

**IN THE COMMON PLEAS COURT OF MIAMI COUNTY, OHIO  
GENERAL DIVISION**

\_\_\_\_\_  
PLAINTIFF/PETITIONER (1)

CASE NO. \_\_\_\_\_  
SETS NO. \_\_\_\_\_  
JUDGE: LINDEMAN/WELBAUM

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

**AFFIDAVIT OF FINANCIAL DISCLOSURE**

-vs-/-and  
\_\_\_\_\_  
DEFENDANT/PETITIONER (2)

Address: \_\_\_\_\_  MOTION FOR TEMPORARY PARENTAL RIGHTS  
\_\_\_\_\_  MOTION FOR CHILD SUPPORT  
\_\_\_\_\_  MOTION FOR SPOUSAL SUPPORT  
DOB: \_\_\_\_\_

**STATE OF OHIO, SS:**

Now comes \_\_\_\_\_, affiant herein and having been duly cautioned and sworn, states that he/she has been advised that this affidavit may be used for any or all the following purposes: (1) to make complete disclosure of affiant=s income, liabilities and expenses; (2) to assist in determining orders of support when applicable.

**I. TEMPORARY ORDERS/OTHER ACTIVE CASES:**

- I do not request a temporary order.
- I request a temporary order for \_\_ parental rights, \_\_ child support, and/or \_\_ spousal support.
- A Domestic Violence Order under Case No. \_\_\_\_\_ currently is in effect.
- A UIFSA or Juvenile Court Case No. \_\_\_\_\_ currently is in effect.
- A Bankruptcy action under Case No. \_\_\_\_\_ was filed \_\_\_\_\_.
- If applicable, amount of Spousal Support requested per month \_\_\_\_\_.*

IF YOU ARE REQUESTING TEMPORARY ORDERS FOR PARENTAL RIGHTS AND CHILD SUPPORT, YOU MUST SUBMIT A PROPOSED ORDER WHEN FILING FOR REQUESTS OR MOTION WILL BE DISMISSED

DATE OF MARRIAGE \_\_\_\_\_ DATE OF SEPARATION \_\_\_\_\_

**II. MINOR AND/OR DEPENDENT CHILDREN ONLY OF THIS MARRIAGE:**

_____	DOB: _____	Residing with _____
_____	DOB: _____	Residing with _____
_____	DOB: _____	Residing with _____
_____	DOB: _____	Residing with _____

EMPLOYMENT OR SCHOOL RELATED CHILD CARE EXPENSES FOR THESE CHILDREN: \$ \_\_\_\_\_ per year.

**III. INCOME**

**A. GROSS YEARLY INCOME FROM EMPLOYMENT**

PLAINTIFF/PETITIONER (1)	DEFENDANT/PETITIONER (2)
_____ YES _____ NO	.....Employed ..... _____ Yes _____ NO

\$ \_\_\_\_\_ (Actual or Estimate) .....Base Yearly Wages.....(Actual or Estimate)\$ \_\_\_\_\_  
 \_\_\_\_\_ Employer.....  
 \_\_\_\_\_ Payroll Address.....  
 \_\_\_\_\_ City, State, Zip.....

**B. OTHER YEARLY INCOME (Please list all sources of other income in Section E.)**

PLAINTIFF/PETITIONER (1)

DEFENDANT/PETITIONER (2)

\$	Interest/Dividend Income	\$
\$	Unemployment Compensation	\$
\$	Workers= Compensation, Social Security or Other Disability Benefits	\$
\$	Social Security & Pension Income	\$
\$	Gross Self-Employment Income	\$
\$ ( )	Ordinary & Necessary Business Expenses for Self Employment	\$ ( )
<b>TOTAL \$</b>		<b>TOTAL \$</b>

**C. ANNUAL INCOME, OVERTIME, COMMISSION AND BONUSES EARNED:**

( Past Three Year History - Year 3 Is Most Recent Year)

Overtime, Commission, Bonuses	Overtime, Commission, Bonuses
20__ Year 1 \$	20__ Year 1 \$
20__ Year 2 \$	20__ Year 2 \$
20__ Year 3 \$	20__ Year 3 \$

TOTAL INCOME FROM ALL SOURCES (A, plus B, plus Average of C)

PLAINTIFF \$ DEFENDANT \$

**D. OTHER INFORMATION CONCERNING CHILDREN:**

PLAINTIFF/PETITIONER (1)

DEFENDANT/PETITIONER (2)

\$	per year	Court Ordered Child Support Paid For Other Child(ren) Who Are Not of This Marriage	\$	per year
\$	per year	Court Ordered Spousal Support Paid to a Spouse(s)	\$	per year
Number of Other Minor Child(ren) Living With You (not children of this marriage or step-children)				
\$	per year	Child Support You Received for the Minor Child(ren) You Indicated on Line Above	\$	per year

**E. OTHER ASSETS AND LUMP SUM INCOME**

1. Describe income sources listed in Section B (i.e., retirement/pension benefits, disability income, interests or dividend income, rentals, annuities, etc.) Attach additional pages if needed.

