

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

Plaintiff	:	Case No. _____
SS# _____ DOB _____	:	CSEA No. _____
Address _____	:	Family File No. _____
_____	:	
V.	:	JUDGE Russell B. Wiseman
_____	:	MAGISTRATE Mary E. Holm
Defendant	:	
SS# _____ DOB _____	:	
Address _____	:	
_____	:	

**Affidavit of Income, Expenses,
and Financial Disclosure**

NOTES: This affidavit must be filed and served with the first pleading filed by each party in every action for divorce, dissolution, legal separation, and annulment. In those actions the Assets/Debts/Separate Property Statement form must be attached to this Affidavit. This affidavit must also be filed and served with every post-decree motion that concerns a modification of support. You will be required to provide proof of income per local rule and O.R.C. 3113.215 (B) (5). **If more space is needed, attached additional page.**

I. Information Required for Support Calculation:

A.

Date of Marriage	Date of Separation	Date of Divorce (If Post-Divorce Case)

B. Minor or Dependent Children of this Marriage (Include adopted children and any child of the parties who is over 18 and handicapped)

Childs Name	Social Security No.	Date of Birth	Residing With

C. Other Minor Children Living in My Household

Childs Name	Social Security No.	Date of Birth	Residing With

D. Other Minor Children of Mine, Not Living in My Household

Childs Name	Social Security No.	Date of Birth	Residing With

II. Income (As defined in O.R.C. 3113.215 (A)):

A. Gross Yearly Income from Employment

(If not known, please estimate. Put "EST" after each estimated figure.)

	Husband/ Father	Wife/ Mother
Gross Yearly Employment Income	\$	\$
Employer		
Payroll Address		
City, State, Zip		
Check the number of Paychecks per year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52
Year-to-Date Gross Income	\$ Through Date of	\$ Through Date of
Prior Year's Tax Refund	\$	\$

B. Gross Self-Employment

(If not known, please estimate. Put "EST" after each estimated figure.)

Use Gross Annual Figures for Most Recent Full Year. See O.R.C. 3113.215 (A)

	Husband/ Father	Wife/ Mother
Business Receipts	\$	\$
Ordinary & Necessary Business Expenses	\$	\$
Net Business Income	\$	\$

C. Other Income

All other income, *actual or expected*, including pension, social security, workers compensation, commissions, royalties, disability benefits, trust income, annuities, reoccurring capitals gains, unemployment benefits, rents, expense-sharing, dividends, interest, AFDC, SSI, food stamps, spousal support received from a prior spouse, etc.

(If not known, please estimate. Put "EST" after each estimated figure.)

Husband/ Father		Wife/ Mother	
Per Year	Describe	Per Year	Describe
\$		\$	
\$		\$	
\$		\$	

D. Annual Overtime, Commissions, Bonuses

(If not known, please estimate. Put "EST" after each estimated figure.)

Husband/ Father		
Year 3 is Most Recent Year	Base Income	Overtime, Commission, Bonuses
19 ___ year 1	\$	\$
19 ___ year 2	\$	\$
19 ___ year 3	\$	\$

Wife/ Mother		
Year 3 is Most Recent Year	Base Income	Overtime, Commission, Bonuses
19 ___ year 1	\$	\$
19 ___ year 2	\$	\$
19 ___ year 3	\$	\$

III. Child Support Guideline Adjustment:

	Husband/ Father (All Figures Per Year)	Wife/ Mother (All Figures Per Year)
Court Ordered Child Support You Pay For Other Child(ren) in Another Case	\$	\$
Court Ordered Spousal Support You Pay to a Former Spouse	\$	\$
Number of Your Other Dependent Child(ren) Living With You From A Previous Marriage	<input type="text"/>	<input type="text"/>
Court Ordered Child Support You Receive for the Dependent Child(ren) You Indicated on Line Above	\$	\$
Child Care Expenses You Pay for Child(ren) of this Marriage	\$	\$
Local Income Taxes Paid or Rate Of Tax where you Live or Work	\$ or: %	\$ or: %
Self-Employment Tax (5.6% of AGI)	\$	\$
For Post Decree Modifications Only:		
Current Spouse's Gross Income	\$	\$
Number of Your Other Dependent Child(ren) Living With You From Your Present Marriage [excluding unadopted step child(ren)]		

IV. Affiant's Monthly Living Expenses:

List your **ACTUAL** expenses for your present household in the first column. Give estimated expenses if you don't have exact figures. If you expect changes soon, list your **ANTICIPATED** expenses in your household after the divorce case in the second column. Explain why you expect your expenses to change. Also, if you are living with your parents or someone is helping you with your expenses, please explain.

