

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

Plaintiff

Address

Marital Residence Yes No Phone: _____

Attorney

Atty Address

Atty Phone

CASE NO. _____

SETS NO. _____

JUDGE _____

MAGISTRATE _____

vs.

Defendant

Address

Marital Residence Yes No Phone: _____

Attorney

Atty Address

Atty Phone

Pre Decree Affidavit of Income, Expenses, And Property of

(Your Name)

Date of Marriage	
Date of Separation	

Note: In accordance with Local Rule 2.02 of this court, this affidavit must be filed and served upon the other party with every complaint for divorce, legal separation and annulment. It must also be filed at the time of the answer or temporary hearing, whichever comes first. You are under a continuing legal duty to file an updated version of this form if you learn of any additional information. **If more space is needed, attach additional page(s).**

I. Information Required for Support Calculation:

A. Minor or Dependent Children of this Marriage (Include adopted children and any child of the parties who is over 18 and handicapped)

	Date of Birth	Male / Female	Age	Residing with

Initialed _____

B. Other Minor Children Living in My Household

Child's Name	Date of Birth	Male / Female	Age	Relationship

C. Other Minor Children of Mine, Not Living in My Household

Child's Name	Date of Birth	Male / Female	Age	Residing with

II. Child Support Guideline Adjustment:

Court ordered child support you pay for other child(ren) in another case

Case number where support ordered

Date of initial order

Court ordered spousal support you pay to a former spouse

Number of **your** other dependent children living with you from a different marriage or relationship
Is the other parent of any of your other children also in your household?

If yes, how many children do you have with the parent who lives with you?

Court ordered child support you receive for the dependent child(ren) you indicated on line above (other parent not in home)

Child care expenses you pay for child(ren) of this case (employment or education-related)

Local income taxes paid or rate of tax where you live or work

Private health insurance cost to you for children (family plan cost less individual plan cost)

Total Number of dependents covered by your Insurance

Father (All Figures Per Year)	
Yes No	<input type="text"/>
	<input type="text"/>
\$ or %	

Mother (All Figures Per Year)	
Yes No	<input type="text"/>
	<input type="text"/>
\$ or %	

III. Income [as defined in O.R.C. 3119.01(C)]:

A. Gross Yearly Income from Employment

(If not known, please estimate. Put "EST" after each estimated figure.)

Husband	
Gross yearly employment income	
Employer	
Payroll address	
City, state, zip	
Check the number of paychecks per year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52

Wife	
Gross yearly employment income	
Employer	
Payroll address	
City, state, zip	
Check the number of paychecks per year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52

Year-to-date gross income		Through date of
Prior year's tax refund		

Year-to-date gross income		Through date of
Prior year's tax refund		

B. Annual Overtime, Commissions, Bonuses

(If not known, please estimate. Put "EST" after each estimated figure.)

Husband		
Year 3 is Most Recent Year	Base Income	Overtime, commission, bonuses
____ Year 1		
____ Year 2		
____ Year 3		
Y-T-D This year through:		

Wife		
Year 3 is Most Recent Year	Base Income	Overtime, commission, bonuses
____ Year 1		
____ Year 2		
____ Year 3		
Y-T-D This year through:		

C. Gross Self-Employment Income

(If not known, please estimate. Put "EST" after each estimated figure.) Use Gross Annual Figures for Most Recent Full Year. See O.R.C. 3119.01(C)

Husband	
Business receipts	
Ordinary & necessary business expenses	
Net business income	

Wife	
Business receipts	
Ordinary & necessary business expenses	
Net business income	

D. Other Income

All other income, actual or expected, including pension, social security, workers compensation, commissions, royalties, disability benefits, trust income, annuities, reoccurring capital gains, unemployment benefits, rents, expense-sharing, dividends, interest, AFDC, SSI, food stamps, spousal support received from a prior spouse, etc. (If not known, please estimate. Put "EST" after each estimated figure.)

Husband	
Describe	Per Year

Wife	
Describe	Per Year

E. Total Annual Income

Husband	
Total gross annual income	
Total average gross monthly income	÷ 12 =
Average monthly deductions	Less
Total net monthly income	=

Wife	
Total gross annual income	
Total average gross monthly income	÷ 12 =
Average monthly deductions	Less
Total net monthly income	=

F. Benefits of Employment (Use of company car, country club memberships, stock options, etc.)

Husband	
Benefits	Values

Wife	
Benefits	Values

IV. Affiant's Monthly Living Expenses

List your **ACTUAL** expenses for your **present household**. Give estimated expenses if you don't have exact figures. If you expect changes soon, list your **ANTICIPATED** expenses in your household after the divorce case. Explain why you expect your expenses to change. Also, if you are living with your parents or someone is helping you with your living expenses, please explain.

There are now _____ adults and _____ children living in my present household.		I am assisted with my living expenses by:	The reason I expect my household living expenses to change soon is:
A. Housing	Actual or Anticipated (Circle One)	B. Other Necessary Living Expenses	Actual or Anticipated (Circle One)
Rent		FOOD, ETC.: • Grocery (include food, paper & cleaning products, toiletries, etc.)	
First mortgage		• Restaurant	
Real estate taxes (if not included above)		TRANSPORTATION, ETC. • Car loan or lease	
Real estate insurance (if not included above)		• Gasoline	
Second mortgage, if any		• Car maintenance & repair	
UTILITIES: • Electric (level billing or avg/month)		• Parking, public transit	
• Gas (if billed separately)		CLOTHING, ETC.: • Clothes	
• Fuel oil/propane		• Dry cleaning, laundry	
• Water & sewer		PERSONAL GROOMING	
• Telephone: house		Other:	
• Telephone: cell			
• Water softener			
• Trash collection			
• Cable television			
Home cleaning, maintenance, repair			
Lawn service, snow removal			
Other:			
Housing total	(A)	Other necessities total	(B)

C. Child-Related Expenses	Actual or Anticipated (Circle One)		D. Education Expenses	Actual or Anticipated (Circle One)	
				You	Child(ren)
Child care, work-or education-related					
Clothing			Tuition		
School lunches			Books, fees, etc.		
Children's allowances			College loan repayment		
Extra-curricular activities, lessons			Other:		
Other:					
Child-related expenses total		(C)	Education total		(D)

E. Medical Expenses (Out-of-pocket) for	You	Child(ren)
Doctor		
Dentist		
Optical		
Orthodontist		
Prescriptions		
Other:		
Medical total		(E)

G. Enrichment (Your expenses. Put child(ren)'s expenses under C or D, above)	Actual or Anticipated (Circle One)
Entertainment	
Lessons, sports clubs, hobbies	
Books, newspapers, magazines	
Donations	
Gifts	
Vacation, other	
Enrichment total	(G)

F. Insurance	Actual or Anticipated (Circle One)
Life	
Auto	
Health	
Disability	
Renters/personal property, other	
Other:	
Miscellaneous	(F)

H. Miscellaneous Expenses (Include expenses and debt payments not previously listed.)	Actual or Anticipated (Circle One)
1.	
2.	
3.	
4.	
5.	
6.	
Miscellaneous	(H)

ACTUAL or ANTICIPATED (←Circle One)

*Grand total of monthly expenses (A - H each column)	
--	--

* It is very important that you add each section and put a total on these forms.

Initialed _____

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V. AFFIDAVIT OF PROPERTY

List ALL YOUR PROPERTY AND DEBTS, those of your spouse, and joint property and debts. Do not leave any category blank. For each item, if none, put "NONE." If you don't know exact figures for any item, give your best estimate, and put "EST". If more space is needed, attach extra pages.

Real Estate Interests:

Address	Titled to Husband, Wife, or Both	Present Fair Market Value	Mortgages: Balance Due	Monthly Mortgage Payments
A.				
B.				
C.				
D.				

Other Assets:

Category	Description (Also list who has possession)	Titled to Husband, Wife, or Both	Present Fair Market Value (Also list balance due on any liens)
A. Vehicles	(Include automobiles, trucks, motorcycles, boats, motor homes, etc.)		
1.			
2.			
3.			

B. Financial Accounts	(Include checking, savings, CDs, POD accounts, money market accounts, etc.)		
1.			
2.			
3.			
4.			

C. Pensions & Retirement Plans	(Include profit-sharing, IRAs, 401K plans, etc. Describe each type of plan.)		
1.			
2.			
3.			

D. Publicly Held Stocks, Bonds, Securities, & Mutual Funds			
1.			
2.			
3.			
4.			

E. Closely Held Stocks & Other Business Interests	(Describe type of business and type of ownership.)	Titled to Husband, Wife, or Both	Present Fair Market Value /Balance on liens
1.			
2.			
3.			
4.			

F. Life Insurance	(Include insurance provided by employer, term, whole life, any cash value or loans.)		
1.			
2.			

G. Furniture & Appliances	(Estimate value of those in your possession, and value of those in your spouse's possession.)		
1. In your possession			
2. In spouse's possession			

H. Safe Deposit Box	(Give location and describe contents)		

I. All Other Assets	(Include collections, rare books, stamps, guns, antiques, art objects, computers, machinery, personal injury/workers compensation claims, promissory notes, loans to others, tax refunds due, interests in estates or trusts, franchises, copyrights, etc.)		
1.			
2.			

J. Transfer of Assets	List the name and address of any person [other than creditors listed on your affidavit] who has received money or property from you exceeding \$100 in value in the past 12 months and the reason for each transfer.		
1.			
2.			

