

STATE OF OHIO, COUNTY OF BELMONT  
IN THE COURT OF COMMON PLEAS

\_\_\_\_\_  
**Plaintiff** : **FINANCIAL AFFIDAVIT**  
vs. : Case No. \_\_\_\_\_  
\_\_\_\_\_  
**Defendant** :

\_\_\_\_\_, being first duly sworn according to law, says that the following information is a full, complete and accurate statement of the facts presented, based upon the best knowledge and belief of the affiant.

1. **AGE:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_
2. **INCOME:** Name and address of your employer: \_\_\_\_\_

How long have you been employed by the above? \_\_\_\_\_

Complete one: A, B, C or D.

- A. Your gross income per **year:** \$ \_\_\_\_\_
- B. Your gross income per **month:** \$ \_\_\_\_\_
- C. Your gross income per **pay:** \$ \_\_\_\_\_
- D. I am paid \_\_\_\_\_ times per year.
- E. If not presently employed, date of last employment: \_\_\_\_\_

3. Are you receiving unemployment compensation, workers' compensation, or any other form of income, including retirement benefits or social security disability or social security supplement income? If so, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Any other sources of income e.g. stocks, bonds, investments, rental property, etc.? If so, explain:

---

---

---

5. Do you have any pension or retirement plans (401k, IRA) due to your present or past employment?

If so, list the present location and value:

---

---

6. **SPOUSE'S INCOME:** Name and address of spouse's employer: \_\_\_\_\_

How long has your Spouse been employed by the above: \_\_\_\_\_

Complete one: A, B, C or D.

A. Spouse's gross income per **year**: \$ \_\_\_\_\_

B. Spouse's gross income per **month**: \$ \_\_\_\_\_

C. Spouse's gross income per **pay**: \$ \_\_\_\_\_

D. Spouse is paid \_\_\_\_\_ times per year.

E. If Spouse is not presently employed, date of last employment: \_\_\_\_\_

7. Is your Spouse receiving unemployment compensation, workers' compensation, or any other form of income, including retirement benefits or social security disability or social security supplement income? If so, explain: \_\_\_\_\_

---

8. Does your Spouse have any other sources of income e.g. stocks, bonds, investments, rental property, etc.? If so, explain: \_\_\_\_\_

---

9. Does your Spouse have any pension or retirement plans (401k, IRA) due to their present or past employment? If so, list the present location and value:

---

---

10. The highest grade or level of education you have completed.

---

11. The highest grade or level of education your spouse has completed.

---

12. After any divorce will you seek to acquire education, training, or job experience so as to get appropriate wage-earning employment? If so, how much time and expense is expected to be involved?

Describe in detail: \_\_\_\_\_

13. Did you lose income production capacity during the marriage due to your marital responsibilities? If so, explain in detail:

---

14. Do you have any on-going physical, mental, and/or emotional condition and any medical treatment for such condition? Describe in detail:

---

---

15. Does your Spouse have any on-going physical, mental, and/or emotional condition and any medical treatment for such condition? Describe in detail:

---

---

16. Does any child who is issue of the marriage require special on-going medical attention? Give details, including costs per month:

---

---

17. Does any child suffer a mental or physical handicap or disability? Give details:

---

---

---

18. Do you now care for a minor child(ren) such that you believe it inappropriate for you to seek employment outside the home?

---

---

19. Are you living separate and apart from your spouse? \_\_\_\_\_.

How long have you been separated? \_\_\_\_\_

Your address: \_\_\_\_\_

Spouse's address: \_\_\_\_\_

20. List your monthly living expenses:

1. Rent/mortgage	\$ _____
2. Heat (Oil-gas)	\$ _____
3. Electric	\$ _____
4. Water	\$ _____
5. Sewage	\$ _____
6. Garbage	\$ _____
7. Phone/cell	\$ _____
8. Dental	\$ _____
9. Medical	\$ _____
10. Clothing	\$ _____
11. Food	\$ _____
12. School lunches	\$ _____
13. Transportation	\$ _____
14. Baby sitter	\$ _____
15. Car insurance	\$ _____
16. Real estate taxes	\$ _____
17. Real estate insurance	\$ _____
18. TV cable	\$ _____
19. Life insurance	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____

21. Debts

<u>Creditor</u>	<u>Balance</u>	<u>Minimum Monthly Payment Required</u>	<u>Name(s) are on the Account</u>
1. _____	\$ _____	\$ _____	_____
2. _____	\$ _____	\$ _____	_____
3. _____	\$ _____	\$ _____	_____
4. _____	\$ _____	\$ _____	_____
5. _____	\$ _____	\$ _____	_____
6. _____	\$ _____	\$ _____	_____
7. _____	\$ _____	\$ _____	_____
8. _____	\$ _____	\$ _____	_____
9. _____	\$ _____	\$ _____	_____
10. _____	\$ _____	\$ _____	_____

The Affiant being duly sworn under oath states that the information in this Affidavit is to the best of the Affiant's knowledge true and accurate.

Dated: \_\_\_\_\_  
Name (Affiant)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

**Proof of Service**

A copy of the foregoing Child Custody Information Affidavit form has been served on the other party  
(choose one of the following methods) \_\_\_\_\_

with Summons, with Complaint, with Answer, or other (describe)
--

\_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Attorney for Plaintiff / Defendant