

DOMESTIC FORMS

Affidavit of Income and Expenses

Affidavit of Income, Expenses and Financial Disclosure – Short Form

Parenting Proceeding Affidavit (R.C. 3127-23(A))

Waiver of Counsel

Child Health Care Information

Affidavit of Property

Health Insurance Affidavit

Explanation of Medical Bills

COURT OF COMMON PLEAS
 _____ COUNTY, OHIO

Plaintiff/Petitioner	Case No. _____
v./and	Judge _____
Defendant/Petitioner	Magistrate _____

Instructions: Check local court rules to determine when this form must be filed.
 This affidavit is used to make complete disclosure of income, expenses and money owed. It is used to determine child and spousal support amounts. Do not leave any category blank. Write "none" where appropriate. If you do not know exact figures for any item, give your best estimate, and put "EST." **If you need more space, add additional pages.**

AFFIDAVIT OF INCOME AND EXPENSES

Affidavit of _____
 (Print Your Name)

Date of marriage _____ Date of separation _____

SECTION I - INCOME

	<u>Husband</u>	<u>Wife</u>
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	_____	_____
Payroll address	_____	_____
Payroll city, state, zip	_____	_____
Scheduled 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

A. YEARLY INCOME, OVERTIME, COMMISSIONS AND BONUSES FOR PAST THREE YEARS

	<u>Husband</u>	<u>Wife</u>
Base yearly income	\$ _____ 3 years ago 20 _____	\$ _____
	\$ _____ 2 years ago 20 _____	\$ _____
	\$ _____ Last year 20 _____	\$ _____
Yearly overtime, commissions and/or bonuses	\$ _____ 3 years ago 20 _____	\$ _____
	\$ _____ 2 years ago 20 _____	\$ _____
	\$ _____ Last year 20 _____	\$ _____

B. COMPUTATION OF CURRENT INCOME

	<u>Husband</u>	<u>Wife</u>
Base yearly income	\$ _____	\$ _____
Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Disability benefits		
<input type="checkbox"/> Workers' Compensation		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Retirement benefits		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Spousal support received	\$ _____	\$ _____
Interest and dividend income (source)		
_____	\$ _____	\$ _____
Other income (type and source)		
_____	\$ _____	\$ _____
TOTAL YEARLY INCOME	\$ _____	\$ _____
Supplemental Security Income (SSI) or public assistance	\$ _____	\$ _____
Court-ordered child support that you receive for minor and/or dependent child(ren) not of the marriage or relationship	\$ _____	\$ _____

SECTION II – CHILDREN AND HOUSEHOLD RESIDENTS

Minor and/or dependent child(ren) who are adopted or born of this marriage or relationship:

Name	Date of birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to the above children there is/are in your household:

_____ adult(s)
 _____ other minor and/or dependent child(ren).

SECTION III – EXPENSES

List monthly expenses below for your present household.

A: MONTHLY HOUSING EXPENSES

Rent or first mortgage (including taxes and insurance)	\$	_____
Real estate taxes (if not included above)	\$	_____
Real estate/homeowner's insurance (if not included above)	\$	_____
Second mortgage/equity line of credit	\$	_____
Utilities		
<input type="checkbox"/> Electric	\$	_____
<input type="checkbox"/> Gas, fuel oil, propane	\$	_____
<input type="checkbox"/> Water and sewer	\$	_____
<input type="checkbox"/> Telephone	\$	_____
<input type="checkbox"/> Trash collection	\$	_____
<input type="checkbox"/> Cable/satellite television	\$	_____
Cleaning, maintenance, repair	\$	_____
Lawn service, snow removal	\$	_____
Other:	\$	_____
	\$	_____
	\$	_____
TOTAL MONTHLY :		\$ _____

B. OTHER MONTHLY LIVING EXPENSES

Food	
<input type="checkbox"/> Groceries (including food, paper, cleaning products, toiletries, other)	\$ _____
<input type="checkbox"/> Restaurant	\$ _____
Transportation	
<input type="checkbox"/> Vehicle loans, leases	\$ _____
<input type="checkbox"/> Vehicle maintenance (oil, repair, license)	\$ _____
<input type="checkbox"/> Gasoline	\$ _____
<input type="checkbox"/> Parking, public transportation	\$ _____
Clothing	
<input type="checkbox"/> Clothes (other than children's)	\$ _____
<input type="checkbox"/> Dry cleaning, laundry	\$ _____
Personal grooming	
<input type="checkbox"/> Hair, nail care	\$ _____
<input type="checkbox"/> Other	\$ _____
Cell phone	\$ _____
Internet (if not included elsewhere)	\$ _____
Other	\$ _____
TOTAL MONTHLY \$ _____	

