

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

Name:
Address:
DOB:

Case No. _____

Plaintiff/Petitioner,

vs./and

Name:
Address:
DOB:

Defendant/Second Petitioner.

FINANCIAL AFFIDAVIT OF:

INSTRUCTIONS: This form must be filled out completely and accurately. 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:

Date of this marriage:	Are Domestic Violence Protection Order(s) currently in effect? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, attach copy)
Date of Separation:	Party is currently pregnant: <input type="checkbox"/> YES <input type="checkbox"/> 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		Defendant/Second Petitioner
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have health insurance?	<input type="checkbox"/> YES <input type="checkbox"/> 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 ATTACH PROOF OF INCOME, SUCH AS PAY-STUBS, TAX RETURNS, ETC.

A. Employment Income:

Plaintiff/First Petitioner	WAGES	Defendant/Second Petitioner
	Job Title	
	Name of Employer	
	Payroll Address	
<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	Paychecks per Year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52
\$	Gross (<u>Before Taxes</u>) Income per Pay	\$
\$	Net (<u>After Taxes</u>) Income per Pay	\$
\$	Year-to-Date Income	\$
as of		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	

MONTHLY BUDGET

	TYPE OF EXPENSE	MONTHLY COST	EXPLANATION
HOUSING EXPENSES	<u>Rent</u>		<u>Location:</u>
	<u>Mortgage, Taxes and Insurance</u>		
	<u>Other Property Insurance</u>		
	<u>Gas/Fuel Oil/Propane</u>		
	<u>Electric</u>		
	<u>Water/Sewer</u>		
	<u>Trash Disposal</u>		
	<u>Telephone Service</u>		
	<u>Cable Television</u>		
	<u>Home Maintenance</u>		
AUTO EXPENSES	<u>Automobile Loan Payment(s)</u>		
	<u>Gasoline for Automobiles</u>		
	<u>Maintenance for Automobiles</u>		
	<u>Car Insurance</u>		
PERSONAL EXPENSES	Health Insurance		
	Life Insurance		
	Groceries		
	Personal Hygiene		
	Clothing		
	Uninsured Health Expenses		
	Educational Expenses		
	Entertainment		
	Child Care		
OTHER EXPENSES	Other:		
	Other:		
	Other:		
	Other:		
	Other:		
	Other:		
	Other:		
	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 OWNER(S)	VALUE
RETIREMENT/INVESTMENTS (List type)	NAMED OWNER(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