

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 \_\_\_\_\_

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\_\_\_\_\_ 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)			DEFENDANT/PETITIONER (2)	
\$	per year	Court Ordered Child Support Payable for Other Child(ren) Who Are Not of this Marriage	\$	per year
\$	per year	Court Ordered Spousal Support Payable to a Spouse(s)	\$	per year
Number of Other Minor Child(ren) Living With You ( <b>not children of this marriage or step-children</b> )				
\$	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.

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

**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** ..... \$  (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.

<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 .....		\$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>	(III)
GRAND TOTAL MONTHLY EXPENSES (I + II + III) .....		\$ <span style="border: 3px double black; display: inline-block; width: 200px; height: 40px;"></span>	

**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><b>PLAINTIFF/PETITIONER (1)</b></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</p> <p>(Indicate "0" if no cost to party)</p>	<p><b>DEFENDANT/PETITIONER (2)</b></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>
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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 \_\_\_\_\_