

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

\_\_\_\_\_ Plaintiff  
vs  
\_\_\_\_\_ Defendant

CASE NO. \_\_\_\_\_

**ANSWER AFFIDAVIT of Respondent**

Now comes the Respondent and submits the following response to the Motion for Temporary Residential Parenting, Child Support and/or Spousal support of the Movant.

\_\_\_\_\_  
Respondent/Atty for \_\_\_\_\_ (signature)

\_\_\_\_\_  
Respondent/Attorney for Plaintiff/Defendant (Print)

\_\_\_\_\_  
Phone No: \_\_\_\_\_  
Atty. Registration No: \_\_\_\_\_

State of Ohio )  
County of Lake)ss:      The Respondent, being first duly sworn, says that the following answers are true to the best of affiant's knowledge and belief.

I. INFORMATION	MOVANT	RESPONDENT
Actual Address		
Birth Date		
Employer		
Employer Address		
Job Title		
Rate of Pay		
Date of Marriage		
Date of Separation		

II CHILDREN OF THE MARRIAGE			
NAME	AGE	DOB	RESIDING WITH

III OTHER CHILDREN RESIDING WITH:			
MOVANT	RESPONDENT		

IV. FINANCIAL DEMANDS

Child Support \_\_\_\_\_  
 Spousal Support \_\_\_\_\_  
 Other \_\_\_\_\_

V. FUNDS AVAILABLE (Monthly)

	<u>MOVANT</u>	<u>RESPONDENT</u>
1. Salary/wages	_____	_____
2. Overtime/bonus last calendar year	_____	_____
3. Overtime/bonus 2 years ago	_____	_____
4. Overtime/bonus 3 years ago	_____	_____
5. Commissions	_____	_____
6. Royalties	_____	_____
7. Tips	_____	_____
8. Rents	_____	_____
9. Dividends	_____	_____
10. Severance pay	_____	_____
11. Pensions	_____	_____
12. Interest	_____	_____
13. Trust Income	_____	_____
14. Annuities	_____	_____
15. Social Security Benefits (not means tested): Retirement	_____	_____
Disability	_____	_____
Survivor benefits	_____	_____
16. Workers' Compensation	_____	_____
17. Unemployment insurance benefits	_____	_____
18. Disability insurance benefits	_____	_____
19. Veteran benefits (not means tested)	_____	_____
Actually received & in pos- session	_____	_____
20. Spousal support actually received	_____	_____
21. Other sources (state below)	_____	_____
22. Military or National guard pay for:		
Base pay	_____	_____
Quarters allowance	_____	_____
Subsistence allowance	_____	_____
Cost of living adjustment	_____	_____
Specialty pay	_____	_____
Housing allowance	_____	_____
Training	_____	_____
23. Net business income	_____	_____
24. Personal earnings	_____	_____
25. Self-generated income	_____	_____
26. <b>TOTAL INCOME (1 - 25)</b>	_____	_____

DEDUCTIONS/ADJUSTMENTS

	<u>MOVANT</u>	<u>RESPONDENT</u>
27. Federal Tax	_____	_____
28. State Tax	_____	_____
29. City Tax	_____	_____
30. FICA	_____	_____
31. Estimated Tax	_____	_____
32. Hospitalization	_____	_____
33. Pension/Retirement	_____	_____
34. Credit Union Loans	_____	_____
35. Charity	_____	_____
36. Credit Union Savings	_____	_____
Other (specify)	_____	_____
37. _____	_____	_____
38. Union Dues	_____	_____
<b>TOTAL DEDUCTIONS</b>		
39. (Lines 27 thru 38)	_____	_____
40. <b>TOTAL FUNDS AVAILABLE</b>		
(26 minus 39)	_____	_____

VI. ADDITIONAL INFORMATION: If you need to set forth additional information on any relevant item, please do so here or attach the information on a separate sheet

CURRENT **MONTHLY** FINANCIAL  
REQUIREMENTS OF AFFIANT AND

Part I  
Husband/Father/Other      Part II  
Wife/Mother/Other

a) Address	_____	Is family health insurance available either through the employer or another group or organization?	_____ yes	_____ no	_____ yes	_____ no
b) Names, ages and relationship of others at this address	_____					
1. Mortgage	_____	If not, is private insurance available?	_____ yes	_____ no	_____ yes	_____ no
2. Rent	_____					
3. Phone	_____					
4. Electric	_____	Is coverage Presently in effect?	_____ yes	_____ no	_____ yes	_____ no
5. Gas	_____					
6. Water	_____	Who is presently covered:				
7. Sewer	_____	Name:	_____	_____	_____	_____
8. Garbage	_____	Relationship:	_____	_____	_____	_____
9. Food	_____	Name:	_____	_____	_____	_____
10. Health Insurance	_____	Relationship:	_____	_____	_____	_____
11. Medical/Dental	_____	Name:	_____	_____	_____	_____
12. Clothing	_____	Relationship:	_____	_____	_____	_____
13. Auto Payments	_____	Name:	_____	_____	_____	_____
14. Auto Gasoline	_____	Relationship:	_____	_____	_____	_____
15. Auto Insurance	_____	Insurer: Plan Name	_____	_____	_____	_____
16. Auto Maintenance	_____	Phone Number	_____	_____	_____	_____
17. Real Estate Tax	_____	Address	_____	_____	_____	_____
18. Real Estate Insurance	_____					
19. Home Maintenance	_____	Policy/Group #	_____	_____	_____	_____
20. School	_____	Other Policy #	_____	_____	_____	_____
21. Child Care	_____	(if another policy is available)				
22. Haircuts	_____	Is there a cost for coverage?	_____ yes	_____ no	_____ yes	_____ no
23. Life Insurance	_____	*What is the annual cost for Family coverage?	\$ _____		\$ _____	
24. Finance Companies	_____	*What is the annual cost for Individual coverage?	\$ _____		\$ _____	
25. Charge Cards	_____					
26. Union Dues	_____	*Special instruction: The court requires both the family cost and the individual cost information.				
27. Child/Spousal Support other cases	_____					
28. Other (specify)	_____					
	_____					
29. TOTAL #1 - #28	_____					

VII Affiant's proposed child support calculation worksheet is attached  
 \_\_\_\_\_yes      \_\_\_\_\_no  
 \_\_\_\_\_  
 Affiant-Respondent

SWORN TO and subscribed by affiant before me on \_\_\_\_\_, 20\_\_\_\_\_  
 \_\_\_\_\_  
 Notary Public

NOTICE TO RESPONDENT: Should you fail to respond to any item, any statement filed by the other litigant in that regard will be accepted as true and agreed to by you. Should you have any question, you should see any attorney.

CERTIFICATE OF SERVICE

I certify that a copy of this ANSWER AFFIDAVIT was sent to \_\_\_\_\_ at the address of \_\_\_\_\_  
 \_\_\_\_\_, on \_\_\_\_\_, 20\_\_\_\_\_, via \_\_\_\_\_ U.S. Mail.