

**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 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]

<u>Overtime, Commission, Bonuses</u>	<u>Overtime, Commission, Bonuses</u>
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)

DEFENDANT/PETITIONER (2)

per year

Court Ordered Spousal Support
Payable to a Spouse(s)

per year

Number of Your Other Minor Child(ren)
**(Not children of this marriage
or stepchildren)**

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 _____, the amount of monthly support provided _____.**

LIST ONLY THE EXPENSES YOU PAY

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.....(A1)

2. Other Monthly Expenses

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.....(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

Available through employment

Other Group Plan

Insurance Company Name

Street Address

City/State/Zip

Policy Number

\$ _____ per month

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 _____