

IN THE COURT OF COMMON PLEAS

\_\_\_\_\_  
DIVISION  
\_\_\_\_\_  
COUNTY, OHIO

\_\_\_\_\_  
Plaintiff/Petitioner 1  
  
vs./and  
  
\_\_\_\_\_  
Defendant/Petitioner 2

Case No. \_\_\_\_\_  
Judge \_\_\_\_\_  
Magistrate \_\_\_\_\_

**Instructions:** Check local court rules to determine when this form must be filed. This affidavit is used to disclose health insurance coverage that is available for children of the relationship. It is also used to determine child support. **If more space is needed, add additional pages.**

HEALTH INSURANCE AFFIDAVIT

Affidavit of \_\_\_\_\_  
(Print Name)

**Plaintiff/Petitioner 1**                      **Defendant/Petitioner 2**

Is/are your child(ren) currently enrolled in a government-provided program (i.e. Healthy Start/ Medicaid)?       Yes     No                       Yes     No

Is/are your child(ren) enrolled in an individual (non-group or COBRA) health insurance plan?       Yes     No                       Yes     No

Is/are your child(ren) enrolled in a plan found through the exchange/Affordable HealthCare Marketplace?       Yes     No                       Yes     No

Is/are your child(ren) enrolled in a health insurance plan through a group (employer or other organization)?       Yes     No                       Yes     No

If your child(ren) is/are not enrolled, does/do he/she/they have health insurance available through a group (employer or other organization)?       Yes     No                       Yes     No

Does the available insurance cover primary care services within 30 miles of the children's home?       Yes     No                       Yes     No

Under the available insurance, what is the annual premium you pay for family coverage?      \$ \_\_\_\_\_                      \$ \_\_\_\_\_

Name of group (employer or organization) that provides health insurance      \_\_\_\_\_

Address      \_\_\_\_\_

Phone Number      \_\_\_\_\_

**OATH OR AFFIRMATION**  
*(Do not sign until Notary Public is present)*

I, (print name) \_\_\_\_\_, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

\_\_\_\_\_  
Your Signature

STATE OF \_\_\_\_\_ )  
  ) **SS**  
COUNTY OF \_\_\_\_\_ )

Sworn to or affirmed before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

Commission Expiration Date: \_\_\_\_\_

(Affix seal here)