

DR-10 (12/18)

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

CASE NO. _____

PLAINTIFF/PETITIONER (1)

Address: _____

SETS NO. _____

JUDGE: CROSS / WOOD

DOB: _____

-vs- / -and-

**AFFIDAVIT OF FINANCIAL DISCLOSURE
(MONT. D. R. RULE 4.10)**

DEFENDANT/PETITIONER (2)

Address: _____

DOB: _____

STATE OF OHIO, SS:

Now comes _____, affiant herein, and having been duly cautioned and sworn, states that he/she has been advised that this affidavit may be used for any or all of the following purposes: (1) to make complete disclosure of affiant's income, liabilities and expenses; (2) to assist in determining orders of support when applicable.

I. TEMPORARY ORDERS/OTHER ACTIVE CASES:

I do not request a temporary order.

I request a temporary order for custody, child support, and/or spousal support.

A Domestic Violence Order under Case No. _____ currently is in effect.

A UIFSA or Juvenile Court Case under Case No. _____ currently is in effect.

A Bankruptcy action under Case No. _____ was filed _____.

DATE OF SEPARATION (NEW CASES) _____

II. MINOR AND/OR DEPENDENT CHILDREN ONLY OF THIS MARRIAGE:

DOB: _____ Residing with _____

DOB: _____ Residing with _____

DOB: _____ Residing with _____

DOB: _____ Residing with _____

EMPLOYMENT OR SCHOOL RELATED CHILD CARE EXPENSES FOR THESE CHILDREN: \$ _____ per year.

III. TOTAL INCOME FROM ALL SOURCES (A, plus B, plus Average of C):

PLAINTIFF \$ _____ DEFENDANT \$ _____

A. GROSS YEARLY INCOME FROM EMPLOYMENT

PLAINTIFF/PETITIONER (1) _____ DEFENDANT/PETITIONER (2) _____

____ YES ____ NO Employed? YES ____ NO

\$ _____ (Actual or Estimate)..... **Base Yearly Wages**.....(Actual or Estimate) \$ _____
or Gross Receipts if Self-Employed

.....Employer

.....Payroll Address

.....City, State, Zip

B. OTHER YEARLY INCOME

PLAINTIFF/PETITIONER (1) _____ DEFENDANT/PETITIONER (2) _____

YEARLY AMOUNT	SOURCE/ADDRESS		YEARLY AMOUNT	SOURCE/ADDRESS
\$		Interest/ Dividend Income	\$	
\$		Unemployment Compensation	\$	
\$		Workers' Compensation, Social Security or Other Disability Benefits	\$	
\$		Social Security & Pension Income	\$	
\$		Gross Self-Employment Income	\$	
\$		Ordinary & Necessary Business Expenses	\$	
\$		Expected lump sum income or benefits (within 6 months)	\$	

C. OVERTIME, COMMISSION AND BONUSES EARNED:

[Past Three Year History - Year 3 Is Most Recent Year]

Overtime, Commission, Bonuses

Overtime, Commission, Bonuses

20 ____ Year 1 \$ _____

20 ____ Year 1 \$ _____

20 ____ Year 2 \$ _____

20 ____ Year 2 \$ _____

20 ____ Year 3 \$ _____

20 ____ Year 3 \$ _____

IV. OTHER SUPPORT INFORMATION:

PLAINTIFF/PETITIONER (1)	Court Ordered Child Support Payable for Other Child(ren) Who Are Not of this Marriage	DEFENDANT/PETITIONER (2)
\$ _____ per year		\$ _____ per year
\$ _____ per year	Court Ordered Spousal Support Payable to a Spouse(s)	\$ _____ per year
Number of Other Minor Child(ren) Living With You (not children of this marriage or step-children)		
\$ _____ per year	Child Support You Receive for the Minor Child(ren) You Indicated on Line Above	\$ _____ per year

V. OTHER ASSETS:

List all funds on deposit in any and all accounts in any bank, savings & loan, credit union, regulated investment company, mutual fund or other financial institution. Account includes any of the following: checking, certificate of deposit ("CD"), investment, savings, individual retirement account ("IRA"), stock option, etc. Attach additional pages if needed.

Name & Address of Financial Institution	Name(s) on Account	Balance

VI. AFFIANT'S MONTHLY EXPENSES:

List your ACTUAL expenses for your **present household**. If you expect changes in your expenses soon, attach a separate sheet with your ESTIMATED expenses. **If you are living with your parents or someone is helping you with your living expenses, please identify that party _____ and the amount of support provided _____.**

A. MONTHLY EXPENSES

1. Housing

- Rent or Mortgage (including taxes and insurance)..... \$ _____
- Utilities
- a. Gas & Electric (level billing or average per month)..... \$ _____
- b. Water & Sewer..... \$ _____
- c. Telephone/Cell Phone (excluding long distance)..... \$ _____
- d. Trash Collection: \$ _____
- Other: _____ \$ _____

\$

HOUSING TOTAL..... \$ _____ (1)

2. Other

- Grocery (include food, laundry & cleaning products/toiletries etc)..... \$ _____
- Gasoline & Oil..... \$ _____
- Car Repairs..... \$ _____
- Insurance: (life/auto/renter's) _____ \$ _____
- Medical (not covered by insurance) \$ _____
- Clothing..... \$ _____
- Internet..... \$ _____
- Other _____ \$ _____

OTHER MONTHLY EXPENSES TOTAL\$ (II)

B. MONTHLY DEBT PAYMENTS

Do not list expenses previously listed in Section A (Monthly Expenses). Attach additional pages if needed.

<u>TO WHOM PAID</u> (ALSO INDICATE NAME ACCOUNT IS IN OR JOINT ACCOUNT)	<u>PURPOSE/SECURITY</u> (IF CAR LOAN, STATE MODEL & WHO DRIVES IT)	<u>MONTHLY PAYMENT</u>	<u>TOTAL BALANCE DUE</u>
		\$	\$
		\$	\$
		\$	\$
		\$	\$

MONTHLY DEBT PAYMENTS TOTAL\$ (III)

GRAND TOTAL MONTHLY EXPENSES (I + II + III)\$

VII. HEALTH INSURANCE:

GROUP HEALTH INSURANCE COVERAGE AVAILABLE FOR DEPENDENT CHILDREN
(This section to be filled in **ONLY** when there are dependent children of the parties.)

<p>PLAINTIFF/PETITIONER (1)</p> <p>YES / NO YES / NO</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>\$ _____ per year / month (individual)</p> <p>\$ _____ per year / month (family)</p>	<p>Available through employment Other Group Plan Insurance Company Name</p> <p>Address Policy Number Employee Cost (Indicate "0" if no cost to party)</p>	<p>DEFENDANT/PETITIONER (2)</p> <p>YES / NO YES / NO</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>\$ _____ per year / month (individual)</p> <p>\$ _____ per year / month (family)</p>
--	---	--

CHECK IF CHILDREN ARE CURRENTLY ENROLLED: FAMILY PLAN or INDIVIDUAL PLAN

Affiant states that the information contained herein and attached hereto, is complete and accurate to the best of his/her information, knowledge or belief under penalty of law.

Attorney for Plaintiff/Defendant/Petitioner

Affiant Plaintiff/Petitioner (1)
Defendant/Petitioner (2)

Sworn to and subscribed in my presence this _____ day of _____, _____.

Notary Public
My commission expires _____