

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

Revised 11/10/08

_____ )	CASE NO. _____
_____ )	
_____ )	
EMPLOYER: _____ )	JUDGE BETH A. SMITH
_____ )	
PLAINTIFF/PETITIONER )	
_____ )	
VS./AND )	AFFIDAVIT OF INCOME, EXPENSES
_____ )	AND FINANCIAL DISCLOSURE
_____ )	OF
_____ )	_____
EMPLOYER: _____ )	
_____ )	
DEFENDANT/PETITIONER )	

STATE OF OHIO, SS:

Now comes \_\_\_\_\_, being first duly sworn, states that he/she has been advised that this Affidavit may be used for any or all of the following purposes: (1) to make complete disclosure of affiant's income, liabilities and expenses; (2) to assist in determining orders of child support or spousal support when applicable or any changes thereto; and (3) to provide for the issuance of the appropriate deduction order for support.

Date of Marriage \_\_\_\_\_  
Date of Separation \_\_\_\_\_  
Date of Divorce/Dissolution Decree (If Post-Decree Case) \_\_\_\_\_

Minor and/or Dependent Children of this Marriage:

- |          |           |          |           |
|----------|-----------|----------|-----------|
| 1. _____ | DOB _____ | 4. _____ | DOB _____ |
| 2. _____ | DOB _____ | 5. _____ | DOB _____ |
| 3. _____ | DOB _____ | 6. _____ | DOB _____ |

FATHER/HUSBAND  
EMPLOYER/PAYOR

MOTHER/WIFE  
EMPLOYER/PAYOR

\_\_\_\_\_ Name of Employer \_\_\_\_\_  
\_\_\_\_\_ Payroll Address \_\_\_\_\_  
\_\_\_\_\_ City, State, Zip \_\_\_\_\_

12 24 26 52 (Circle One) Paychecks Per Year (Circle One) 12 24 26 52

ATTACH A COPY OF 3 RECENT PAYSTUBS AND W-2 OR FEDERAL INCOME TAX RETURN FOR LAST YEAR

SECTION I. GROSS INCOME

**FATHER/HUSBAND**

**MOTHER/WIFE**

\$ \_\_\_\_\_  
Year 3 - 20\_\_ \$ \_\_\_\_\_  
Year 2 - 20\_\_ \$ \_\_\_\_\_  
Year 1 - 20\_\_ \$ \_\_\_\_\_

**Yearly Income from Employment**  
**Three years ago**  
**Two years ago**  
**Last Calendar Year**

\$ \_\_\_\_\_  
Year 3 - 20\_\_ \$ \_\_\_\_\_  
Year 2 - 20\_\_ \$ \_\_\_\_\_  
Year 1 - 20\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ **Yearly Average Overtime, Commission & Bonus Income** \$ \_\_\_\_\_  
**(Average of Past Three Years)**

\$ \_\_\_\_\_ **Unemployment benefits** \$ \_\_\_\_\_

\$ \_\_\_\_\_ **Worker's Compensation** \$ \_\_\_\_\_

\$ \_\_\_\_\_ **Social Security or Other Disability Benefits** \$ \_\_\_\_\_  
**(Identify)**

\$ \_\_\_\_\_ **Retirement Benefits** \$ \_\_\_\_\_

\$ \_\_\_\_\_ **Interest/Dividend Income** \$ \_\_\_\_\_

\$ \_\_\_\_\_ **Other Income Received** \$ \_\_\_\_\_  
**(Identify) -- (inc. spousal support)**

\$ \_\_\_\_\_ **TOTAL YEARLY INCOME** \$ \_\_\_\_\_

**ADJUSTMENTS**

\$ \_\_\_\_\_ per year **Court Ordered Support Paid** \$ \_\_\_\_\_ per year  
**for other child(ren)**

\$ \_\_\_\_\_ per year **Court Ordered Spousal Support** \$ \_\_\_\_\_ per year  
**Paid to any Spouse**

\_\_\_\_\_ **Number of Other Dependent** \_\_\_\_\_  
**Children living with the Party**  
**(Excluding Unadopted Step Children)**

\$ \_\_\_\_\_ per year **Child Support Received for Other Dependent Children** \$ \_\_\_\_\_ per year  
**Indicated Immediately Above**

\$ \_\_\_\_\_ per year **Health Insurance Premium Paid** \$ \_\_\_\_\_ per year  
**Family plan cost less Individual plan cost**

\$ \_\_\_\_\_ per year **Local Income Taxes Paid** \$ \_\_\_\_\_ per year

\$ \_\_\_\_\_ per year **Self-Employment Tax (5.6% of AGI)** \$ \_\_\_\_\_ per year

