

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

Name: _____ Case No. _____

Address: _____

DOB: _____

Plaintiff/Petitioner,

vs./and

Name: _____

Address: _____

DOB: _____

FINANCIAL AFFIDAVIT OF:

Defendant/Petitioner. _____

INSTRUCTIONS: This form must be filled out completely and accurately. If you cannot obtain information required by this form, indicate that the information is 'unknown'. You must then obtain the information and file an amended form as soon as possible. If the information does not apply to your situation, indicate 'n/a' for that information. This is a sworn affidavit and therefore all answers are given under penalty of perjury.

Now comes _____, after being duly sworn and cautioned under law, and states that the following is a true and accurate accounting of the financial assets, liabilities and expenses of the parties. The affiant also states as follows:

Information about this Relationship:

Date of this marriage:	Are Domestic Violence Protection Order(s) currently in effect? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, attach copy)
Date of Separation:	Wife is currently pregnant: <input type="checkbox"/> YES <input type="checkbox"/> NO

Minor and/or Dependent Children OF THIS MARRIAGE: Check here, if none

Name of Child:	Date of Birth:	Name of Child:	Date of Birth:

Insurance Information for Parties:

WIFE		HUSBAND
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have health insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Names of Persons Covered	
	Name of Insurance Company	
	Address of Insurance Company	
\$ _____ per _____	Insurance Cost - Single Plan	\$ _____ per _____
\$ _____ per _____	Insurance Cost - Family Plan	\$ _____ per _____

INCOME INFORMATION

INSTRUCTIONS: LIST ALL INCOME FROM ANY SOURCE AND ATTACH PROOF OF INCOME, SUCH AS PAY-STUBS, TAX RETURNS, ETC.

A. Employment Income:

WIFE	WAGES	HUSBAND
	Job Title	
	Name of Employer	
	Payroll Address	
<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	Paychecks per Year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52
\$	Gross (Before Taxes) Income per Pay	\$
\$	Net (After Taxes) Income per Pay	\$
\$ as of	Year-to-Date Income	\$ as of
	Local Tax Rate	

B. Self-Employment or Business Income (Use Annual Information for most recent full year):

WIFE	INCOME	HUSBAND
\$	Gross Business Receipts	\$
- \$	Business Expenses (excluding depreciation)	- \$
= \$	Net Annual Business Income	= \$

C. Other Income From Any Source (List any income not listed above, including, but not limited to: pension, Social Security, Worker's Compensation, commissions, bonuses, disability, trust, unemployment, rental, investment, child or spousal support from another person, OWF, food stamps, etc.)

WIFE		HUSBAND	
Amount	Description	Amount	Description
\$ per		\$ per	
\$ per		\$ per	
\$ per		\$ per	
\$ per		\$ per	

MONTHLY BUDGET

INSTRUCTIONS: LIST THE EXPENSES WHICH YOU CURRENTLY PAY (OR WHICH YOU PROPOSE TO PAY IF YOU ARE FILING THIS BUDGET WITH A PROPOSAL FOR TEMPORARY ORDERS). MAKE SURE THAT ALL EXPENSES ARE MONTHLY AMOUNTS. THE 'EXPLANATION' COLUMN IS OPTIONAL, BUT PLEASE EXPLAIN ANY UNUSUAL EXPENSES.

These expenses are for _____ adult(s) and _____ child(ren).

	TYPE OF EXPENSE	MONTHLY COST	EXPLANATION
HOUSING EXPENSES	Rent		Location:
	Mortgage, Taxes and Insurance		Location:
	Other Property Insurance		
	Gas/Fuel Oil/Propane		
	Electric		
	Water/Sewer		
	Trash Disposal		
	Telephone Service		
	Cable Television		
	Home Maintenance		
AUTO EXPENSES	Automobile Loan Payment(s)		
	Gasoline for Automobiles		
	Maintenance for Automobiles		
	Car Insurance		
PERSONAL EXPENSES	Health Insurance		
	Life Insurance		
	Groceries		
	Personal Hygiene		
	Clothing		
	Uninsured Health Expenses		
	Educational Expenses		
	Entertainment		
Child Care			
OTHER EXPENSES	Other:		
	Other:		
	Other:		
	Other:		
	Other:		
	Other:		
	Other:		
	Other:		
	Other:		
TOTAL MONTHLY EXPENSES			

ASSETS OF THE PARTIES

CASH AND BANK ACCTS. (List bank and type of acct.)	ACCOUNT HOLDER(S)	BALANCE
CASH SURRENDER LIFE INSURANCE (List company)	POLICY HOLDER(S)	VALUE
REAL ESTATE INTERESTS (List location and interest)	OWNER(S) (Joint, Husband or Wife)	VALUE
INVESTMENTS (List location and type)	OWNER(S) (Joint, Husband or Wife)	BALANCE
OTHER PROPERTY (List location and description)	OWNER(S) (Joint, Husband or Wife)	VALUE

LIABILITIES OF THE PARTIES

DEBTS (List creditor)	DEBTOR(S) (Joint, Husband or Wife)	BALANCE DUE	MONTHLY PAYMENT

Affiant understands that this affidavit may be used to: (1) make disclosure of income and assets to the other party; (2) assist in determining division of property; and (3) determine the amount and terms of support orders. Affiant states that the information contained in this affidavit is complete and accurate to the best of his or her information, knowledge and belief, under penalty of law.

Plaintiff/Defendant

Sworn to and subscribed in my presence this ____ day of _____, 20____.

Notary Public