

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

Name: \_\_\_\_\_ Case No. \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

Plaintiff/Petitioner,

vs./and

Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

**FINANCIAL AFFIDAVIT OF:**

Defendant/Petitioner.

\_\_\_\_\_

**INSTRUCTIONS:** This form must be filled out completely and accurately. If you cannot obtain information required by this form, indicate that the information is "unknown." You must then obtain the information and file an amended form as soon as possible. This is a sworn/affirmed affidavit and, therefore, all answers are given under penalty of perjury.

Now comes \_\_\_\_\_, and states that the following is a true and accurate accounting of his/her financial assets, liabilities and expenses. The affiant also states as follows:

**Information about this Relationship:**

Date of this marriage: _____	Are Domestic Violence Protection Order(s) currently in effect? <input type="checkbox"/> YES <input type="checkbox"/> NO      (If YES, attach copy)
Date of Separation: _____	Party is currently pregnant: <input type="checkbox"/> YES <input type="checkbox"/> NO

**Minor and/or Dependent Children OF THIS MARRIAGE/RELATIONSHIP:**     Check here, if none

Name of Child	Date of Birth	Name of Child	Date of Birth

**Insurance Information for Parties:**

Plaintiff/First Petitioner		Defendant/Second Petitioner
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have health insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Names of Persons Covered		
Name of Insurance Company		
Address of Insurance Company		
\$ _____ per _____	Insurance Cost	\$ _____ per _____
\$ _____ per _____	COBRA Cost	\$ _____ per _____

## INCOME INFORMATION

**INSTRUCTIONS:** LIST ALL INCOME FROM ANY SOURCE AND ATTACH PROOF OF INCOME, SUCH AS PAY-STUBS, TAX RETURNS, ETC.

### A. Employment Income:

Plaintiff/First Petitioner	WAGES	Defendant/Second Petitioner
	Job Title	
	Name of Employer	
	Payroll Address	
<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	Paychecks per Year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52
\$	Gross (Before Taxes) Income per Pay	\$
\$	Net (After Taxes) Income per Pay	\$
\$	Year-to-Date Income	\$
as of		as of
	Local Tax Rate	

### B. Self-Employment or Business Income (Use Annual Information for most recent full year):

Plaintiff/First Petitioner	INCOME	Defendant/Second Petitioner
\$	Gross Business Receipts	\$
- \$	Business Expenses (excluding depreciation)	- \$
= \$	Net Annual Business Income	= \$

**C. Other Income** (List income from any and all other sources including, but not limited to, pension, social security, worker's compensation, commissions, bonuses, disability, trust, unemployment, rental, investment, child or spousal support from another person, cash assistance, and food stamps):

Plaintiff/First Petitioner		Defendant/Second Petitioner	
Amount	Description	Amount	Description
\$	per	\$	per
\$	per	\$	per
\$	per	\$	per
\$	per	\$	per

## MONTHLY BUDGET

**INSTRUCTIONS:**

**LIST THE EXPENSES WHICH YOU CURRENTLY PAY (OR WHICH YOU PROPOSE TO PAY IF YOU ARE FILING THIS BUDGET WITH A PROPOSAL FOR TEMPORARY ORDERS). MAKE SURE THAT ALL EXPENSES ARE MONTHLY AMOUNTS. THE "EXPLANATION" COLUMN IS OPTIONAL, BUT PLEASE EXPLAIN ANY UNUSUAL EXPENSES. YOU MUST ADD AND LIST YOUR TOTAL MONTHLY EXPENSES.**

These expenses are for \_\_\_\_\_ adult(s) and \_\_\_\_\_ child(ren).

There are a total of \_\_\_\_\_ adults(s) and \_\_\_\_\_ child(ren) living in my household.

	TYPE OF EXPENSE	MONTHLY COST	EXPLANATION
<b>HOUSING EXPENSES</b>	Rent		Location:
	Mortgage, Taxes and Insurance		Location:
	Other Property Insurance		
	Gas/Fuel Oil/Propane		
	Electric		
	Water/Sewer		
	Trash Disposal		
	Telephone Service		
	Cable Television		
	Home Maintenance		
<b>AUTO EXPENSES</b>	Automobile Loan Payment(s)		
	Gasoline for Automobiles		
	Maintenance for Automobiles		
	Car Insurance		
<b>PERSONAL EXPENSES</b>	Health Insurance		
	Life Insurance		
	Groceries		
	Personal Hygiene		
	Clothing		
	Uninsured Health Expenses		
	Educational Expenses		
	Entertainment		
Child Care			
<b>OTHER EXPENSES</b>	Other:		
	Other:		
	Other:		
	Other:		
	Other:		
	Other:		
	Other:		
	Other:		
<b>TOTAL MONTHLY EXPENSES:</b>			

## ASSETS

CASH AND BANK ACCOUNTS (List bank and type of account)	NAMED ACCOUNT HOLDER(S)	BALANCE
CASH SURRENDER LIFE INSURANCE (List company)	NAMED POLICY HOLDER(S)	VALUE
REAL ESTATE INTERESTS (List location and interest)	NAMED OWNER(S)	VALUE
RETIREMENT INVESTMENTS (List type)	NAMED OWNER(S)	BALANCE
OTHER PROPERTY, INCLUDING MOTOR VEHICLES	NAMED OWNER(S)	VALUE

