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

		Case No.
Address:		
DOB:		
	Plaintiff/Petitioner,	
Name:		
Address:		
DOB:		FINANCIAL AFFIDAVIT OF:
	Defendant/Petitioner.	

INSTRUCTIONS: This form must be filled out <u>completely and accurately</u>. If you cannot obtain information required by this form, indicate that the information is "unknown." You must then obtain the information and file an amended form as soon as possible. This is a sworn/affirmed affidavit and, therefore, all answers are given under penalty of perjury.

Now comes ______, and states that the following is a true and accurate accounting of his/her financial assets, liabilities and expenses. The affiant also states as follows:

Information about this Relationship:

Name:

Date of this marriage:	Are Domestic Violence Protection Order(s) currently in effect?YESNO(If YES, attach copy)
Date of Separation:	Party is currently pregnant: YES NO

Minor and/or Dependent Children OF THIS MARRIAGE/RELATIONSHIP: Check here, if none

Name of Child:	Date of Birth:	Name of Child:	Date of Birth:

Insurance Information for Parties:

Plaintiff/First Petitioner			Defenda	ant/Second Petitioner
YES	NO	Do you have health insurance?	YES	NO
		Names of Persons Covered		
		Name of Insurance Company		
		Address of Insurance Company		
\$	per	Insurance Cost	\$	per
\$	per	COBRA Cost	\$	per

INCOME INFORMATION

INSTRUCTIONS: LIST ALL INCOME FROM ANY SOURCE AND <u>ATTACH PROOF OF INCOME</u>, SUCH AS PAY-STUBS, TAX RETURNS, ETC.

A. Employment Income:

P	Plaintiff/First Petitioner		WAGES	Defend	ant/Second Petitioner	
			Job Title			
				Name of Employer		
				Payroll Address		
12	24	26	52	Paychecks per Year		
\$				Gross (<u>Before Taxes</u>) Income per Pay	\$	
\$				Net (<u>After Taxes</u>) Income per Pay	\$	
\$		as of		Year-to-Date Income	\$	as of
				Local Tax Rate		

B. Self-Employment or Business Income (Use Annual Information for most recent full year):

Plaintiff/First Petitioner	INCOME	Defendant/Second Petitioner
\$	Gross Business Receipts	\$
- \$	Business Expenses (excluding depreciation)	- \$
= \$	Net Annual Business Income	= \$

C. Other Income (List income from any and all other sources including, but not limited to, pension, social security, worker's compensation, commissions, bonuses, disability, trust, unemployment, rental, investment, child or spousal support from another person, cash assistance, and food stamps):

Plaintiff/First Petitioner		Defendant/Second Petitioner			
Amount Description		Amount		Description	
\$	per		\$	per	
\$	per		\$	per	
\$	per		\$	per	
\$	per		\$	per	

	Type of Expense	Monthly Cost	Explanation
	Rent		
S	Mortgage, Taxes and Insurance		
NSE	Other Property Insurance		
Ē	Gas/Fuel Oil/Propane		
	Electric		
5 U	Water/Sewer		
HOUSING EXPENSES	Trash Disposal		
n S	Telephone Service		
Я	Cable Television		
	Home Maintenance		
9S	Automobile Loan Payment(s)		
Auto Expenses	Gasoline for Automobiles		
Auto tpens	Maintenance for Automobiles		
ш	Car Insurance		
	Health Insurance		
es	Life Insurance		
sue	Groceries		
d X	Personal Hygiene		
Personal Expenses	Clothing		
Dua	Uninsured Health Expenses		
LSC	Educational Expenses		
Pe	Entertainment		
	Child Care		
	Other		
es	Other		
sui	Other		
xpenses	Other		
ш	Other		
Other E	Other		
đ	Other		
	Other		
	TOTAL MONTHLY EXPENSES		

ASSETS		
CASH AND BANK ACCOUNTS (list bank and type of account)	NAMED ACCOUNT HOLDER(S)	BALANCE
CASH SURRENDER LIFE INSURANCE (List Company)	NAMED POLICY HOLDER(S)	VALUE
REAL ESTATE INTERESTS (List location and interest)	NAMED OWNERS(S)	VALUE
RETIREMENT/INVESTMENTS (List type)	NAMED OWNERS(S)	BALANCE
OTHER PROPERTY, INCLUDING MOTOR VEHICLES	NAMED OWNER(S)	VALUE

LIABILITIES

DEBTS (List creditor)	NAMED DEBTOR(S)	BALANCE DUE	MONTHLY PAYMENT

Affiant understands that this affidavit may be used to: (1) make disclosure of income and assets to the other party/parties; (2) assist in determining division of property; and (3) determine the amount and terms of support orders. Affiant states that the information contained in this affidavit is complete and accurate to the best of his/her information, knowledge and belief, under penalty of law.

Plaintiff/First Petitioner Defendant/Second Petitioner

State of Ohio County of Richland

Sworn to or affirmed, and subscribed before me this _____ day of _____, 20____.

Notary Public