

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

IN RE:

JC# _____

JC# _____

JC# _____

Minor Child(ren)

SETS

Judge

Magistrate

Plaintiff/Petitioner

v./and

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 _____
(Your Name and relation to the child)

SECTION I – BASIC INFORMATION

Plaintiff/Petitioner 1

Defendant/Petitioner 2

D.O.B: _____ Last 4 of S.S. #: _____

D.O.B: _____ Last 4 of S.S #: _____

Is an Interpreter needed? Yes No

Is an Interpreter needed? Yes No

If yes explain: _____

If yes explain: _____

Health: ☐ Good ☐ Fair ☐ Poor

Health: ☐ Good ☐ Fair ☐ Poor

If health is not good, please explain:

If health is not good, please explain:

SECTION I – BASIC INFORMATION (continued)

Plaintiff/Petitioner 1

Education: *(Check highest level achieved)*

☐ Grade School ☐ High School ☐ Associate

☐ Bachelor's ☐ Post Graduate

Other Technical Certifications:

Active Member of the U.S. Military

☐ Yes

☐ No

Defendant/Petitioner 2

Education: *(Check highest level achieved)*

☐ Grade School ☐ High School ☐ Associate

☐ Bachelor's ☐ Post Graduate

Other Technical Certifications:

Active Member of the U.S. Military

☐ Yes

☐ No

SECTION II - INCOME

Plaintiff/Petitioner 1

Plaintiff/Petitioner 2

Employed
Date of Employment
Employer
Payroll address
Payroll city, state, zip
Scheduled paychecks per year

☐ Yes ☐ No

☐ Yes ☐ No

☐ 12 ☐ 24 ☐ 26 ☐ 52

☐ 12 ☐ 24 ☐ 26 ☐ 52

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

Base yearly income (employment income)	\$ _____	Last Year	20 _____	\$ _____
	\$ _____	2 years ago	20 _____	\$ _____
	\$ _____	3 years ago	20 _____	\$ _____

Yearly overtime, commissions and/or bonuses	\$ _____	Last Year	20 _____	\$ _____
	\$ _____	2 years ago	20 _____	\$ _____
	\$ _____	3 years ago	20 _____	\$ _____

B. COMPUTATION OF CURRENT INCOME

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 IV – CHILDREN AND HOUSEHOLD RESIDENTS

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

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

In addition to the above children:

Plaintiff/Petitioner 1 has _____ other minor biological or adopted child(ren).

Defendant/Petitioner 2 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. HOUSING AND OTHER LIVING EXPENSES

Rent or first mortgage (including taxes and insurance)	\$	_____
Second mortgage/equity line of credit	\$	_____
Homeowner or condominium association fee	\$	_____
Utilities (electric, gas/propane, water/sewer, trash, phone, cable/internet)	\$	_____
Food (groceries including food paper cleaning products and toiletries)	\$	_____
Transportation (car loan/lease, gas, parking, public transportation)	\$	_____
Other: _____	\$	_____
TOTAL MONTHLY :		\$ _____

B. MONTHLY MINOR CHILD-RELATED EXPENSES

Child care	\$	_____
Extraordinary parenting time travel cost	\$	_____
School tuition/lunches/supplies	\$	_____
Extracurricular activities and lessons	\$	_____
Clothing	\$	_____
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. MONTHLY WORK AND EDUCATION EXPENSES FOR SELF

Mandatory Work expenses (union dues, uniforms or other)	\$	
Additional income taxes paid (not deducted from wages)	\$	
Tuition, books, fees and other	\$	
College loan	\$	
TOTAL MONTHLY:		\$

F. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) [for child(ren) not born of this marriage or relationship and were not adopted by these parties]	\$	
Child support for child(ren) who were not born of this marriage or relationship and were not adopted by these parties	\$	
Expenses paid for adult child(ren) or other dependents	\$	
Spousal support paid to former spouse(s)	\$	
Other:	\$	
TOTAL MONTHLY:		\$

G. MONTHLY INSTALLMENT PAYMENTS INCLUDING BANKRUPTCY PAYMENTS

Examples: car, credit card, rent to own, or cash advance payments (Do not repeat expenses already listed)

To whom paid	Purpose	Balance due	Monthly payment
			\$
			\$
			\$
			\$
			\$

GRAND TOTAL MONTHLY EXPENSES (Sum of A through G):

\$

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

Sworn before me and signed in my presence this _____ day of _____, 20_____.

Notary Public

Printed Name of Notary Public

(Affix seal here)

Commission Expiration Date: _____