

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

IN RE:

Minor Child(ren)

JC# _____
JC# _____
JC# _____

Plaintiff/Petitioner

v./and

Defendant/Respondent

SETS _____
Judge _____
Magistrate _____

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 _____
Print Your Name and Relationship To The Child

SECTION I – BASIC INFORMATION

Plaintiff/Petitioner 1

Date of Birth: _____

Health: Good Fair Poor

If health is not good, please explain:

Plaintiff/Petitioner 2 (if filing jointly)

Date of Birth: _____

Health: Good Fair Poor

If health is not good, please explain:

Plaintiff/Petitioner 1 (if filing jointly)

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

Plaintiff/Petitioner 2 (if filing jointly)

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

	<u>Plaintiff/Petitioner 1</u>	<u>Plaintiff/Petitioner 2</u>
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Employment		
Employer		
Payroll address		
Payroll city, state, zip		
Scheduled paychecks per year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52

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

Base yearly income (employment income)	\$	_____ 3 years ago	20 _____	\$	_____
	\$	_____ 2 years ago	20 _____	\$	_____
	\$	_____ Last year	20 _____	\$	_____
Yearly overtime, commissions and/or bonuses	\$	_____ 3 years ago	20 _____	\$	_____
	\$	_____ 2 years ago	20 _____	\$	_____
	\$	_____ Last year	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 III – CHILDREN AND HOUSEHOLD RESIDENTS

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

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

In addition to the above children:

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

Defendant/Respondent 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. CHILD RELATED EXPENSES

Court ordered child support paid for other children	\$	_____
Cost for child care	\$	_____
Special and unusual needs of child(ren) (not included elsewhere)	\$	_____
Unusual parenting time travel	\$	_____
	\$	_____
Other: _____	\$	_____
_____	\$	_____
TOTAL MONTHLY :		\$ _____

B. MANDATORY PAYROLL DEDUCTIONS

Mandatory retirement plan contribution	\$	_____
Union Dues	\$	_____
Uniform Fees	\$	_____
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. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren)	\$	_____
Child support for children who were not born of this affiant	\$	_____
Spousal support paid to former spouse(s)	\$	_____
TOTAL MONTHLY:		_____

GRAND TOTAL MONTHLY EXPENSES (Sum of A through E): \$ _____

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

State of _____)
) SS
County of _____)

Sworn to or affirmed before me by _____ this _____ day of _____, 20____.

Notary Public

Printed Name of Notary Public

(Affix seal here) Commission Expiration Date: _____