

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

CASE NO. _____

PETITIONER 1

vs.

JUDGE PAULA C. GIULITTO

**LOCAL AFFIDAVIT OF
FINANCIAL DISCLOSURE
FOR DISSOLUTION ONLY**
(Local Rule of Court 9)

PETITIONER 2

Date of marriage: _____		Date of separation: _____	
PETITIONER 1		PETITIONER 2	
Name: _____		Name: _____	
Street: _____		Street: _____	
City, State, Zip: _____		City, State, Zip: _____	
Birth Date: _____		Birth Date: _____	
Telephone No.: _____		Telephone No.: _____	
Email Address: _____		Email Address: _____	
Active Member of the U.S. Military ☐ Yes ☐ No		Active Member of the U.S. Military ☐ Yes ☐ No	
Interpreter/Translator Required ☐ Yes ☐ No Language: _____		Interpreter/Translator Required ☐ Yes ☐ No Language: _____	
MINOR CHILDREN OF THIS MARRIAGE: (Attach addendum if more than 5 children)			
<u>FULL LEGAL NAME</u>	<u>BIRTH DATE</u>	<u>SEX</u>	<u>LIVING WITH</u>

In addition to the above child(ren):
Petitioner 1 has _____ other minor biological or adopted child(ren).
Petitioner 2 has _____ other minor biological or adopted child(ren).
There is/are _____ adult(s) in my household.

INCOME OF PETITIONER 1			INCOME OF PETITIONER 2		
Employer: _____			Employer: _____		
Address: _____			Address: _____		
Scheduled Paychecks ☐ 12 ☐ 24 ☐ 26 ☐ 52			Scheduled Paychecks ☐ 12 ☐ 24 ☐ 26 ☐ 52		
<u>TYPE OF INCOME</u>		<u>ANNUAL</u>	<u>TYPE OF INCOME</u>		<u>ANNUAL</u>
Base Pay		\$ _____	Base Pay		\$ _____
Ave. Overtime, Commissions, and/or Bonuses over last 3 yrs.		\$ _____	Ave. Overtime, Commissions, and/or Bonuses over last 3 yrs.		\$ _____
Unemployment		\$ _____	Unemployment		\$ _____
Disability Benefits:		\$ _____	Disability Benefits:		\$ _____
Workers Compensation		\$ _____	Workers Compensation		\$ _____
Social Security		\$ _____	Social Security		\$ _____
Other: _____		\$ _____	Other: _____		\$ _____
Retirement Benefits:		\$ _____	Retirement Benefits:		\$ _____
Social Security		\$ _____	Social Security		\$ _____
Other: _____		\$ _____	Other: _____		\$ _____
Spousal Support Received		\$ _____	Spousal Support Received		\$ _____
Interest/Dividend Income		\$ _____	Interest/Dividend Income		\$ _____
Other: _____		\$ _____	Other: _____		\$ _____
TOTAL GROSS INCOME:		\$ _____	TOTAL GROSS INCOME:		\$ _____
Supplemental Security Income or Public Assistance		\$ _____	Supplemental Security Income or Public Assistance		\$ _____
Social Security or Veteran's benefit received for child(ren)		\$ _____	Social Security or Veteran's benefit received for child(ren)		\$ _____
☐ Based on parent's disability ☐ Based on child's disability		\$ _____	☐ Based on parent's disability ☐ Based on child's disability		\$ _____
Child Support received for minor and/or dependent child(ren) not of the marriage or relationship.		\$ _____	Child Support received for minor and/or dependent child(ren) not of the marriage or relationship.		\$ _____
<u>EARNINGS HISTORY OF PETITIONER 1</u>			<u>EARNINGS HISTORY OF PETITIONER 2</u>		
	Base Yearly Income	Yearly Overtime, Commissions and/or Bonus		Base Yearly Income	Yearly Overtime, Commissions and/or Bonus
3 years ago, 20_____	\$ _____	\$ _____	3 years ago, 20_____	\$ _____	\$ _____
2 years ago, 20_____	\$ _____	\$ _____	2 years ago, 20_____	\$ _____	\$ _____
Last year, 20_____	\$ _____	\$ _____	Last year, 20_____	\$ _____	\$ _____