My Average Monthly Expenses	Actual Monthly Expenses in My Present Household	Anticipated Future Monthly Expenses in My Household
There are now _____ adults and _____ Children living in my household.	I am assisted with my Living expenses by:	The reason I expect my household living expenses to change soon is:
A. Housing	Actual	Anticipated
Rent or First Mortgage	\$	
Real Estate Taxes (if not included above)	\$	
Real Estate Insurance (if not included above)	\$	
Second Mortgage, if any	\$	
UTILITIES:		
* Electric (level billing or avg/month)	\$	
* Gas (if billed separately)	\$	
* Fuel Oil/ Propane	\$	
* Water & Sewer	\$	
* Telephone (basic monthly charge)	\$	
* Water Softener	\$	
* Trash Collection	\$	
Telephone (average long distance)	\$	
Cable Television	\$	
Home Cleaning, Maintenance, Repair	\$	
Lawn Service, Snow Removal	\$	
Other: CELL PHONE	\$	
Housing Total	\$ (A)	(A)

B. Other Necessary Living Expenses	Actual	Anticipated
FOOD, ETC.: * Grocery (include food, paper, & Cleaning products, toiletries, etc.)	\$	
* Restaurant	\$	
TRANSPORTATION, ETC.: * Car loan or lease	\$	
* Gasoline	\$	
* Car Maintenance & Repair	\$	
* Parking, Public Transit	\$	
CLOTHING, ETC.: * Clothes	\$	
* Dry Cleaning/ Laundry	\$	
* Personal Grooming	\$	
Other: _____	\$	
Other: _____	\$	
Other Necessities Total	\$ (B)	(B)

C. Child-Related Expenses	Actual	Anticipated
Child Care, Work – or Educational-Related	\$	
Clothing	\$	
School Lunches	\$	
Children’s Allowances	\$	
Extra-Curricular Activities	\$	
Other: _____	\$	
Child-Related Expenses Total \$	(C)	(C)

		Actual		Anticipated	
D. Educational Expenses for:		You	Child(ren)	You	Child(ren)
Tuition	\$				
Books	\$				
Fees	\$				
Tutor	\$				
Activities	\$				
College Loan Repayment	\$				
Other: _____	\$				
Education Total	\$		(D)		(D)

E. Medical Expenses (out-of-pocket) for:		You	Child(ren)	You	Child(ren)
Doctor	\$				
Dentist	\$				
Optical	\$				
Orthodontist	\$				
Prescriptions	\$				
Other: _____	\$				
Medical Total	\$		(E)		(E)

F. Insurance		Actual	Anticipated
Life	\$		
Auto	\$		
Health	\$		
Disability	\$		
COBRA Insurance Coverage	\$		
Personal Property	\$		
Other: _____	\$		
Insurance Total	\$	(F)	(F)

G. Enrichment (Your expenses. Put child(ren)'s Expenses under C or D, above.)	Actual	Anticipated
Entertainment \$		
Lessons \$		
Books, Newspapers, Magazines \$		
Sports \$		
Clubs \$		
Hobbies \$		
Donations \$		
Gifts \$		
Vacation \$		
Other: _____ \$		
Enrichment Total \$	(G)	(G)

H. Miscellaneous Expenses	Actual	Anticipated
1. \$		
2. \$		
3. \$		
Miscellaneous Expenses Total \$	(H)	(H)

Grand Total of Monthly Expenses (sum of A – H in each column) \$		
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OATH OF AFFIANT

I hereby swear of affirm that the information set forth in this Affidavit of Income, Expenses, and Financial Disclosure 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 (O.R.C. 2921.11).*

, AFFIANT

Sworn to and subscribed before me this _____ day of _____, 2003

NOTARY PUBLIC

Reminder: The Assets/ Debts/ Separate Property Statement form MUST be attached to this Affidavit in every new divorce, dissolution, legal separation, or annulment case. **If more space is needed, attach additional page(s).**

Assets/ Debts/ Separate Property Statement

You MUST attach this form to your Affidavit of Financial Disclosure in ALL NEW divorce or dissolution cases. List ALL PROPERTY of you, your spouse, or both of you jointly. 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". You are under a continuing duty to file an updated version of this form if you learn of any additional information. **If more space is needed, attach extra pages.**

1. Real Estate Interests:

Address	Titled to Husband, Wife, Or Both	Present Fair Market Value	Mortgages Balances Due	Monthly Mortgage Payments
1.				
2.				