\$ \_\_\_\_\_ per year **Other (Union dues, etc.)** \$ \_\_\_\_\_ per year

\$ \_\_\_\_\_ per year **Work Related Child Care Expense** \$ \_\_\_\_\_ per year

**SECTION II. AFFIANT'S MONTHLY EXPENSES**

(Omit this section if filing with post-divorce Motion)

**A. HOUSING:**

- 1. Rent or Mortgage (circle one) \$ \_\_\_\_\_
- 2. Taxes (only if not incl. in mortgage) \$ \_\_\_\_\_
- 3. Insurance (only if not incl. in mtg.) \$ \_\_\_\_\_
- 4. Second Mortgage \$ \_\_\_\_\_

**B. UTILITIES:**

- 1. Gas \$ \_\_\_\_\_
- 2. Electric \$ \_\_\_\_\_
- 3. Water & Sewer \$ \_\_\_\_\_
- 4. Telephone \$ \_\_\_\_\_
- 5. Trash Collection \$ \_\_\_\_\_
- 6. Cable Television \$ \_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**C. FOOD:**

- 1. Groceries \$ \_\_\_\_\_
- 2. School Lunches \$ \_\_\_\_\_

\$ \_\_\_\_\_

**D. MEDICAL:**

- 1. Doctor \$ \_\_\_\_\_
- 2. Dentist/Orthodontist \$ \_\_\_\_\_
- 3. Prescriptions \$ \_\_\_\_\_

**E. CLOTHING:**

- 1. Regular \$ \_\_\_\_\_
- 2. Dry Cleaning \$ \_\_\_\_\_

**F. TRANSPORTATION:**

- 1. Car Payment (H) \$ \_\_\_\_\_
- 2. Car Payment (W) \$ \_\_\_\_\_
- 3. Car Insurance \$ \_\_\_\_\_
- 4. Gas and Oil \$ \_\_\_\_\_
- 5. Maintenance/Repair \$ \_\_\_\_\_

**G. INSURANCE:**

- 1. Life \$ \_\_\_\_\_
- 2. Health \$ \_\_\_\_\_
- 3. Disability \$ \_\_\_\_\_

**H. CHILDCARE:**

- 1. Work Related
- 2. Other

**I. OTHER:**

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_
- 6. \_\_\_\_\_ \$ \_\_\_\_\_
- 7. \_\_\_\_\_ \$ \_\_\_\_\_
- 8. \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_

**SECTION III. MONTHLY INSTALLMENT PAYMENTS**

(Omit this section if filing with post-divorce Motion)

CREDITOR:	DEBTOR (H, W, JT)	REASON FOR LOAN	ORIGINAL AMT	MONTHLY PMT	BALANCE
1. _____	_____	_____	\$ _____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____	\$ _____
6. _____	_____	_____	\$ _____	\$ _____	\$ _____
7. _____	_____	_____	\$ _____	\$ _____	\$ _____
8. _____	_____	_____	\$ _____	\$ _____	\$ _____

TOTAL MONTHLY INSTALLMENT PAYMENTS: \$ \_\_\_\_\_

**SECTION IV. FINANCIAL DISCLOSURE**

(Omit this section if filing with post-divorce Motion)

**A. List all funds on deposit in any and all accounts in any bank, savings & loan, credit union, regulated investment company, mutual fund or other financial institution. Account includes any of the following: checking, certificate of deposit ("CD"), investment, savings, individual retirement ("IRA"), stock option, etc. Attach additional pages if needed.**

<b>Name &amp; Address of Financial Institution</b>	<b>Name(s) on Account</b>	<b>Account No. (Last 4 digits)</b>	<b>Balance on Date of this Affidavit</b>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**B. Other income sources listed in Section I (i.e., retirement/pension benefits, disability income, interest or dividend income, rental, annuities, etc.). Attach additional pages if needed.**

<b>Name &amp; Address of Source</b>	<b>Identifying Description (Account No., Claim No., etc.)</b>	<b>Income or Benefits</b>
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

**CERTIFICATION**

**Affiant states that the information contained herein is complete and accurate to the best of his/her information, knowledge or belief under penalty of law. Further, Affiant certifies that (s)he has caused a copy hereof to be mailed or delivered to the other party at the time of filing same with the Court.**

\_\_\_\_\_  
AFFIANT

**SWORN TO before me and subscribed in my presence, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.**

\_\_\_\_\_  
NOTARY PUBLIC