

**COURT OF COMMON PLEAS**  
**COUNTY, OHIO**

|                        |                  |
|------------------------|------------------|
| Plaintiff/Petitioner 1 | Case No. _____   |
| v./and                 | Judge _____      |
| Defendant/Petitioner 2 | Magistrate _____ |

**Instructions:** Check local court rules to determine when this form must be filed. This affidavit is used to make complete disclosure of income, expenses and money owed. It is used to determine child and spousal support amounts. Do not leave any category blank. Write "none" where appropriate. If you do not know exact figures for any item, give your best estimate and put "EST." **If you need more space, add additional pages.**

**AFFIDAVIT OF INCOME AND EXPENSES**

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

Date of marriage \_\_\_\_\_ Date of separation \_\_\_\_\_

**SECTION I - INCOME**

|                              | Your Name   | Spouse's Name   |
|------------------------------|---|---|
| Employed                     | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Employer                     | _____   | _____   |
| Payroll address              | _____   | _____   |
| Payroll city, state, zip     | _____   | _____   |
| Scheduled 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 |

**A. YEARLY INCOME, OVERTIME, COMMISSIONS AND BONUSES FOR PAST THREE YEARS**

|   | Your Name            | Spouse's Name     |
|---|----------------------|-------------------|
| Base yearly income                          | \$ _____ 3 years ago | 20 _____ \$ _____ |
|   | \$ _____ 2 years ago | 20 _____ \$ _____ |
|   | \$ _____ Last year   | 20 _____ \$ _____ |
| Yearly overtime, commissions and/or bonuses | \$ _____ 3 years ago | 20 _____ \$ _____ |
|   | \$ _____ 2 years ago | 20 _____ \$ _____ |
|   | \$ _____ Last year   | 20 _____ \$ _____ |

**B. COMPUTATION OF CURRENT INCOME**

|  | Your Name       | Spouse's Name   |
|--|-----------------|-----------------|
| Base yearly income   | \$ _____        | \$ _____        |
| Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)                                    | \$ _____        | \$ _____        |
| Unemployment compensation  | \$ _____        | \$ _____        |
| Disability benefits  |                 |                 |
| <input type="checkbox"/> Workers' Compensation   |                 |                 |
| <input type="checkbox"/> Social Security   |                 |                 |
| <input type="checkbox"/> Other: _____  | \$ _____        | \$ _____        |
| Retirement benefits  |                 |                 |
| <input type="checkbox"/> Social Security   |                 |                 |
| <input type="checkbox"/> Other: _____  | \$ _____        | \$ _____        |
| Spousal support received   | \$ _____        | \$ _____        |
| Interest and dividend income (source)  |                 |                 |
| _____  | \$ _____        | \$ _____        |
| Other income (type and source)   |                 |                 |
| _____  | \$ _____        | \$ _____        |
| <b>TOTAL YEARLY INCOME</b>   | <b>\$ _____</b> | <b>\$ _____</b> |
| Supplemental Security Income (SSI) or public assistance  | \$ _____        | \$ _____        |
| Court-ordered child support that you receive for minor and/or dependent child(ren) not of the marriage or relationship | \$ _____        | \$ _____        |

**SECTION II – CHILDREN AND HOUSEHOLD RESIDENTS**

Minor and/or dependent child(ren) who are from this marriage or relationship:

| Name  | Date of birth | Living with |
|-------|---------------|-------------|
| _____ | _____         | _____       |
| _____ | _____         | _____       |
| _____ | _____         | _____       |
| _____ | _____         | _____       |

In addition to the above children there is/are in your household:

\_\_\_\_\_ adult(s)  
 \_\_\_\_\_ other minor and/or dependent child(ren).

**SECTION III – EXPENSES**

List monthly expenses below for your present household.

