

COURT OF COMMON PLEAS
SENECA COUNTY, OHIO

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

Instructions: 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. Full disclosure of all income is required by law. Failure of either party to timely file a complete disclosure statement shall authorize the Court to accept the statement of the other party as accurate. Any false statement made herein or on any schedule or attachments may subject you to the penalty of perjury and may be considered a fraud upon the Court. You have a duty to ascertain answers to all questions.

EACH PARTY MUST ATTACH A COPY OF HIS/HER MOST RECENT IRS 1040 FILING, AND COPIES OF HIS/HER MOST RECENT PAY STUB.

Notice: WARNING – YOU HAVE 14 CALENDAR DAYS TO COMPLETE AND RETURN THIS FORM.

IMPORTANT: This schedule must be completed and filed with a Complaint for Divorce, Alimony Only, Annulment or Petition for Dissolution of Marriage or Motion for Modification of Support and/or Custody.

AFFIDAVIT OF INCOME AND EXPENSES

Affidavit of (Print Your Name)

Date of marriage Date of separation

SECTION I - INCOME

Table with columns for Husband and Wife, rows for Employed, Employer, Payroll address, Payroll city, state, zip, and Scheduled paychecks per year.

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

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	
o Electric	\$ _____
o Gas, fuel oil, propane	\$ _____
o Water and sewer	\$ _____
o Telephone	\$ _____
o Trash collection	\$ _____
o Cable/satellite television	\$ _____
Cleaning, maintenance, repair	\$ _____
Lawn service, snow removal	\$ _____
Other: _____	\$ _____
_____	\$ _____

TOTAL MONTHLY : \$ _____

B. OTHER MONTHLY LIVING EXPENSES

Food	
o Groceries (including food, paper, cleaning products, toiletries, other)	\$ _____
o Restaurant	\$ _____
Transportation	
o Vehicle loans, leases	\$ _____
o Vehicle maintenance (oil, repair, license)	\$ _____
o Gasoline	\$ _____
o Parking, public transportation	\$ _____
Clothing	
o Clothes (other than children's)	\$ _____
o Dry cleaning, laundry	\$ _____
Personal grooming	
o Hair, nail care	\$ _____
o 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	\$	_____
Charitable contributions	\$	_____

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:
