

STATE OF OHIO, COUNTY OF BELMONT
 IN THE COURT OF COMMON PLEAS

Plaintiff

vs.

Defendant

FINANCIAL AFFIDAVIT

Case No. _____

_____, being first duly sworn according to law, says that the following information is a full, complete and accurate statement of the facts presented, based upon the best knowledge and belief of the affiant.

- AGE:** _____ **D.O.B.:** _____
- INCOME:** Name and address of YOUR employer: _____
 How long have you been employed by the above: _____

Complete one: A, B, C or D.

- Your gross income per **year:** \$ _____
- Your gross income per **month:** \$ _____
- Your gross income per **pay:** \$ _____
 And I am paid _____ times per year.
- If not presently employed, date of last employment: _____

- Are you receiving unemployment compensation, workers' compensation, or any other form of income, including retirement benefits or social security disability or social security supplement income? If so, explain: _____
- Any other sources of income e.g. stocks, bonds, investments, rental property, etc? If so, explain: _____
- Do you have any pension or retirement plans (401k, IRA) due to your present or past employment? If so, list the present location and value: _____

- SPOUSE'S INCOME:** Name and address of SPOUSE'S employer: _____
 How long has your Spouse been employed by the above: _____
 Complete one: A, B, C or D.

- Spouse's gross income per **year:** \$ _____
- Spouse's gross income per **month:** \$ _____
- Spouse's gross income per **pay:** \$ _____
 And Spouse is paid _____ times per year.
- If Spouse is not presently employed, date of last employment: _____

7. Is your Spouse receiving unemployment compensation, workers' compensation, or any other form of income, including retirement benefits or social security disability or social security supplement income? If so, explain: _____

8. Does your Spouse have any other sources of income e.g. stocks, bonds, investments, rental property, etc? If so, explain: _____

9. Does your Spouse have any pension or retirement plans (401k, IRA) due to their present or past employment? If so, list the present location and value: _____

10. Your education. Circle highest grade or year completed.
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 or more
11. Spouse's education. Circle highest grade or year completed.
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 or more
12. After any divorce will you seek to acquire education, training, or job experience so as to get appropriate wage earning employment? If so, how much time and expense is expected to be involved? Describe in detail: _____
13. Did you lose income production capacity during the marriage due to your marital responsibilities? If so, explain in detail: _____
14. Do you have any on-going physical, mental, and/or emotional condition and any medical treatment for such condition? Describe in detail: _____

15. Does your Spouse have any on-going physical, mental, and/or emotional condition and any medical treatment for such condition? Describe in detail: _____

16. Does any child who is issue of the marriage require special on-going medical attention? Give details, including costs per month: _____

17. Does any child suffer a mental or physical handicap or disability? Give details: _____

18. Do you now care for a minor child(ren) such that you believe it inappropriate for you to seek employment outside the home? _____

19. Are you living separate and apart from your spouse? Circle yes or no.
How long have you been separated? _____
Your address: _____
Spouse's address: _____

20. List your monthly living expenses:

- 1. Rent/mortgage \$ _____
 - 2. Heat (Oil-gas) \$ _____
 - 3. Electric \$ _____
 - 4. Water \$ _____
 - 5. Sewage \$ _____
 - 6. Garbage \$ _____
 - 7. Phone/cell \$ _____
 - 8. Dental \$ _____
 - 9. Medical \$ _____
 - 10. Clothing \$ _____
 - 11. Food \$ _____
 - 12. School lunches \$ _____
 - 13. Transportation \$ _____
 - 14. Baby sitter \$ _____
 - 15. Car insurance \$ _____
 - 16. Real estate taxes \$ _____
 - 17. Real estate insurance \$ _____
 - 18. TV cable \$ _____
 - 19. Life insurance \$ _____
- TOTAL MONTHLY EXPENSES \$ _____

21. Debts (Accounts Payable)

If **joint**, mark with a "J." If individual in **husband's name**, mark with an "H." If individual in **wife's name**, mark with a "W."

<u>Creditor</u>	<u>Balance</u>	<u>Minimum Monthly Payment Required</u>	<u>Joint, Husband or Wife's Name</u>
1. _____	\$ _____	\$ _____	J H W (circle one)
2. _____	\$ _____	\$ _____	J H W (circle one)
3. _____	\$ _____	\$ _____	J H W (circle one)
4. _____	\$ _____	\$ _____	J H W (circle one)
5. _____	\$ _____	\$ _____	J H W (circle one)
6. _____	\$ _____	\$ _____	J H W (circle one)
7. _____	\$ _____	\$ _____	J H W (circle one)
8. _____	\$ _____	\$ _____	J H W (circle one)
9. _____	\$ _____	\$ _____	J H W (circle one)
10. _____	\$ _____	\$ _____	J H W (circle one)

The Affiant being duly sworn under oath states that the information in this Affidavit is to the best of the Affiant's knowledge true and accurate.

Dated: _____

Name (Affiant)

Sworn to and subscribed before me this _____ day of _____, 200____.

Notary Public

Proof of Service

A copy of the foregoing Child Custody Information Affidavit has been served on the other party (choose one of the following methods) _____ this _____
(with the Summons), (with the Complaint), (with the Answer), or (other (describe))
day of _____, 200 ____.

Attorney for Plaintiff / Defendant