | Residing with |
|--------------|---------------|---------------|-----|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

II. Affidavit of Property:

List ALL YOUR PROPERTY AND DEBTS, those of your spouse, and joint property and debts. Do not leave any category blank. For each item, if none, put "NONE." **If more space is needed, attach extra pages.**

A. Real Estate Interests:

| Address | Titled to Wife, Husband, or Both | Present Fair Market Value | Mortgages: Balance Due | Monthly Payment |
|---------|-------------------------------------|------------------------------|---------------------------|-----------------|
| A. | | | | |
| B. | | | | |

B. Other Assets:

| Category | Description (Also list who has possession) | Titled to Wife, Husband, or Both | Present Fair Market Value | Balance Due |
|---|---|----------------------------------|---------------------------|-------------|
| A. Vehicles | (Include automobiles, trucks, motorcycles, boats, motors, motor homes, etc.) | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| B. Financial Accounts | (Include checking, savings, CDs, POD accounts, money market accounts, etc.) | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| C. Pensions & Retirement Plans | (Include profit-sharing, IRAs, 401(k) plans, etc. Describe each type of plan.) | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| D. Publicly Held Stocks, Bonds, Securities, & Mutual Funds | | | | |
| 1. | | | | |
| 2. | | | | |
| E. Closely Held Stocks & Other Business Interests | (Describe type of business and type of ownership.) | | | |
| 1. | | | | |
| 2. | | | | |
| F. Life Insurance | (Include insurance provided by employer, term, whole life, any cash value or loans.) | | | |
| 1. | | | | |
| 2. | | | | |
| G. Furniture & Appliances | (Estimate value of those in your possession, and value of those in your spouse's possession.) | | | |
| 1. In Your Possession | | | | |
| 2. In Spouse's Possession | | | | |
| H. Safe Deposit Box | (Give location and describe contents) | | | |
| | | | | |
| I. All Other Assets | (Include collections, rare books, stamps, guns, antiques, art objects, computers, machinery, personal injury/workers compensation claims, promissory notes, loans to others, tax refunds due, interests in estates or trusts, franchises, copyrights, etc.) | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

III. Affidavit of Income [As defined in R.C. 3119.01]:

A. Gross Yearly Income from Employment

| | Husband |
|---------------------------|---|
| Total Gross Annual Income | |
| Employer | |
| Payroll Address | |
| City, State, Zip | |
| Paychecks per year | <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52 |

| | Wife |
|---------------------------|---|
| Total Gross Annual Income | |
| Employer | |
| Payroll Address | |
| City, State, Zip | |
| Paychecks per year | <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52 |

B. Other Income

All other income, including but not limited to pension, social security, workers compensation, commissions, royalties, disability benefits, unemployment benefits, rents, dividends, interest, OWF, SSI, food stamps, spousal support received from a prior spouse, etc.

| Husband | |
|----------|----------|
| Describe | Per Year |
| | |
| | |

| Wife | |
|----------|----------|
| Describe | Per Year |
| | |
| | |

C. Debts:

List ALL YOUR DEBTS, debts of your spouse, and joint debts. Do not leave any category blank. For each item, if none, put "NONE". If you don't know exact figures for any item, give your best estimate, and put "EST." If more space is needed, attach extra pages.

| Type | Name of Creditor / Purpose of Debt | In name of H, W, or Both | Total Debt Due | Monthly Payment |
|---|------------------------------------|--------------------------|----------------|-----------------|
| A. Secured debts (Mortgages, car, etc.) | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| B. Unsecured debts, including credit cards | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

IV. Private Health Insurance Information

CHECK ALL APPLICABLE BOXES AND FILL-IN ALL BLANKS.

☐ My child(ren is/are covered by low-income government –assisted health care coverage (Healthy Start/Medicaid, etc.)

LIST OF PLANS

I have the following **private health insurance** policies, contracts or plans to cover the child(ren) available to me.

| <u>Name of policy, contract or plan</u> | <u>Name of Insurance Company</u> | <u>Entity/group through which policy, contract or plan is available</u> |
|---|----------------------------------|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

NO PRIVATE HEALTH INSURANCE

☐ **I DO NOT HAVE the child(ren) enrolled in private health insurance because:**

- ☐ health insurance **is not available** through my employer or another group policy, contract or plan that will cover the children.
- ☐ I **declined enrollment** of the child(ren) in health insurance available through my employer or another group policy, contract or plan, but **I am enrolled in a policy, contract or plan for myself.**
- ☐ I am not yet eligible to enroll in private health insurance through employment or another group policy, contract or plan, but I will become eligible on (month/day/year) ____/____/____.
- ☐ I expect to enroll the child(ren) when I become eligible.
- ☐ OTHER reason the child(ren) is/are not enrolled (explain): _____

CURRENT PRIVATE HEALTH INSURANCE ENROLLMENT

☐ **I DO HAVE the child(ren) enrolled in private health insurance through:**

- ☐ an **individual (non-group)** policy, contract or plan.
- ☐ a **group** policy, contract or plan.

Date child(ren) was/were enrolled in private health insurance: (month/day/year) ____/____/____.

Provided through: ☐ Employer ☐ Current Spouse ☐ Other: _____

Name of Policyholder: _____
Policyholder address: _____

Insurance Co. Name: _____
Ins. Co. Claims address _____

Policyholder Phone No. (____) _____
Name of policy, contract or plan _____

Ins. Co. Claims Phone No. (____) _____
Group Number: _____
Identification/subscriber Number: _____

ACCESSIBILITY OF PRIMARY CARE SERVICE

My child(ren) has/have primary care services (health care/laboratory services customarily provided by a general practitioner, internal medicine, family medicine physician, or pediatrician) **accessible with this private health insurance:**

- ☐ within **30** miles of the child(ren)'s home.
- ☐ because the child(ren) **live(s)** in a geographic area where the residents customarily travel farther than 30 miles for their child(ren)'s primary care services.
- ☐ because primary care services are **only accessible by public transportation**. (Primary care services are accessible by public transportation and the person responsible for taking the child(ren) for primary care service is dependent upon public transportation).

REASONABLENESS OF COST/BEST INTEREST OF CHILDREN CONSIDERATIONS

The cost for private health insurance benefits that cover me and/or my child(ren) or will cover us when I am eligible is: (Do not include the amount than an employer or other person/entity pays for health insurance.)

| | |
|--|--------------------|
| Single coverage | \$ _____ per month |
| Single coverage plus one | \$ _____ per month |
| Single coverage plus two | \$ _____ per month |
| Family coverage (unlimited dependents) | \$ _____ per month |
| Other (explain): _____ | \$ _____ per month |

- ☐ I want to enroll/continue to have the child(ren) enrolled in the private health insurance plan in which I am currently enrolled/will become eligible to enroll in **even if the cost exceeds 5% of my TOTAL ANNUAL GROSS INCOME** (Health Insurance Maximum).

Number of Dependents currently enrolled or who will be enrolled when I become eligible: _____

| Name of Dependent | Relationship to You |
|-------------------|---------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

OATH OF AFFIANTS

I hereby swear or affirm that the information set forth in this Affidavit of Income and Property above 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 (R.C. 2921.22).*

Petitioner (1)

Petitioner (2)

Sworn to and subscribed before me this _____ Day of _____, _____.

Notary Public