EXPENSES	Monthly Payment	
	Petitioner 1	Petitioner 2
<u>Monthly Housing Expenses</u>		
Mortgage/Rent (including taxes and insurance)	\$ _____	\$ _____
Second Mortgage/Line of Credit	\$ _____	\$ _____
Real Estate Taxes (if not included in mortgage)	\$ _____	\$ _____
Homeowner's/Renter's Insurance (if not included in mortgage)	\$ _____	\$ _____
Utilities:	\$ _____	\$ _____
Electric	\$ _____	\$ _____
Gas, Fuel Oil, Propane	\$ _____	\$ _____
Water and Sewer	\$ _____	\$ _____
Telephone and/or Cell Phone	\$ _____	\$ _____
Trash	\$ _____	\$ _____
Cable/Satellite Television/Streaming Service	\$ _____	\$ _____
Internet (if not included elsewhere)	\$ _____	\$ _____
Cleaning/Maintenance/Repair	\$ _____	\$ _____
Lawn Service/Snow Removal	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
TOTAL HOUSING EXPENSES	\$ _____	\$ _____
<u>Other Monthly Living Expenses</u>		
Food:	\$ _____	\$ _____
Groceries (including food, paper, cleaning products, toiletries, etc.)	\$ _____	\$ _____
Restaurants	\$ _____	\$ _____
Transportation:	\$ _____	\$ _____
Vehicle Loans/Leases	\$ _____	\$ _____
Vehicle Maintenance (oil, repair, license)	\$ _____	\$ _____
Gasoline	\$ _____	\$ _____
Parking/Public Transportation/Other Transportation	\$ _____	\$ _____
Clothing:	\$ _____	\$ _____
Clothes (other than child(ren)'s)	\$ _____	\$ _____
Dry Cleaning/Laundry	\$ _____	\$ _____
Personal Grooming:	\$ _____	\$ _____
Hair/Nail Care	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
TOTAL OTHER LIVING EXPENSES	\$ _____	\$ _____
<u>Monthly Child-Related Expenses (for child(ren) of the marriage or relationship)</u>		
Work/Education Related Childcare	\$ _____	\$ _____
Other Childcare	\$ _____	\$ _____
Extraordinary parenting time travel cost	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
School Tuition	\$ _____	\$ _____
School Supplies	\$ _____	\$ _____
School Lunches	\$ _____	\$ _____
Child(ren)'s Allowance(s)	\$ _____	\$ _____
Extracurricular Activities/Lessons	\$ _____	\$ _____
Special/Unusual Needs of Child (not included elsewhere)	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
TOTAL CHILD-RELATED EXPENSES	\$ _____	\$ _____

<u>Monthly Insurance Premiums (not listed previously)</u>	Monthly Payment	
	<u>Petitioner 1</u>	<u>Petitioner 2</u>
Health	\$ _____	\$ _____
Dental	\$ _____	\$ _____
Vision	\$ _____	\$ _____
Life	\$ _____	\$ _____
Auto	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
TOTAL INSURANCE EXPENSES	\$ _____	\$ _____
<u>Monthly Work and Education Expenses</u>		
Mandatory work expenses (union dues, uniforms, or other)	\$ _____	\$ _____
Tuition	\$ _____	\$ _____
Books/Fees	\$ _____	\$ _____
College Loan Repayment	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
TOTAL WORK AND EDUCATION EXPENSES	\$ _____	\$ _____
<u>Monthly Healthcare Expenses</u>		
Physicians	\$ _____	\$ _____
Dentists/Orthodontists	\$ _____	\$ _____
Optometrists/Opticians	\$ _____	\$ _____
Glasses/Contact Lenses	\$ _____	\$ _____
Prescriptions	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
TOTAL HEALTHCARE EXPENSES	\$ _____	\$ _____
<u>Miscellaneous Monthly Expenses</u>		
Extraordinary obligations for other minor child(ren) or child(ren) with disabilities (for child(ren) who were not born of this marriage or relationship and were not adopted by the parties.)	\$ _____	\$ _____
Child support for child(ren) who were not born of this marriage or relationship and were not adopted by the parties.	\$ _____	\$ _____
Expenses paid for adult child(ren) and other dependent(s)	\$ _____	\$ _____
Spousal support paid to former spouse	\$ _____	\$ _____
Subscriptions/Books	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____
Charitable Contributions	\$ _____	\$ _____
Memberships (associations/clubs)	\$ _____	\$ _____
Travel/Vacation	\$ _____	\$ _____
Pets	\$ _____	\$ _____
Gifts	\$ _____	\$ _____
Bankruptcy Payments	\$ _____	\$ _____
Attorney Fees	\$ _____	\$ _____
Additional taxes (not deducted from wages)	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
TOTAL MISCELLANEOUS EXPENSES	\$ _____	\$ _____
TOTAL MONTHLY EXPENSES:	\$ _____	\$ _____

REAL ESTATE INTERESTS (attach addendum if more space is needed)				
<u>Address</u>	<u>Present Fair Market Value</u>	<u>Titled To</u>	<u>Mortgage Balance</u>	<u>Equity</u>
1. _____ _____	\$ _____	_____	\$ _____	\$ _____
2. _____ _____	\$ _____	_____	\$ _____	\$ _____
3. _____ _____	\$ _____	_____	\$ _____	\$ _____
TOTAL REAL ESTATE EQUITY:			\$ _____	

