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	
Defendant/Respondent	
category blank. For each item, if none, put "NONE" your best estimate, and put "EST". If you need more	y owed. It is used to determine child support. Do not leave a . If you do not know the exact figures for any item, give espace, use additional pages. NCOME, AND EXPENSES
Affidavit of	
Print Your Name	and Relationship To The Child
SECTION I – BASIC INFORMATION	
	Plaintiff/Petitioner 2 (if filing jointly)
Plaintiff/Petitioner 1	Plaintiff/Petitioner 2 (if filing jointly) Date of Birth:
Plaintiff/Petitioner 1 Date of Birth:	
Plaintiff/Petitioner 1 Date of Birth: Health: □ Good □ Fair □ Poor If health is not good, please explain:	Date of Birth:

Plaintiff/Petitioner 2 (if filing join	ntly)				
Education: (Check highest level ac	Education:	Education: (Check highest level achieved)			
☐ Grade School ☐ High Scho	ol	☐ Grade S	School	☐ High School	☐ Associate
☐ Bachelor's ☐ Post Grade	ıate	□ Bachel	or's	☐ Post Graduat	e
Other Technical Certifications:		Other Tech	nnical Ce	ertifications:	
Active Member of the U.S. Military □Yes □ No		Active Member of the U.S. Military ☐ Yes ☐ No			
SECTION II - INCOME	Plaintiff/Pet	itioner 1		Plaintiff/Petitie	oner 2
Employed				Yes Yes	
Date of Employment					
Employer					
Payroll address					
Payroll city, state, zip					
A. YEARLY INCOME, OVER			SES FOI		26 <u>52</u> YEARS
Base yearly income	\$	_ 3 years ago	20	\$	
(employment income)	\$	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. <u>COMPUTATION OF CUR</u>	RENT INCOME				
Base yearly income (employment income)	\$		_ \$		
Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)	\$_		\$		

Supreme Court of Ohio Uniform Domestic Relations Form – Affidavit 1, Modified for use by Montgomery Co. Juvenile Court Approved under Ohio Civil Rule 84
Amended by Sup Ct Ohio 9/21/2020
Adapted for use by MCJC 5/272021

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Unemployment compensation	\$	\$	\$		
Disability benefits Workers' Compensation Social Security Other:	\$	\$			
Retirement benefits Social Security 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 III – CHILDREN AN	D HOUSEHOLD RESID	DENTS			
Minor and/or dependent child(ren)	who is/are adopted by or b	oorn from this marriage or r	relationship:		
Name	Date of b	irth Li	ving with		

In addition to the above children:		
Plaintiff/Petitioner has other minor biological or adopted child(ren).		
Defendant/Respondent has other minor biological or adopted child(ren).		
There are adults in your household.		
SECTION IV – EXPENSES		
List monthly expenses below for your present household.		
A. <u>CHILD RELATED EXPENSES</u>		
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 INCLIDANCE DDEMILING		
C. <u>INSURANCE PREMIUMS</u>		
Medical	\$	
Dental	\$	
Vision	\$	
Other	\$	

TOTAL MONTHLY \$

MONTHLY HEALTH CARE EXPENSES D. (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 OR AFFIRMATION** (Do not sign until Notary Public is present) _____, 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 State of ______)) SS Sworn to or affirmed before me by ______ this _____ day of _____, 20_____. Notary Public Printed Name of Notary Public

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Commission Expiration Date: _____

(Affix seal here)