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

Minor Child(ren)	JC# JC# JC#
Plaintiff/Petitioner v./and	SETS Judge Magistrate

Defendant/Respondent

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 support. Do not leave a category blank. For each item, if none, put "NONE". If you do not know the exact figures for any item, give your best estimate, and put "EST". If you need more space, use additional pages.

AFFIDAVIT OF INCOME, AND EXPENSES

Affidavit of

Print Your Name and Relationship To The Child

SECTION I – BASIC INFORMATION

Plaintiff/Petitioner 1

Date of Birth: _____

IN RE:

 \Box Good □ Fair \Box Poor Health:

If health is not good, please explain:

Plaintiff/Petitioner 2 (if filing jointly)

Date of Birth: _____

Health:	\Box Good	🗆 Fair	\Box Poor
If health	is not good,	please exp	plain:

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

Plaintiff/Petitioner 1 (if filing jointly	<i>i</i>)	Plaintiff/Po	etitione	r 2 (if filing jointly)
Education: (Check highest level ac Grade School High Scho Bachelor's Post Gradu	ol 🗆 Associate	Education: (□ Grade So □ Bachelo	chool	highest level achieved) □ High School □ Associate □ Post Graduate
Other Technical Certifications:		Other Tech	nical Ce	ertifications:
Active Member of the U.S. Militar		Active Men	nber of	the U.S. Military
$\Box Y es \qquad \Box No$	3	□ Y		
SECTION II - INCOME				
	Plaintiff/Petiti	oner 1		Plaintiff/Petitioner 2
Employed		No		Yes No
Date of Employment				
Employer				
Payroll address				
Payroll city, state, zip				
Scheduled paychecks per year		26 🗌 52		12 24 26 52
A. <u>YEARLY INCOME, OVER</u>	TIME, COMMISSIONS	AND BONUS	ES FOI	R PAST THREE YEARS
	\$	3 years ago	20	\$
Base yearly income (employment income)	\$	2 years ago	20	\$
	\$	Last year	20	\$
	\$	3 years ago	20	\$
Yearly overtime, commissions and/or bonuses	\$	2 years ago		\$
and/or bonuses	\$	Last year	20	\$
B. <u>COMPUTATION OF CURP</u>	<u>RENT INCOME</u>			
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 Page 2 of 5

Unemployment compensation	\$	\$
	<u>۴</u>	Ψ
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	\$	\$
Cumplemental Converts 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	\$	\$
maringe of femalonship	Ψ	Ψ

SECTION III - CHILDREN AND HOUSEHOLD RESIDENTS

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

Name	Date of birth	Living 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. 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	\$	

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

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 OR AFFIRMATION

(Do not sign until Notary Public is present)

I, (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		
State of)		
County of) SS)		
Sworn to or affirmed before me by		this	day of
, 20			
	Notary Public		
	Printed Name of Notary Public		
(Affix seal here)	Commission Expiration Date:		

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 Page 5 of 5