OTHER ASSETS (attach addendum if more space is needed)			
<u>Vehicles & Other Certificate of Title Property</u>	<u>Description</u> (Include year, make and model of automobiles, trucks, motors, motorcycles, boats, motors, motor homes, trailers, ATVs, snowmobiles, jet skis, etc.)	<u>Titled To</u>	<u>Value</u>
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. _____	_____	_____	\$ _____
6. _____	_____	_____	\$ _____
<u>Financial Accounts</u>	<u>Description</u> (Include checking, savings, CDs, POD accounts, money market accounts, etc.)	<u>Titled To</u>	<u>Value</u>
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. _____	_____	_____	\$ _____
6. _____	_____	_____	\$ _____
<u>Pensions & Retirement Plans</u>	<u>Description</u> (Include profit sharing, IRAs, ESOPs, 401(k) Plans, etc.)	<u>Titled to</u>	<u>Value</u>
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____

Publicly Held Stocks, Bonds, Securities & <u>Mutual Funds</u> 1. _____ 2. _____ 3. _____ 4. _____	<u>Description</u> (Name of company and number of shares) _____ _____ _____ _____	<u>Titled to</u> _____ _____ _____ _____	<u>Value</u> \$ _____ \$ _____ \$ _____ \$ _____
Closely Held Stocks & Other Business Interests and Name of <u>Company</u> 1. _____ 2. _____ 3. _____ 4. _____	<u>Description</u> (Type of ownership, number of shares, and nature of business) _____ _____ _____ _____	<u>Titled to</u> _____ _____ _____ _____	<u>Value</u> \$ _____ \$ _____ \$ _____ \$ _____
<u>Life Insurance</u> (Company Name) 1. _____ 2. _____ 3. _____ 4. _____	<u>Description</u> (Term/Whole Life and Insured Life) _____ _____ _____ _____	<u>Titled to</u> _____ _____ _____ _____	<u>Value</u> (cash surrender value and loan balance, if any) \$ _____ \$ _____ \$ _____ \$ _____
Furniture and Household Goods, Furnishings & <u>Appliances</u> 1. _____ 2. _____ 3. _____ 4. _____	<u>Description</u> (Property valued in excess of \$1,000) _____ _____ _____ _____	<u>Titled to</u> _____ _____ _____ _____	<u>Value</u> \$ _____ \$ _____ \$ _____ \$ _____
<u>Safe Deposit Box</u> 1. _____ 2. _____	<u>Description</u> (Location and description of contents) _____ _____	<u>Titled to</u> _____ _____	<u>Value</u> \$ _____ \$ _____

<u>Transfer of Assets</u> (Exceeding \$300 in value in the past 12 months)	<u>Explanation</u> (List the name and address of any person who received money or property and the reason for the transfer.)	<u>Titled to</u>	<u>Value</u>
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
<u>Any Other Assets Not Listed Above</u>	<u>Description</u> (Include jewelry, art, tools, firearms, other collectibles, etc.)	<u>Titled to</u>	<u>Value</u>
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
TOTAL OTHER ASSETS:			\$ _____

DEBT
List ALL OF YOUR DEBTS, the debts of your spouse, and any joint debts. Do not leave any category blank. For each item, if none, put "NONE." If you do not know exact figures for any item, give your best estimate and put "EST." **If more space is needed to explain, please attach an additional page for the explanation and identify which question your answering.**

<u>Secured Debt</u> (Mortgage, Car, etc.)	<u>Name of Creditor</u>	<u>Name(s) on Account</u>	<u>Balance Due</u>	<u>Monthly Payment</u>
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____
6. _____	_____	_____	\$ _____	\$ _____
<u>Unsecured Debt</u> (Credit cards, medical bills, loans, etc.)	<u>Name of Creditor</u>	<u>Name(s) on Account</u>	<u>Balance Due</u>	<u>Monthly Payment</u>
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____
6. _____	_____	_____	\$ _____	\$ _____
TOTAL DEBTS			\$ _____	\$ _____

SEPARATE PROPERTY CLAIMS			
Separate property includes, but is not limited to, property owned before marriage and gifts or inheritances to only one spouse.			
<u>Category</u> (Pre-marital, Gift, Inheritance, etc.)	<u>Description of Property</u>	<u>Titled to</u>	<u>Value</u>
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
TOTAL SEPARATE PROPERTY CLAIMS:			\$ _____

BANKRUPTCY				
<u>Filed by</u>	<u>Date of Filing and Case Number</u>	<u>Date of Discharge or Relief from Stay</u>	<u>Type of Case</u> (Ch. 7, 11, 12, 13)	<u>Current Monthly Payment, if any</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

- QUESTIONS:** (Attach explanations as necessary)
- Has a tax analysis statement been considered and prepared for real estate, business, pension and spousal support evaluations? ☐ Yes ☐ No
 - Has bankruptcy been considered? ☐ Yes ☐ No
 - Do you intend to file for bankruptcy protection? ☐ Yes ☐ No
 - Has any property been sold or transferred without consent or knowledge of spouse within 12 months of filing original package? ☐ Yes ☐ No
 - Have any financial statements been prepared for any financial institutions within 12 months of filing original pleadings? ☐ Yes ☐ No (If so, please attach copy.)

(Do not sign until Notary Public is present.)

(Affix seal here)

(Affix seal here)