

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

PLAINTIFF/PETITIONER (1)

Address: _____

DOB: _____

-vs- / -and-

CASE NO. _____

SETS NO. _____

JUDGE: PETRELLA / WOOD

DEFENDANT/PETITIONER (2)

Address: _____

DOB: _____

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

STATE OF OHIO, SS:

Now comes _____, affiant herein, and having been duly cautioned and sworn, states that they have 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 CHILDCARE 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 \$ _____

2. OTHER MONTHLY EXPENSES:

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

OTHER MONTHLY EXPENSES TOTAL (A2) \$ _____

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(B) \$ _____

GRAND TOTAL MONTHLY EXPENSES(A1 + A2 + B)

\$

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.)

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

PLAINTIFF/PETITIONER (1)

YES / NO

YES / NO

\$_____ per month

Available through employment

Other Group Plan

Insurance Company Name

Street Address

City/State/Zip

Policy Number

Employee Cost
(Indicate "0" if no cost to party)

DEFENDANT/PETITIONER (2)

YES / NO

YES / NO

\$_____ per month

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 signed in my presence this _____ day of _____, _____.

Notary Public

My commission expires _____