C. MONTHLY CHILD-RELATED EXPENSES
(for children of the marriage or relationship)

Work/education-related child care	\$ _____
Other child care	\$ _____
Unusual parenting time travel	\$ _____
Special and unusual needs of child(ren) (not included elsewhere)	\$ _____
Clothing	\$ _____
School supplies	\$ _____
Child(ren)'s allowances	\$ _____
Extracurricular activities, lessons	\$ _____
School lunches	\$ _____
Other	\$ _____
TOTAL MONTHLY \$ _____	

D. INSURANCE PREMIUMS

Life	\$	_____
Auto	\$	_____
Health	\$	_____
Disability	\$	_____
Renters/personal property (if not included in part A above)	\$	_____
Other _____	\$	_____
TOTAL MONTHLY		\$ _____

E. MONTHLY EDUCATION EXPENSES

Tuition		
o Self	\$	_____
o Child(ren)	\$	_____
Books, fees, other	\$	_____
College loan repayment	\$	_____
Other _____	\$	_____
	\$	_____
TOTAL MONTHLY:		\$ _____

F. MONTHLY HEALTH CARE EXPENSES
(not covered by insurance)

Physicians	\$	_____
Dentists	\$	_____
Optometrists/opticians	\$	_____
Prescriptions	\$	_____
Other _____	\$	_____
	\$	_____
TOTAL MONTHLY:		\$ _____

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren)	\$	_____
Child support for children who were not born of this marriage or relationship and were not adopted of this marriage	\$	_____
Spousal support paid to former spouse(s)	\$	_____
Subscriptions, books	\$	_____
Entertainment	\$	_____

OATH

(Do not sign until notary is present.)

I, (print name) _____, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

Sworn before me and signed in my presence this _____ day of _____, _____.

Notary Public
My Commission Expires:

COURT OF COMMON PLEAS
_____ COUNTY, OHIO

Plaintiff/Petitioner

vs./and

Defendant/Petitioner

Case No. _____

Judge _____

Magistrate _____

Instructions:

Use this affidavit for a dissolution or as the court specifies to make complete disclosure of each party's financial information, income and money owed. It is used to determine child and spousal support amounts. Do not leave any category blank. For each item, if none, put "NONE." If you do not know exact figures for any item, give your best estimate, and put "EST."

If more space is needed, add additional pages.

UNIFORM DOMESTIC RELATIONS FORM – AFFIDAVIT
AFFIDAVIT OF INCOME, EXPENSES AND FINANCIAL DISCLOSURE-SHORT FORM

Affidavit of _____
(Print Your Name)

YOUR ASSETS

Cash	\$	_____
Government Bonds	\$	_____
Checking Accounts	\$	_____
Savings Accounts	\$	_____
Stocks, Bonds, Securities	\$	_____
Life Insurance Cash Values	\$	_____
Real Estate	\$	_____

Automobile \$ _____
 Other Assets (itemize): _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

YOUR INCOME

Gross Income from Employment \$ _____
 weekly monthly annually
 Other Income (itemize): _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

RETIREMENT ACCOUNTS, PENSIONS, 401(k) ACCOUNTS, etc.

<u>Husband</u>	<u>Wife</u>
\$ _____	\$ _____
Vested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vested: <input type="checkbox"/> Yes <input type="checkbox"/> No

MONIES OWED YOU

<u>Borrower</u>	<u>Amount Owed</u>	<u>Type of Account</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

LIABILITIES

	<u>Amount Owed</u>	<u>Type of Account</u>
Loans Owed _____	\$ _____	_____
_____	\$ _____	_____
Loans on Life Insurance/Retirement Account	\$ _____	_____
Taxes	\$ _____	_____
Mortgages	\$ _____	_____

CONSUMER DEBTS

<u>In Your Name</u>	<u>Amount Owed</u>	<u>Type of Account</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
<u>In Joint Names</u>		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

OATH

[Do Not Sign Until Notary is Present]

I, (print name) _____ hereby swear or affirm that I have read this document and know of my own knowledge that the facts and information stated in this document are true and correct. I understand that if I lie, I may be held criminally and civilly responsible, including a jail sentence, fine, or perjury.

