

**IN THE COMMON PLEAS COURT OF SUMMIT COUNTY, OHIO
DIVISION OF DOMESTIC RELATIONS**

Plaintiff/Petitioner(1)
 DOB _____ SS# _____
 Address _____

 Marital Residence Yes No Phone: _____
 Attorney _____
 Atty Address _____
 Atty Phone _____
V.

Case No. _____
 CSEA No. _____
 JUDGE _____
 MAGISTRATE _____

Defendant/Petitioner(2)/Respondent
 DOB _____ SS# _____
 Address _____

 Marital Residence Yes No Phone: _____
 Attorney _____
 Atty Address _____
 Atty Phone _____

**Affidavit of Income,
Expenses and Property of**

 (Your Name)

Date of Marriage	
Date of Separation	

Notes: In accordance with Local Rules 2.02 & 2.03 of this Court, this affidavit must be filed and served upon the other party with every divorce, legal separation and dissolution. It must also be filed at the time of the Answer or temporary hearing, whichever comes first. You are under a continuing legal duty to file an updated version of this form if you learn of any additional information. **If more space is needed, attach additional page(s).**

I. Information Required for Support Calculation:

A. Minor or Dependent Children of this Marriage (Include adopted children and any child of the parties who is over 18 and handicapped)

Child's Name	Social Security #	Date of Birth	Male / Female	Age	Residing with

B. Other Minor Children Living in My Household

Child's Name	Social Security #	Date of Birth	Male / Female	Age	Relationship

Initialed _____

B. Annual Overtime, Commissions, Bonuses

(If not known, please estimate. Put "EST" after each estimated figure.)

Husband / Father		
Year 3 is Most Recent Year	Base Income	Overtime, commission, Bonuses
_____ Year 1		
_____ Year 2		
_____ Year 3		
Y-T-D This Year Through:		

Wife / Mother		
Year 3 is Most Recent Year	Base Income	Overtime, commission, Bonuses
_____ Year 1		
_____ Year 2		
_____ Year 3		
Y-T-D This Year Through:		

C. Gross Self-Employment Income (If not known, please estimate. Put "EST" after each estimated figure.) Use Gross Annual Figures for Most Recent Full Year. See O.R.C. 3113.215(A)

Husband / Father	
Business Receipts	
Ordinary & Necessary Business	
Net Business Income	

Wife / Mother	
Business Receipts	
Ordinary & Necessary Business	
Net Business Income	

D. Other Income

All other income, actual or expected, including pension, social security, workers compensation, commissions, royalties, disability benefits, trust income, annuities, reoccurring capital gains, unemployment benefits, rents, expense-sharing, dividends, interest, AFDC, SSI, food stamps, spousal support received from a prior spouse, etc. (If not known, please estimate. Put "EST" after each estimated figure.)

Husband / Father	
Describe	Per Year

Wife / Mother	
Describe	Per Year

E. Total Annual Income

Husband / Father	
Total gross annual income	
Total average gross monthly income	÷ 12 =
Average monthly deductions	Less
Total net monthly income	=

Wife / Mother	
Total gross annual income	
Total average gross monthly income	÷ 12 =
Average monthly deductions	Less
Total net monthly income	=

F. Benefits of Employment (Use of company car, country club memberships, stock options, etc.)

Husband / Father	
Benefits	Values

Wife / Mother	
Benefits	Values

IV. Affiant's Monthly Living Expenses

List your **ACTUAL** expenses for your **present household**. Give estimated expenses if you don't have exact figures. If you expect changes soon, list your **ANTICIPATED** expenses in your household after the divorce case. Explain why you expect your expenses to change. Also, if you are living with your parents or someone is helping you with your living expenses, please explain.

There are now ____ Adults and ____ Children living in my present household.		I am assisted with my living expenses by:		The reason I expect my household living expenses to change soon is:			
A. Housing		Actual or Anticipated (Circle One)		B. Other Necessary Living Expenses		Actual or Anticipated (Circle One)	
Rent or First Mortgage (circle which one)				FOOD, ETC.: • Grocery (include food, paper & cleaning products, toiletries, etc.)			
Real Estate Taxes (if not included above)				• Restaurant			
Real Estate Insurance (if not included above)				TRANSPORTATION, ETC. • Car Loan or Lease			
Second Mortgage, if any				• Gasoline			
UTILITIES: • Electric (level billing or avg/month)				• Car Maintenance & Repair			
• Gas (if billed separately)				• Parking, Public Transit			
• Fuel Oil/Propane				CLOTHING, ETC.: • Clothes			
• Water & Sewer				• Dry Cleaning, Laundry			
• Telephone (basic monthly charge) (average long distance)				PERSONAL GROOMING			
• Water Softener				Other:			
• Trash Collection							
• Cable Television							
Home Cleaning, Maintenance, Repair							
Lawn Service, Snow Removal							
Other:							
Housing Total		(A)		Other Necessaries Total		(B)	
C. Child-Related Expenses		Actual or Anticipated (Circle One)		D. Educational Expenses for:		Actual or Anticipated (Circle One)	
Child Care, Work-or Educational-Related						You	Child(ren)
Clothing				Tuition			
School Lunches				Books, fees, etc.			
Children's Allowances				College Loan Repayment			
Extra-Curricular Activities, Lessons				Other:			
Other:							
Child-Related Expenses Total		(C)		Education Total		(D)	

