

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

Plaintiff/Petitioner (1)	:	Case No. _____
DOB _____	:	CSEA No. _____
Address _____	:	JUDGE JAMES W. CONWAY
V.	:	MAGISTRATE BRADLEY E. SALES
Defendant/Petitioner (2)/Respondent	:	Affidavit of Income, Expenses and Property of _____
DOB _____	:	(Name)
Address _____	:	

Date of Marriage	
Date of Separation	

Notes: This affidavit **must** be filed and served in accordance with Local Rules of Court. Pages 1 through 8 and page 13 must be completed and filed and served with every post-decree motion that concerns a modification of support. You will be required to provide proof of income per local rule and O.R.C. 3119.021. 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. Income [As defined in O.R.C. 3119.01]:
A. Gross Yearly Income from Employment (If not known, please estimate. Put "EST" after each estimated figure.)

	Husband/Father	Wife/Mother
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	<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		

Initialed _____

B. Annual Overtime, Commissions, Bonuses

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

Husband/Father		
Year 3 is Most Recent Year	Base Income	Overtime, Commissions, Bonuses
20__ Year 1		
20__ Year 2		
20__ Year 3		
Year-to-Date This Year Through ____		

Wife/Mother		
Year 3 is Most Recent Year	Base Income	Overtime, Commissions, Bonuses
20__ Year 1		
20__ Year 2		
20__ Year 3		
Year-to-Date 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. 3119.021

Business Receipts

Ordinary & Necessary Business Expenses

Net Business Income

Husband/Father

Wife/Mother

D. Other Income

All other income, actual or expected, including pension, social security, workers compensation, commissions, royalties, disability benefits, trust income, annuities, recurring 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/Father	
Per Year	Describe

Wife/Mother	
Per Year	Describe

Initialed _____

E. Total Annual Income

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

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

F. Benefits of Employment

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

Husband/Father	
Benefits	Values

Wife/Mother	
Benefits	Values

II. 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 19 and handicapped.)

Child's Name	Date of Birth	Residing With

B. Other Minor Children Living in My Household

Child's Name	Date of Birth	Relationship

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

Child's Name	Date of Birth	Relationship

Initialed _____

III. Child Support Guidelines Adjustment:

	Husband/Father (All Figures Per Year)	Wife/Mother (All Figures Per Year)
Court Ordered Child Support You Pay for Other Child(ren) in Another Case		
Court Ordered Spousal Support You Pay to a Former Spouse		
Number of Your Other Dependent Children Living With You From a Previous Marriage or Relationship	<input type="text"/>	<input type="text"/>
Court Ordered Child Support You Receive for the Dependent Child(ren) You Indicated on Line Above		
Child Care Expenses You Pay for Child(ren) of this Marriage (Employment or Educational-Related)		
Local Income Taxes Paid or Rate of Tax where you Live or Work	or: %	or: %
Self-Employment Tax (5.6% of A.G.I.)		
Health Insurance Premium for Children (Family Plan Cost Less Individual Plan Cost)		
For Post Decree Modifications Only:		
Current Spouse's Gross Income		
Number of Your Other Dependent Children Living with You from Your Present Marriage or Relationship [Excluding unadopted step-children]	<input type="text"/>	<input type="text"/>

IV. Affiant's Monthly Living Expenses:

List your **ACTUAL** expenses for your **present household** in the first column. 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 in the second column. 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.

My Average Monthly Expenses	Actual Monthly Expenses in My Present Household	Anticipated Future Monthly Expenses in My Household
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:

Initialed _____

Affidavit of Income, Expenses and Property

A. Housing	Actual	Anticipated
Rent or First Mortgage		
Real Estate Taxes (if not included above)		
Real Estate Insurance (if not included above)		
Second Mortgage, if any (or home equity loan)		
UTILITIES:		
• Electric (level billing or average/month)		
• Gas (if billed separately)		
• Fuel Oil/Propane		
• Water & Sewer		
• Telephone (basic monthly charge)		
• Water Softener		
• Trash Collection		
Telephone (average long distance)		
Cable Television		
Home Cleaning, Maintenance, Repair		
Lawn Service, Snow Removal		
Other: _____		
Housing Total	(A)	(A)

B. Other Necessary Living Expenses	Actual	Anticipated
FOOD, ETC.:		
• Grocery (include food, paper & cleaning products, toiletries, etc.)		
• Restaurant		
TRANSPORTATION, ETC.:		
• Car Loan or Lease		
• Gasoline		
• Car Maintenance & Repair		
• Parking, Public Transit		

Initialed _____

B. Other Necessary Living Expenses (Cont.)	Actual	Anticipated
CLOTHING, ETC.: • Clothes		
• Dry Cleaning, Laundry		
• Personal Grooming		
Other: _____		
Other: _____		
Other Necessities Total	(B)	(B)

C. Child-Related Expenses	Actual	Anticipated
Child Care, Work or Educational Related		
Clothing		
School Lunches		
Children's Allowances		
Extra-Curricular Activities		
Other: _____		
Child-Related Expenses Total	(C)	(C)

	Actual		Anticipated	
	You	Child(ren)	You	Child(ren)
D. Educational Expenses for:				
Tuition				
Books				
Fees				
Tutor				
Activities				
College Loan Repayment				
Other: _____				
Education Total	(D)		(D)	

Initialed _____

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

F. Insurance	Actual	Anticipated
Life		
Auto		
Health		
Disability		
COBRA Insurance Coverage		
Personal Property		
Other: _____		
Insurance Total	(F)	(F)

G. Enrichment (Your expenses. Put child(ren)'s expenses under C or D, above)	Actual	Anticipated
Entertainment		
Lessons		
Books, Newspapers, Magazines		

G. Enrichment (Cont.)	Actual	Anticipated
Sports		
Clubs		
Hobbies		
Donations		
Gifts		
Vacation		
Other: _____		
Enrichment Total	(G)	(G)

H. Miscellaneous Expenses (Include expenses and debts not previously listed.)	Actual	Anticipated
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Miscellaneous Expenses Total	(H)	(H)

	Actual	Anticipated
Grand Total of Monthly Expenses (Sum of A - H in each column)		

Initialed _____

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.

I. Real Estate Interests:

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

II. 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, Other Licensed Property	(Include automobiles, trucks, motorcycles, boats, motors, motor homes, etc.)		
1.			
2.			
3.			
B. Financial Accounts	(Include checking, savings, CD's, POD accounts, money market accounts, etc.)		
1.			
2.			
3.			
C. Pensions & Retirement Plans	(Include profit-sharing, IRA's 401K plans, etc.) Describe each type of plan.		
1.			
2.			
3.			
D. Publicly Held Stocks, Bonds, Securities, & Mutual Funds			
1.			
2.			
3.			

Initialed _____

Category	Description (Also list who has possession)	Titled to Husband, Wife, or Both	Present Fair Market Value (Also list balance due on any liens)
E. Closely Held Stocks and Other Business Interests	(Describe type of business and type of ownership.)		
1.			
2.			
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.			
2.			
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	Explanation: 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	Explanation: List any item you claim is lost or missing as of this date, and its value.		
1.			
2.			

Initialed _____

III. 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.			
B. Unsecured Debts (Including credit cards)			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

IV. 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.				

V. Separate Property Claims: [As defined in O.R.C. 3105.17(A)(6)(a)]

If you are making any claims in any of the categories below, explain the nature and amount of your claim.

Category	Description	Particulars leading to your claim of separate ownership	Present Fair Market Value	Present Debt
A. Inheritances				
B. Property Owned Before Marriage				
C. Passive Income and Appreciation from Separate Property				
D. Property Acquired After a Decree of Legal Separation				

Category	Description	Particulars leading to your claim of separate ownership	Present Fair Market Value	Present Debt
E. Prenuptial Agreement				
F. Personal Injury Compensation (Except Loss of Marital Earnings)				
G. Gifts Made Solely to One Spouse				

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

Initialed _____