Your signature

Sworn before me and signed in my presence this ____ day of _____, _____.

Notary Public
My Commission Expires:

COURT OF COMMON PLEAS

_____ COUNTY, OHIO

Plaintiff/Petitioner	Case No.	
	Judge	
v./and	Magistrate	
Defendant/Petitioner/Respondent		

Instructions: Check local court rules to determine when this form must be filed. By law, an affidavit must be filed and served with the first pleading filed by each party in every parenting (custody/visitation) proceeding in this Court, including Dissolutions, Divorces and Domestic Violence Petitions. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, add additional pages.**

PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))

Affidavit of _____
(Print Your Name)

Check and complete ALL THAT APPLY:

1. I request that the court not disclose my current address or that of the child(ren). My address is confidential pursuant to R.C. 3127.23(D) and should be placed under seal to protect the health, safety, or liberty of myself and/or the child(ren).
2. Minor child(ren) are subject to this case as follows:

Insert the information requested below for all minor or dependent children of this marriage. You must list the residences for all places where the children have lived for the last **FIVE** years.

a. Child's Name:		Place of Birth:	
Date of Birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Period of Residence	Check if Confidential	Person(s) With Whom Child Lived (name & address)	Relationship
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

b. **Child's Name:** _____ **Place of Birth:** _____
Date of Birth: _____ **Sex:** Male Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

c. **Child's Name:** _____ **Place of Birth:** _____
Date of Birth: _____ **Sex:** Male Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CHILDREN, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

3. **Participation in custody case(s): (Check only one box.)**

- I **HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case.
- I **HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case. For each case in which you participated, give the following information:

- a. Name of each child: _____
- b. Type of case: _____
- c. Court and State: _____
- d. Date and court order or judgment (if any): _____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CUSTODY CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

4. **Information about other civil case(s) that could affect this case: (Check only one box.)**

- I **HAVE NO INFORMATION** about any other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this case.
- I **HAVE THE FOLLOWING INFORMATION** concerning other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning a child subject to this case. Do not repeat cases already listed in Paragraph 3. Explain:

- a. Name of each child: _____
- b. Type of case: _____
- c. Court and State: _____
- d. Date and court order or judgment (if any): _____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

5. **Information about criminal case(s):**

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

<u>Name</u>	<u>Case Number</u>	<u>Court/State/County</u>	<u>Convicted of What Crime?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

6. **Persons not a party to this case who has physical custody or claims to have custody or visitation rights to children subject to this case: (Check only one box.)**

- I **DO NOT KNOW OF ANY PERSON(S)** not a party to this case who has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.
- I **KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

<p>a. Name/Address of Person</p> <p><input type="checkbox"/> Has physical custody</p> <p>Name of each child: _____</p>	<p>_____</p> <p><input type="checkbox"/> Claims custody rights</p> <p>_____</p>	<p>_____</p> <p><input type="checkbox"/> Claims visitation rights</p> <p>_____</p>
<p>b. Name/Address of Person</p> <p><input type="checkbox"/> Has physical custody</p> <p>Name of each child: _____</p>	<p>_____</p> <p><input type="checkbox"/> Claims custody rights</p> <p>_____</p>	<p>_____</p> <p><input type="checkbox"/> Claims visitation rights</p> <p>_____</p>
<p>c. Name/Address of Person</p> <p><input type="checkbox"/> Has physical custody</p> <p>Name of each child: _____</p>	<p>_____</p> <p><input type="checkbox"/> Claims custody rights</p> <p>_____</p>	<p>_____</p> <p><input type="checkbox"/> Claims visitation rights</p> <p>_____</p>

OATH

(Do Not Sign Until Notary is Present)

I, (print name) _____, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

Sworn before me and signed in my presence this _____ day of _____, _____.

Notary Public
My Commission Expires: _____

IN THE ALLEN COUNTY COMMON PLEAS COURT

Plaintiff/Petitioner

vs.