K. Lost Assets	List any item you claim is lost or missing as of this date and its value.		
1.			
2.			

VI. Debts:

List ALL YOUR DEBTS, debts of your spouse, and joint debts. Do not leave any category blank. For each item, if none, put "NONE". If you don't know exact figures for any item, give your best estimate, and put "EST." **If more space is needed, attach extra pages.**

Type	Name of Creditor / Purpose of Debt	Total Debt Due	Monthly Payment
A. Secured debts (Mortgages, car, etc.)			
1.			
2.			
3.			
4.			
5.			
6.			

B. Unsecured debts, including credit cards			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Bankruptcy:

Filed by: Wife Husband, Both	Date of Filing: Case Number	Date of Discharge or Relief from Stay	Type of Case (Ch. 7, 11, 12, 13)	Current Monthly Payments
1.				
2.				

Initialed _____

VII. Separate Property Claims: [As defined in O.R.C. 3105.171(6)(A)]

If you are making any claims in any of the categories below, check "Yes" for that category and explain the nature and amount of your claim.

Category: [Check Yes or No]	Yes	No	Description	Particulars leading to your claim of separate ownership	Present Fair Market Value	Present Debt
Inheritances					\$	\$
Property owned before marriage					\$	\$
Passive income and appreciation from separate property					\$	\$
Property acquired after a decree of legal separation					\$	\$
Prenuptial agreement					\$	\$
Personal injury compensation (except loss of marital earnings)					\$	\$
Gifts made solely to one spouse					\$	\$

VIII. Private Health Insurance Information

CHECK ALL APPLICABLE BOXES AND FILL-IN ALL BLANKS.

- My child(ren) is/are covered by low-income government –assisted health care coverage (Healthy Start/Medicaid, etc.)
-

LIST OF PLANS

I have the following private health insurance policies, contracts or plans to cover the child(ren) available to me.

<u>Name of policy, contract or plan</u>	<u>Name of Insurance Company</u>	<u>Entity/group through which policy, contract or plan is available</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NO PRIVATE HEALTH INSURANCE

- I DO NOT HAVE the child(ren) enrolled in private health insurance because:
- health insurance is not available through my employer or another group policy, contract or plan that will cover the children.
 - I declined enrollment of the child(ren) in health insurance available through my employer or another group policy, contract or plan, but I am enrolled in a policy, contract or plan for myself.
 - I am not yet eligible to enroll in private health insurance through employment or another group policy, contract or plan, but I will become eligible on (month/day/year) ____/____/____.
 - I expect to enroll the child(ren) when I become eligible.
 - OTHER reason the child(ren) is/are not enrolled (explain): _____
-

CURRENT PRIVATE HEALTH INSURANCE ENROLLMENT

- I DO HAVE the child(ren) enrolled in private health insurance through:
- an individual (non-group) policy, contract or plan.
 - a group policy, contract or plan.

Date child(ren) was/were enrolled in private health insurance: (month/day/year) ____/____/____.

Provided through: Employer Current Spouse Other: _____

Name of policyholder: _____
Policyholder address: _____

Insurance Co. name: _____
Ins. Co. claims address _____

Policyholder phone no. (____) _____
Name of policy, contract or plan _____

Ins. Co. claims phone no. (____) _____
group number: _____
Identification/subscriber number: _____

Initialed _____

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ACCESSIBILITY OF PRIMARY CARE SERVICE

My child(ren) has/have primary care services (health care/laboratory services customarily provided by a general practitioner, internal medicine, family medicine physician, or pediatrician) **accessible with this private health insurance:**

- within **30** miles of the child(ren)'s home.
- farther than **30** miles, but the child(ren) **live(s)** in a geographic area where the residents customarily travel farther than 30 miles for their child(ren)'s primary care services.
- farther than **30** miles and primary care services are **only accessible by public transportation.** (Primary care services are accessible by public transportation and the person responsible for taking the child(ren) for primary care service is dependent upon public transportation).

REASONABLENESS OF COST/BEST INTEREST OF CHILDREN CONSIDERATIONS

The cost for private health insurance benefits that cover me and/or my child(ren) or will cover us when I am eligible is: (do not include the amount than an employer or other person/entity pays for health insurance.)

Single coverage	\$ _____	per month
Single coverage plus one	\$ _____	per month
Single coverage plus two	\$ _____	per month
Family coverage (unlimited dependents)	\$ _____	per month
Other (explain): _____	\$ _____	per month

- I want to enroll/continue to have the child(ren) enrolled in the private health insurance plan in which I am currently enrolled/will become eligible to enroll in **even if the cost exceeds 5% of my TOTAL ANNUAL GROSS INCOME** (health insurance maximum).

Number of Dependents currently enrolled or who will be enrolled when I become eligible: _____

Name of Dependent	Relationship to You
_____	_____
_____	_____
_____	_____
_____	_____

OATH OF AFFIANT

I, _____ (print) hereby swear or affirm that the information set forth in this Affidavit of Income, Expenses, and Property above is true, complete, and accurate. *I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury (O.R.C. 2921.22).*

AFFIANT

Sworn to and subscribed before me this _____ Day of _____, _____.

Notary Public