Initialed _____

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E. Medical Expenses (Out-of-pocket) for	You	Child(ren)
Doctor		
Dentist		
Optical		
Orthodontist		
Prescriptions		
Other:		
Medical Total		(E)

F. Insurance	Actual or Anticipated (Circle One)
Life	
Auto	
Health	
Disability	
Renters / Personal Property, Other	
Insurance Total	(F)

G. Enrichment (Your expenses. Put child(ren)'s expenses under C or D, above)	Actual or Anticipated (Circle One)
Entertainment	
Lessons, Sports Clubs, Hobbies	
Books, Newspapers, Magazines	
Donations	
Gifts	
Vacation, Other	
Enrichment Total	(G)

H. Miscellaneous Expenses (Include expenses and debt payments not previously listed.)	Actual or Anticipated (Circle One)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
Miscellaneous	(H)

Actual or Anticipated (Circle One)

*Grand Total of Monthly Expenses (Sum of A - H in each column)	
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* It is very important that you add each section and put a total on these forms.

Initialed _____

AFFIDAVIT OF PROPERTY

List ALL YOUR PROPERTY AND DEBTS, those of your spouse, and joint property and debts. Do not leave any category blank. For each item, if none, put "NONE." If you don't know exact figures for any item, give your best estimate, and put "EST". **If more space is needed, attach extra pages.**

I. Real Estate Interests:

Address	Titled to Husband, Wife, or Both	Present Fair Market Value	Mortgages: Balance Due	Monthly Mortgage Payments
A.				
B.				

II. Other Assets:

Category	Description (Also list who has possession)	Titled to Husband, Wife, or Both	Present Fair Market Value (Also list balance due on any liens)
A. Vehicles	(Include automobiles, trucks, motorcycles, boats, motors, motor homes, etc.)		
1.			
2.			
3.			
B. Financial Accounts	(Include checking, savings, CDs, POD accounts, money market accounts, etc.)		
1.			
2.			
3.			
C. Pensions & Retirement Plans	(Include profit-sharing, IRAs, 401K plans, etc. Describe each type of plan.)		
1.			
2.			
3.			
D. Publicly Held Stocks, Bonds, Securities, & Mutual Funds			
1.			
2.			
3.			
E. Closely Held Stocks & Other Business Interests	(Describe type of business and type of ownership.)		
1.			
2.			
F. Life Insurance	(Include insurance provided by employer, term, whole life, any cash value or loans.)		
1.			
2.			
G. Furniture & Appliances	(Estimate value of those in your possession, and value of those in your spouse's possession.)		
1. In Your Possession			
2. In Spouse's Possession			
H. Safe Deposit Box	(Give location and describe contents)		

Initialed _____

I. All Other Assets	(Include collections, rare books, stamps, guns, antiques, art objects, computers, machinery, personal injury/workers compensation claims, promissory notes, loans to others, tax refunds due, interests in estates or trusts, franchises, copyrights, etc.)		
1.			
2.			
J. Transfer of Assets	Explanation: List the name and address of any person [other than creditors listed on your Affidavit] who has received money or property from you exceeding \$100 in value in the past 12 months and the reason for each transfer.		
1.			
2.			
K. Lost Assets	Explanation: List any item you claim is lost or missing as of this date, and its value.		
1.			
2.			

III. Debts:

List ALL YOUR DEBTS, debts of your spouse, and joint debts. Do not leave any category blank. For each item, if none, put "NONE". If you don't know exact figures for any item, give your best estimate, and put "EST." **If more space is needed, attach extra pages.**

Type	Name of Creditor / Purpose of Debt	Total Debt Due	Monthly Payment
A. Secured debts (Mortgages, car, etc.)			
1.			
2.			
3.			
4.			
B. Unsecured debts, including credit cards			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

IV. Bankruptcy:

Filed by: Wife Husband, Both	Date of Filing: Case Number	Date of Discharge or Relief from Stay	Type of Case (Ch. 7, 11, 12, 13)	Current Monthly Payments
1.				
2.				

Initialed _____

V. Separate Property Claims: [As defined in O.R.C. 3105.171(6)(A)]

If you are making any claims in any of the categories below, check "Yes" for that category and explain the nature and amount of your claim.

Category: [Check Yes or No]	Yes	No	Description	Particulars leading to you claim of separate ownership	Present Fair Market Value	Present Debt
Inheritances					\$	\$
Property Owned Before Marriage					\$	\$
Passive Income and Appreciation from Separate Property					\$	\$
Property Acquired After a Decree of Legal Separation					\$	\$
Prenuptial Agreement					\$	\$
Personal Injury Compensation (Except Loss of Marital Earnings)					\$	\$
Gifts made Solely to One Spouse					\$	\$

OATH OF AFFIANT

I, _____ (print) hereby swear or affirm that the information set forth in this Affidavit of Income, Expenses, and Property above is true, complete, and accurate. *I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury (O.R.C. 2921.22).*

AFFIANT

Sworn to and subscribed before me this _____ Day of _____, _____.

Notary Public

Initialed _____

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