

**GREENE COUNTY JUVENILE COURT
AFFIDAVIT OF INCOME AND EXPENSES**

State of Ohio

Case No. _____

County of Greene, ss:

_____, being first duly cautioned and sworn, hereby states that the following information is true to the best of my knowledge.

Name of child(ren) for which child support is being determined: _____

Affiant's Name: _____

Address: _____ Apt.# _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Employer's Name: _____

Employer's Address: _____

Hourly Wage: _____ Date Employment Commenced: _____

Annual Gross Income: _____ # of Pay Periods Per Year: _____

Attached hereto are copies of my three (3) most recent pay stubs

Amount of Overtime and Bonuses:

Last Calendar Year: _____

Two Years Ago: _____

Three Years Ago: _____

All others Sources of income (interest, dividends, unemployment compensation, workers compensation, etc.):

Source: _____ Amount: _____

Source: _____ Amount: _____

Amount of Local, City, School District Taxes, Etc.: _____

Annual Court-Ordered support paid for other children: _____

Name of Court, Case Caption, and Case Number for said Order: _____

Any non-means-tested benefits, including social security and veteran's benefits, paid to and received by a child or a person on behalf of the child due to death, disability, or retirement of the parent.

Monthly Benefit Amount _____ Source of Benefit _____

Mandatory work-related deductions such as union dues, uniform fees, etc. (Please identify)

Name and Location of Day Care: _____

Annual Cost of Day Care: _____

Name of Health Insurer: _____ Policy No. _____

Monthly Cost of Health Insurance Premiums to add child(ren) to Insurance Plan: _____

Minor Child(ren) living with me, which is/are my natural child(ren) and the child(ren) of another parent (not the child(ren) who is/are the subject of this case.)

Name of Child: _____ Age: _____

Name of Child: _____ Age: _____

Name of Child: _____ Age: _____

Annual Child Support received for said child(ren): _____

Annual Court-Ordered spousal support (alimony) paid to former spouse: _____

Name of Court, Case Caption, and Case Number for said order: _____

Self-employed individuals must attach a copy of Schedule C of IRS Form 1040.

Affiant's Signature

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

Notary Public/Deputy Clerk