

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** (Please list all sources of other income in Section E.)

PLAINTIFF/PETITIONER (1)

DEFENDANT/PETITIONER (2)

|    |  |    |
|----|--|----|
| \$ | Interest/Dividend Income   | \$ |
| \$ | Unemployment Compensation  | \$ |
| \$ | Workers' Compensation, Social Security<br>or Other Disability Benefits | \$ |
| \$ | Social Security &<br>Pension Income                                    | \$ |
| \$ | Gross Self-Employment Income   | \$ |
| \$ | Ordinary & Necessary Business<br>Expenses                              | \$ |

**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 \$ _____ |

**D. OTHER INFORMATION CONCERNING CHILDREN:**

PLAINTIFF/PETITIONER (1)

DEFENDANT/PETITIONER (2)

|   |          |   |    |          |
|---|----------|---|----|----------|
| \$  | per year | Court Ordered Child Support Payable<br>for Other Child(ren)<br>Who Are Not of this Marriage | \$ | per year |
| \$  | per year | Court Ordered Spousal Support Payable<br>to a Spouse(s)                                     | \$ | per year |
| Number of Other Minor Child(ren)<br>Living With You ( <b>not children of this<br/>marriage or step-children</b> ) |          |   |    |          |
| \$  | per year | Child Support You Receive for<br>the Minor Child(ren) You<br>Indicated on Line Above        | \$ | per year |

**E. OTHER ASSETS AND LUMP SUM INCOME**

1. Describe income sources listed in Section B (i.e., retirement/pension benefits, disability income, interests or dividend income, rentals, annuities, etc.) Attach additional pages if needed.

| <i>Name &amp; Address<br/>of Source</i> | <i>Identifying Description<br/>(Account No., Claim No., Etc.)</i> | <i>Income or Benefits</i> |
|---|---|---------------------------|
|   |   |                           |
|   |   |                           |
|   |   |                           |
|   |   |                           |
|   |   |                           |
|   |   |                           |

2. List any lump sum income (bonus, gifts, inheritance, etc.) in excess of \$500, expected to be received within the next six months, not otherwise listed in this affidavit. Attach additional pages if needed.

Source \_\_\_\_\_ Value  
 \_\_\_\_\_ \$ \_\_\_\_\_

3. 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.

| <i>Name &amp; Address of Financial Institution</i> | <i>Account Number</i> | <i>Name(s) on Account</i> | <i>Balance</i> |
|--|-----------------------|---------------------------|----------------|
|  |                       |                           |                |
|  |                       |                           |                |
|  |                       |                           |                |

**IV. 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. Basic Telephone (excluding long distance) ..... \$ \_\_\_\_\_
- d. Trash Collection: ..... \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

**HOUSING TOTAL** ..... \$  (I)

**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.

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

**MONTHLY DEBT PAYMENTS TOTAL**..... \$ (III)

**GRAND TOTAL MONTHLY EXPENSES**..... \$

**V. 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.)

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

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 \_\_\_\_\_