

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

Plaintiff

Address: _____

-vs/and-

Defendant

Address: _____

Enter: _____

Date: _____

Case No. _____

File No. _____

CSEA No. _____

Judge _____

**AFFIDAVIT OF INCOME, EXPENSES
AND FINANCIAL DISCLOSURE**

STATE OF OHIO, SS:

Now comes _____ affiant herein, and having been duly cautioned and sworn, states that he/she has been advised that this affidavit may be used for any or all of the following purposes: (1) to make complete disclosure of affiant's income, liabilities and expenses; (2) to assist in determining orders of child support or spousal support when applicable or any changes thereto; and (3) to provide for the issuance of the appropriate deduction order for support.

Minor and/or Dependent Children of this Marriage:

_____ age _____ is residing with _____

_____ age _____ is residing with _____

_____ age _____ is residing with _____

GROSS YEARLY INCOME

SECTION I

Husband (1) _____ Yes _____ No Employed Yes _____ No **Wife (2)** **Wife**

\$ _____ Actual or Estimate Base Yearly Wages Actual or Estimated \$ _____

\$ _____ Yearly Averages Overtime, Commission & Bonus Income \$ _____

_____ Employer _____

_____ Payroll Address _____

_____ City, State, Zip _____

12 24 26 52 Scheduled Paychecks Per Year 12 24 26 52

\$ _____ Unemployment Benefits \$ _____

\$ _____ Workers' Compensation \$ _____

Social Security or Other Disability Benefits
\$ _____ List Sources in Section D-2 \$ _____

\$ _____ Spousal Support Received \$ _____

Interest / Dividend Income
\$ _____ List Source in Section D-2 \$ _____

Public Assistance or
(\$ _____) Income Supplement Security (\$ _____)

Other Income Received
\$ _____ List Source in Section III-B \$ _____

\$ _____ **TOTAL YEARLY INCOME** \$ _____

ANNUAL INCOME, OVERTIME AND BONUSES EARNED (Past Three Years)

Table with columns for Base Income and Overtime and/or Bonuses for years 1, 2, and 3 for both Husband and Wife.

ADJUSTMENTS

Court Ordered Support Paid for other child(ren) per year

Court Ordered Spousal Support Paid to a Former Spouse per year

Number of Other Dependent

Children living with the Party (Excluding Unadopted Step Children)

Child Support Received for Other Dependent Children

Indicated Immediately Above per year

Health Insurance Premium Paid

by Party if Children Included per year

For Post Decree Modifications Only

Gross Income of Current Spouse or Other Contributor in Household per year

SECTION II AFFIANT'S MONTHLY EXPENSES

List expenses below for your present household. There are ___ adults and ___ children in my household.

A. Housing:

- 1. Rent or Mortgage (including taxes and insurance)
2. Utilities (Gas & Electric, Water & Sewer, Telephone, Trash Collection, Cable Television)
3. Other

TOTAL HOUSING \$ (A)

B. Other

- 1. Car Repairs and License
2. Insurance
3. Medical Expenses (not covered by insurance)
4. Clothing
5. Grocery Items (to include food, laundry and cleaning products/toiletries, etc.)
6. Child Related Expenses (a. employment related only, b. Other)
7. Gasoline & Oil
8. Other

MONTHLY TOTAL \$ (B)

C. MONTHLY INSTALLMENT PAYMENTS
 (Do not list expenses previously listed in Section B)

To Whom Paid	Purpose	Balance Due	Monthly Payment
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

MONTHLY TOTAL \$ (C)

GRAND TOTAL MONTHLY EXPENSE (Sum A,B,C, plus D (optional)) \$

SECTION III FINANCIAL DISCLOSURE

A. List all funds on deposit in any and all accounts, in any bank, savings & loan, credit union, regulated investment company, mutual fund or other financial institution. Account includes any of the following: checking, certificate of deposit ("CD"), investment, savings, individual retirement ("IRA"), stock option, etc. Attach additional pages if needed.

Name & Address of Financial Institution	Account No.	Name(s) on Account	Balance Date of this Affidavit
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

B. Other income source listed in Section I (i.e., retirement / pension benefits, disability income, interests dividend income, rentals, annuities, etc. not listed in Section III-A). Attach additional pages if needed, Need not complete pre-decree.

Name & Address of Source	Identifying Description (Account No., Claim No., etc.)	Income or Benefits
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

SECTION IV OTHER ASSETS AND LUMP SUM INCOME

1. Describe assets of more than \$1,000 in value not otherwise listed in this affidavit (equity in real estate, stocks, bonds, other investments, etc.) . Attach additional pages if needed.

- (a) _____ Value \$ _____
- (b) _____ \$ _____
- (c) _____ \$ _____

2. List any lump sum income (bonus, gifts, inheritance, etc.) in excess of \$500, expected to be received within the next six months, not otherwise listed in this affidavit. Attach additional pages if needed.

Source _____ Value \$ _____
 Address _____

Affiant state that the information contained herein is complete and accurate to the best of his/her information, knowledge or belief under penalty of law.

 Attorney for Affiant Plaintiff / Petitioner (1)
 Defendant / Petitioner (2)

Sworn to and subscribed on my presence this _____ day of _____, 20_____.

 Notary Public
 My commission expires _____

D. OPTIONAL

(Additional Monthly Expenses)

Complete if an award of spousal support is at issue or in the event that you are seeking a significant deviation form the child support schedule.

- 1. Special and Unusual Needs of the Children, Specify _____ \$ _____
- 2. Extraordinary Parenting Time-Related Travel Expenses _____
- 3. Extraordinary Obligations to other children, minor and handicapped, not step-children _____
- 4. Mandatory Deduction from Wages (Not taxes, Social Security) _____
- 5. Hair Care, Dry Cleaning _____
- 6. Newspapers, Periodicals. and Books _____
- 7. Child Care (not employment related) _____
- 8. Children's School Lunch Program _____
- 9. Children's Allowances, Activities _____
- 10. Tuition (for Minor Children or Self) _____
- 11. Entertainment _____
- 12. Contributions _____
- 13. Additional Taxes Paid (not from wages). _____
- 14. Memberships (Associations, Clubs). _____
- 15. Travel, Vacations. _____
- 16. Water Softener. _____
- 17. House Repairs. _____
- 18. Housekeeping. _____
- 19. Lawn Service. _____
- 20. Other (Specify) _____

TOTAL OTHER EXPENSES (D)