Defendant/Petitioner

*

*

*

*

*

Case Number:

WAIVER OF COUNSEL

The undersigned party/parties, being fully aware of his/her right to retain legal counsel to act on his/her behalf, being fully informed of the nature of this action, and being fully advised that counsel involved in this action is not representing the interest(s) of the undersigned in any manner whatsoever, hereby waives representation by counsel and is voluntarily proceeding in this action without representation by, and advise of legal counsel.

Petitioner Plaintiff/Defendant

CHILD HEALTH CARE INFORMATION

CASE NUMBER: DR _____

CHILD(REN) COVERED

1. Name	DOB
Address	SSN
City, State, Zip Code	Custodial Parent

2. Name	DOB
Address	SSN
City, State, Zip Code	Custodial Parent

3. Name	DOB
Address	SSN
City, State, Zip Code	Custodial Parent

4. Name	DOB
Address	SSN
City, State, Zip Code	Custodial Parent

5. Name	DOB
Address	SSN
City, State, Zip Code	Custodial Parent

PARTY INFORMATION
(Attach copies of insurance cards)

PARTIES	EMPLOYER INFORMATION	INSURANCE INFORMATION
1. Name	Employer Name	Insurance Company
Address	Address	Address
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code
DOB		Policy Number
SSN		Group Number

PARTIES	EMPLOYER INFORMATION	INSURANCE INFORMATION
2. Name	Employer Name	Insurance Company
Address	Address	Address
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code
DOB		Policy Number
SSN		Group Number

PARTIES	EMPLOYER INFORMATION	INSURANCE INFORMATION
3. Name	Employer Name	Insurance Company
Address	Address	Address
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code
DOB		Policy Number
SSN		Group Number

COURT OF COMMON PLEAS

_____ COUNTY, OHIO

_____	Case No.	_____
Plaintiff/Petitioner	Judge	_____
v./and	Magistrate	_____

Respondent/Petitioner		

Instructions: Check local court rules to determine when this form must be filed. List ALL OF YOUR PROPERTY AND DEBTS, the property and debts of your spouse, and any joint property or debts. Do not leave any category blank. For each item, if none, put "NONE." If you do not know exact figures for any item, give your best estimate, and put "EST." If more space is needed, add additional pages.

AFFIDAVIT OF PROPERTY

Affidavit of _____
(Print Your Name)

I. REAL ESTATE INTERESTS

<u>Address</u>	<u>Present Fair Market Value</u>	<u>Titled To</u>	<u>Mortgage Balance</u>	<u>Equity (as of date)</u>
1. _____	\$ _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____	\$ _____
2. _____	\$ _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____	\$ _____
TOTAL SECTION I: REAL ESTATE INTERESTS				\$ _____

II. OTHER ASSETS

<u>Category</u>	<u>Description</u> (List who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
A. Vehicles and Other Certificate of Title Property	(Include model and year of automobiles, trucks, motorcycles, boats, motors, motor homes, etc.)		
	1. _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
	2. _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
	3. _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
	4. _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
	5. _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
6. _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____	
B. Financial Accounts	(Include checking, savings, CDs, POD accounts, money market accounts, etc.)		
	1. _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
	2. _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
	3. _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
4. _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____	

<u>Category</u>	<u>Description</u> (List who has possession) (Include profit-sharing, IRAs, 401k plans, etc.; Describe each type of plan)	<u>Titled To</u>	<u>Value/Date of Value</u>
C. Pensions & Retirement plans			
1. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
2. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
3. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
4. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____

D. Publicly Held Stocks, Bonds, Securities & Mutual Funds			
1. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
2. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
3. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
4. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____

<u>Category</u>	<u>Description</u> (List who has possession) (Type of ownership and number)	<u>Titled To</u>	<u>Value/Date of Value</u>
E. Closely Held Stocks & Other Business Interests and Name of Company			
1. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
2. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____

**F. Life Insurance Type
(Term/Whole Life)**

(Any cash value or loans)

(Insured party
& value upon death)

1.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$	
2.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$	
3.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$	
4.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$	

Category

Description

Who Has Possession

Value/Date of Value

G. Furniture & Appliances

(Estimate value of those in your possession, and value of those in your spouse's possession)

1.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$	
2.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$	
3.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$	
4.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$	

H. Safe Deposit Box

(Give location and describe contents)

Titled To

1.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$	
2.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$	

I. Transfer of Assets

Explanation: List the name and address of any person (other than creditors listed on your Affidavit) who has received money or property from you exceeding \$300 in value in the past 12 months and the reason for each transfer.

