

**IN THE COMMON PLEAS COURT OF MONTGOMERY COUNTY, OHIO
JUVENILE DIVISION**

IN RE:

_____ **JC#** _____

_____ **JC#** _____

_____ **JC#** _____

Minor Child(ren)

_____ **SETS** _____

Plaintiff/Petitioner

_____ **Judge** _____

v./and

_____ **Magistrate** _____

_____ **Defendant/Respondent**

Instructions: Check local court rules to determine when this form must be filed.
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.
If you are a Non-Parent filer, circle “other” and complete with YOUR information.

AFFIDAVIT OF INCOME AND EXPENSES

Affidavit of _____
Print Your Name and Relationship To The Child

SECTION I - INCOME

	<u>Father / Other</u>	<u>Mother / other</u>
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

	<u>Father / Other</u>			<u>Mother / Other</u>
Base yearly income (employment 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

	<u>Father / Other</u>	<u>Mother / Other</u>
Base yearly income (employment 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)		
_____	\$ _____	\$ _____
TOTAL YEARLY INCOME	\$ _____	\$ _____

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 adopted by or born to this affiant
(YOUR children under the age of 18):

Name	Date of birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to the above children there is/are in your household: *(enter numbers below)*

_____ adult(s) including yourself

_____ other minor and/or dependent child(ren) (children not listed above)

SECTION III – EXPENSES

List monthly expenses below for your present household.

A. CHILD RELATED EXPENSES

Court ordered child support paid for other children	\$	_____
Cost for child care	\$	_____
Special and unusual needs of child(ren) (not included elsewhere)	\$	_____
Unusual parenting time travel	\$	_____
	\$	_____
Other: _____	\$	_____
	\$	_____
TOTAL MONTHLY :		\$ _____

B. MANDATORY PAYROLL DEDUCTIONS

Mandatory retirement plan contribution	\$	
Union Dues	\$	
Uniform Fees	\$	
Other: _____	\$	
_____	\$	
TOTAL MONTHLY :		\$ _____

C. INSURANCE PREMIUMS

Medical	\$	
Dental	\$	
Vision	\$	
Other _____	\$	
TOTAL MONTHLY		\$ _____

D. MONTHLY HEALTH CARE EXPENSES
(not covered by insurance)

Physicians	\$	
Dentists	\$	
Optometrists/opticians	\$	
Prescriptions	\$	
Other _____	\$	
_____	\$	
TOTAL MONTHLY:		\$ _____

E. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren)	\$	
Child support for children who were not born of this affiant	\$	
Spousal support paid to former spouse(s)	\$	
TOTAL MONTHLY:		_____
GRAND TOTAL MONTHLY EXPENSES (Sum of A through E):		\$ _____

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:
