

DR-10

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

PLAINTIFF/PETITIONER (1)

Address: _____

DOB: _____

-vs- / -and-

CASE NO. _____

SETS NO. _____

JUDGE: HURLEY

AFFIDAVIT OF FINANCIAL DISCLOSURE

DEFENDANT/PETITIONER (2)

Address: _____

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 of 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 _____ custody, _____ child support, and/or _____ spousal support.
- A Domestic Violence Order under Case No. _____ currently is in effect.
- A Juvenile Court Case or Administrative Order, under Case No. or _____ SETS No. _____ currently is in effect.
- A Bankruptcy action under Case No. _____ was filed _____

DATE OF SEPARATION (NEW CASES) _____

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

PLAINTIFF \$ _____ DEFENDANT \$ _____

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) \$ \$ _____
or Gross Receipts if Self-Employed

_____ 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 \$ _____

C. 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 \$ _____

D. **OTHER INFORMATION CONCERNING CHILDREN NOT OF THIS MARRIAGE:**

PLAINTIFF/PETITIONER (1)

DEFENDANT/PETITIONER (2)

\$ _____ per year Court Ordered Child Support Payable
for Other Child(ren)
Who Are Not of this Marriage \$ _____ per year

\$ _____ per year Court Ordered Spousal Support Payable
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 Receive 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 ("CD"), investment, savings, individual retirement account ("IRA"), stock option, etc. Attach additional pages if needed.

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

4. Real Estate:

Address of Property	Name on Deed	Present Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 identify that party _____ and the amount of support provided _____**

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 \$ (I)

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 \$ _____
- Internet \$ _____
- Other \$ _____

OTHER MONTHLY EXPENSES TOTAL \$ (II)

B. MONTHLY DEBT PAYMENTS

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

<u>TO WHOM PAID</u> <small>(ALSO INDICATE NAME ACCOUNT IS IN OR JOINT ACCOUNT)</small>	<u>PURPOSE/SECURITY</u> <small>(IF CAR LOAN STATE MODEL & WHO DRIVES IT)</small>	<u>MONTHLY PAYMENT</u>	<u>TOTAL BALANCE DUE</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

MONTHLY: DEBT PAYMENTS TOTAL \$ (III)

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

DEFENDANT / PETITIONER

YES (1) NO Available through employment YES (2) 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

Affiant states that the information contained herein and attached hereto, is complete and accurate to the best of his/her information, knowledge or belief under penalty of law.

Attorney for Plaintiff/Defendant/Petitioner

Affiant Plaintiff/Petitioner (1)
Defendant/Petitioner (2)

Sworn to and subscribed in my presence this _____ day of _____, _____

Notary Public
My commission expires _____