1.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
2.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
3.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
4.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____

<u>Category</u>	<u>Description</u> (Also list who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
J. All Other Assets Not Listed Above	Explanation: List any item you have not listed above that is considered an asset.		

1.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
2.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____

TOTAL SECTION II: OTHER ASSETS \$ _____

III. SEPARATE PROPERTY CLAIMS: Pre-marital assets, gifts to one spouse only, inheritances

If you are making any claims in any of the categories below, explain the nature and amount of your claim. **This includes, but is not limited to, inheritances, property owned before marriage, and any pre-marital agreements.**

	<u>Category</u> (Pre-marital Gift, Inheritance, etc., acquired after separation)	<u>Description</u>	<u>Why do you claim this as a separate property?</u>	<u>Present Fair Market Value</u>
1.				\$ _____
2.				\$ _____
3.				\$ _____
4.				\$ _____
5.				\$ _____

TOTAL SECTION III: SEPARATE PROPERTY CLAIMS \$ _____

IV. DEBT

List ALL OF YOUR DEBTS, the debts of your spouse, and any joint debts. 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." If more space is needed to explain, please attach an additional page with the explanation and identify which question you are answering.

<u>Type</u>	<u>Name of Creditor/Purpose of Debt</u>	<u>Account Name</u>	<u>Name(s) on Account</u>	<u>Total Debt Due</u>	<u>Monthly Payment</u>
A. Secured Debt (Mortgages, Car, etc.)					
1.	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
2.	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
3.	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
4.	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
5.	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
B. Unsecured Debt, including credit cards					
1.	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
2.	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
3.	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
4.	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
5.	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
TOTAL SECTION IV: DEBT				\$ _____	

V. BANKRUPTCY

	<u>Filed by: Wife, Husband, Both</u>	<u>Date of Filing: Case Number</u>	<u>Date of Discharge or Relief from Stay</u>	<u>Type of Case (Ch. 7, 11, 12, 13)</u>	<u>Current Monthly Payments</u>
1.	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	_____	_____	_____	\$ _____
2.	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	_____	_____	_____	\$ _____
TOTAL SECTION V: BANKRUPTCY					\$ _____

OATH

(Do Not Sign Until Notary is Present)

I, (print name) _____ swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

Sworn before me and signed in my presence this ____ day of _____, _____.

Notary Public
My Commission Expires:

COURT OF COMMON PLEAS
_____ COUNTY, OHIO

Plaintiff/Petitioner

v./and

Defendant/Petitioner

Case No. _____

Judge _____

Magistrate _____

Instructions: Check local court rules to determine when this form must be filed.
This affidavit is used to disclose health insurance coverage that is available for children. It is also used to determine child support. It must be filed if there are minor children of the relationship. **If more space is needed, add additional pages.**

HEALTH INSURANCE AFFIDAVIT

Affidavit of _____
(Print Your Name)

Mother

Father

Are your child(ren) currently enrolled in a low-income government-assisted health care program (Healthy Start/Medicaid)?

Yes No

Yes No

Are you enrolled in an individual (non-group or COBRA) health insurance plan?

Yes No

Yes No

Are you enrolled in a health insurance plan through a group (employer or other organization)?

Yes No

Yes No

If you are not enrolled, do you have health insurance available through a group (employer or other organization)?

Yes No

Yes No

Does the available insurance cover primary care services within 30 miles of the child(ren)'s home?

Yes No

Yes No

Mother

Father

Under the available insurance, what would be the annual premium for a plan covering you and the child(ren) of this relationship (not including a spouse)?

\$ _____

\$ _____

Under the available insurance, what would be the annual premium for a plan covering you alone (not including children or spouse)?

\$ _____

\$ _____

If you are enrolled in a health insurance plan through a group (employer or other organization) or individual insurance plan, which of the following people is/are covered:

Yourself?

Yes No

Yes No

Your spouse?

Yes No

Yes No

Minor child(ren) of this relationship?

Yes No

Yes No

Number _____

Number _____

Other individuals?

Yes No

Yes No

Number _____

Number _____

Name of group (employer or organization) that provides health insurance

Address

Phone number

OATH

(Do not sign until notary is present.)

I, (print name) _____, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

Sworn before me and signed in my presence this _____ day of _____, _____.

Notary Public

My Commission Expires: _____