2. Other Assets (Fair Market Value Over & 100 Each)

Category	Description (Also list who has possession)	Titled to Husband, Wife, or Both	Present Fair Market Value (Also list balance due on any items)
Vehicles, Other Licensed Property	(Include automobiles, trucks, motorcycles, boats, motors, motor homes, etc.)		
1.			
2.			
3.			
Cash and Deposit	(Include checking, savings, CD's, POD Accounts, money market accounts, etc.)		
1.			
2.			
3.			
Safe Deposit Box	(Give location and describe contents)		
1.			
Pensions & Retirement Plans	(Include profit-sharing, IRA's, 401K plans, ext. Describe each type of plan.)		
1.			
2.			

Category	Description (Also list who has possession)	Titled to Husband, Wife, or Both	Present Fair Market Value (Also list balance due on any liens)
Publicly Held Stocks, Bonds, Securities			
1.			
2.			
3.			
Closely Held Stocks & Other Business Interests	(Describe type of business, type of ownership. Consider debts in setting value.)		
1.			
2.			
Life Insurance	(Include insurance provided by employers, Term, whole life, any cash value or loans.)		
1.			
2.			
Furniture & Appliances	(Estimate value of those in your possession, & value of those in your spouse's possession.)		
1. In your possession			
2. In Spouse's possession			
Transfers of Assets	Explanation: List the name & address of any Person [other than creditors listed on your Affidavit] Who has received money or property from you Exceeding \$100 in value in the past 12 months and The reason for each transfer.		
1.			
2.			
Lost Assets	Explanation: List any item you claim is lost or Missing as of this date, and its value. <i>Failure to list the property and value will prevent you From claiming the loss in this action.</i>		
1.			
2.			
All Other Assets	(Include collections, rare books, stamps, guns, Antiques, art objects, computers, machinery, Personal injury/worker's compensation claims, Promissory notes, loans to others, tax refunds due, Interests in estates or trusts, franchises, copyrights, etc)		
1.			
2.			

3. Debts

List ALL DEBTS of you, your spouse, or both of you jointly. 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". You are under a continuing duty to file an updated version of this form if you learn of any additional information.

If more space is needed, attached extra pages.

Type	Name of Creditor/ Purpose of Debt	Total Debt Due	Monthly Payment
Secured Loans (Mortgage, car, etc.)			
1.			
2.			
3.			
4.			
Unsecured Loans			
1.			
2.			
3.			
4.			
Credit Cards			
1.			
2.			
3.			
4.			
All Other Debts			
1.			
2.			

4. Bankruptcy:

Filed by: Wife, Husband, Both	Date of Filing: Case Number	Date of Discharge	Type of Case (Ch. 7, 11, 12, 13)	Current Monthly Payments
1.				
2.				

5. Separate Property Claims: [Defined in O.R. C. 3105.171 96) (A)]

If you are making any claims in any of the categories below, check "Yes" for that category and explain the nature and amount of your claim.

Category: [Check Yes or No]	Description	Particulars leading to your claim of separate ownership	Present Fair Market Value	Present Debt
Inheritances				
<input type="checkbox"/> Yes				
<input type="checkbox"/> No				
Property Owned Before Marriage				
<input type="checkbox"/> Yes				
<input type="checkbox"/> No				
Passive Income And Appreciation From Separate Property				
<input type="checkbox"/> Yes				
<input type="checkbox"/> No				
Property Acquired After a Decree				
<input type="checkbox"/> Yes				
<input type="checkbox"/> No				

Category [Check Yes or No]	Description	Particulars leading to your claim of separate ownership	Present Fair Market Value	Present Debt
Prenuptial Agreement				
<input type="checkbox"/> Yes				
<input type="checkbox"/> No				
Personal Injury Compensation (Except Loss of Marital Earnings)				
<input type="checkbox"/> Yes				
<input type="checkbox"/> No				
Gifts Made Solely To One Spouse				
<input type="checkbox"/> Yes				
<input type="checkbox"/> No				

Case Name: _____

Case Number: _____

OATH OF AFFIANT

I hereby swear or affirm that the information set forth in this Assets/ Debts/ Separate Property Attachment 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 (O.R.C. 2921.11).*

, AFFIANT

Sworn to and subscribed before me on this _____ day of _____, 2003

Notary Public