**A. MONTHLY HOUSING EXPENSES**

|   |                 |
|---|-----------------|
| Rent or first mortgage (including taxes and insurance)    | \$ _____        |
| Real estate taxes (if not included above)                 | \$ _____        |
| Real estate/homeowner's insurance (if not included above) | \$ _____        |
| Second mortgage/equity line of credit                     | \$ _____        |
| <b>Utilities</b>  |                 |
| o Electric  | \$ _____        |
| o Gas, fuel oil, propane                                  | \$ _____        |
| o Water and sewer   | \$ _____        |
| o Telephone   | \$ _____        |
| o Trash collection  | \$ _____        |
| o Cable/satellite television                              | \$ _____        |
| Cleaning, maintenance, repair                             | \$ _____        |
| Lawn service, snow removal                                | \$ _____        |
| Other: _____  | \$ _____        |
| _____   | \$ _____        |
| <b>TOTAL MONTHLY :</b>                                    | <b>\$ _____</b> |

**B. OTHER MONTHLY LIVING EXPENSES**

**Food**

- Groceries (including food, paper, cleaning products, toiletries, other) \$ \_\_\_\_\_
- Restaurant \$ \_\_\_\_\_

**Transportation**

- Vehicle loans, leases \$ \_\_\_\_\_
- Vehicle maintenance (oil, repair, license) \$ \_\_\_\_\_
- Gasoline \$ \_\_\_\_\_
- Parking, public transportation \$ \_\_\_\_\_

**Clothing**

- Clothes (other than children's) \$ \_\_\_\_\_
- Dry cleaning, laundry \$ \_\_\_\_\_

**Personal grooming**

- Hair, nail care \$ \_\_\_\_\_
- Other \_\_\_\_\_ \$ \_\_\_\_\_

**Cell phone**

Internet (if not included elsewhere) \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MONTHLY** \$ \_\_\_\_\_

**C. MONTHLY CHILD-RELATED EXPENSES**

(for children of the marriage or relationship)

**Work/education-related child care** \$ \_\_\_\_\_

**Other child care** \$ \_\_\_\_\_

**Unusual parenting time travel** \$ \_\_\_\_\_

**Special and unusual needs of child(ren) (not included elsewhere)** \$ \_\_\_\_\_

**Clothing** \$ \_\_\_\_\_

**School supplies** \$ \_\_\_\_\_

**Child(ren)'s allowances** \$ \_\_\_\_\_

**Extracurricular activities, lessons** \$ \_\_\_\_\_

**School lunches** \$ \_\_\_\_\_

**Other** \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MONTHLY** \$ \_\_\_\_\_

**D. INSURANCE PREMIUMS**

|   |    |          |
|---|----|----------|
| Life  | \$ | _____    |
| Auto  | \$ | _____    |
| Health  | \$ | _____    |
| Disability  | \$ | _____    |
| Renters/personal property (if not included in part A above) | \$ | _____    |
| Other _____   | \$ | _____    |
| <b>TOTAL MONTHLY</b>  |    | \$ _____ |

**E. MONTHLY EDUCATION EXPENSES**

|                        |    |          |
|------------------------|----|----------|
| Tuition                |    |          |
| o Self                 | \$ | _____    |
| o Child(ren)           | \$ | _____    |
| Books, fees, other     | \$ | _____    |
| College loan repayment | \$ | _____    |
| Other _____            | \$ | _____    |
| _____                  | \$ | _____    |
| <b>TOTAL MONTHLY:</b>  |    | \$ _____ |

**F. MONTHLY HEALTH CARE EXPENSES  
(not covered by insurance)**

|                        |    |          |
|------------------------|----|----------|
| Physicians             | \$ | _____    |
| Dentists               | \$ | _____    |
| Optometrists/opticians | \$ | _____    |
| Prescriptions          | \$ | _____    |
| Other _____            | \$ | _____    |
| _____                  | \$ | _____    |
| <b>TOTAL MONTHLY:</b>  |    | \$ _____ |

**G. MISCELLANEOUS MONTHLY EXPENSES**

|   |    |       |
|---|----|-------|
| Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren)                                 | \$ | _____ |
| Child support for children who were not born of this marriage or relationship and were not adopted of this marriage | \$ | _____ |
| Spousal support paid to former spouse(s)  | \$ | _____ |
| Subscriptions, books  | \$ | _____ |
| Entertainment   | \$ | _____ |



**OATH**

(Do not sign until notary is present.)

I, (print name) \_\_\_\_\_, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document 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

Sworn before me and signed in my presence this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_