

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 they have 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	(1) _____ Yes _____ No	Employed	_____ Yes _____ No	(2)	Defendant
\$ _____	Actual or Estimate	Base Yearly Wages	Actual or Estimated	\$ _____	
\$ _____	Yearly Averages	Overtime, Commission & Bonus Income		\$ _____	
_____	Employer	_____			
_____	Payroll Address	_____			
_____	City, State, Zip	_____			
_____	Scheduled Paychecks Per Year	_____			
\$ _____	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			\$ _____	

Plaintiff(1)

Defendant (2)

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

Table with columns for Plaintiff(1) and Defendant (2), and sub-columns for Base Income and Overtime and/or Bonuses. Rows for year 3, year 2, and year 1.

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 a, b

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 (employment related only, 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 their 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)

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