Name & Address of Source	Identifying Description (Account No., Claim No., Etc.)	Income or Benefits

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2. List any lump sum income (bonus, gifts, inheritance, etc.) in excess of \$500, expected to be received within the next six

months, not otherwise listed in this affidavit, Attach additional pages if needed.

Source \_\_\_\_\_ Value  
 \_\_\_\_\_ \$ \_\_\_\_\_

3. List all funds on deposit in any and all accounts in any bank, savings & loan, credit union, regulated Investment company, mutual fund or other financial Institution. Account includes any of the following: checking, certificate of deposit (ACD@), Investment, savings, Individual retirement account (AIRA@), stock option, etc. Attach additional pages if needed.

Name & Address of Financial Institution	Account Number	Name(s) on Account	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IV. AFFIANT=S MONTHLY EXPENSES**

List your ACTUAL expenses for your present household. If you expect changes in your expenses soon, attach a separate sheet with your ESTIMATED expenses. If you are living with your parents or someone is helping you with your living expenses, please state this. There are \_\_\_\_\_ adults and \_\_\_\_\_ child(ren) in my household.

**A. MONTHLY EXPENSES**

1. Housing

Rent or Mortgage (including taxes and insurance).....\$ \_\_\_\_\_  
 Utilities  
 a. Gas & Electric (level billing or average per month).....\$ \_\_\_\_\_  
 b. Water & Sewer.....\$ \_\_\_\_\_  
 c. Basic Telephone (excluding long distance).....\$ \_\_\_\_\_  
 d. Trash Collection .....\$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_

**HOUSING TOTAL..... \$ \_\_\_\_\_**

2. Other

Grocery (include food, laundry & cleaning products/toiletries, etc.).....\$ \_\_\_\_\_  
 Gasoline & Oil..... \$ \_\_\_\_\_  
 Car Repairs.....\$ \_\_\_\_\_  
 Insurance: (life/auto/renter=s)..... \$ \_\_\_\_\_  
 Medical (not covered by insurance) ..... \$ \_\_\_\_\_  
 Clothing.....\$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_

**OTHER MONTHLY EXPENSES TOTAL.....\$ \_\_\_\_\_**

3. If any of the above expenses are paid or shared in whole or part by any other individual, state the amount paid by the other person.....\$ ( \_\_\_\_\_ )

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**B. MONTHLY DEBT PAYMENT**

Do not list expenses previously listed in Section (Monthly Expenses). Attach additional pages if needed.

<u>TO WHOM PAID</u>	<u>PURPOSE/SECURITY</u>	<u>MONTHLY</u>	<u>TOTAL</u>
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(Also indicate name account is in or joint account)	(If car loan, state model & who drives it)	<u>PAYMENT</u>	<u>BALANCE DUE</u>
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**MONTHLY DEBT PAYMENTS TOTAL.....\$**  
**GRAND TOTAL MONTHLY EXPENSES.....\$**

**V. HEALTH INSURANCE**

GROUP HEALTH INSURANCE COVERAGE AVAILABLE FOR DEPENDENT CHILDREN  
 (This section to be filled in ONLY when there are dependent children of the parties.)

PLAINTIFF/PETITIONER (1)	DEFENDANT/PETITIONER (2)
YES/NO	Available through employment YES/NO
YES/NO	Other Group Plan YES/NO
_____	Insurance Company Name _____
_____	_____
_____	Address _____
_____	Policy Number _____ \$ _____ per
year/month (individual) Employee Cost \$ _____	per year/month (individual) \$ _____ per
year/month (family) (Indicate "0" if no cost to party ) \$ _____	per year/month (family) _____

CHECK IF CHILDREN ARE CURRENTLY ENROLLED: Family Plan or Individual Plan

**OATH OF AFFIANT**

I hereby swear or affirm that the answers and information contained herein and attached hereto are true, complete and accurate to the best of my information, knowledge or belief under penalty of law.

\_\_\_\_\_  
 AFFIANT

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*Attorney for Plaintiff/Defendant/Petitioner/Respondent*

\_\_\_\_\_  
 Notary Public  
 My commission expires \_\_\_\_\_