

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

CASE NO. _____

PLAINTIFF

vs.

JUDGE PAULA C. GIULITTO

DEFENDANT

**LOCAL AFFIDAVIT OF FINANCIAL
DISCLOSURE FOR PARENTAGE,
ALLOCATION OF PARENTAL RIGHTS
AND RESPONSIBILITIES/CUSTODY,
PARENTING TIME/COMPANIONSHIP
OR VISITATION**
(Local Rule of Court 9)

AFFIDAVIT OF: _____			
PLAINTIFF Name: _____ Street: _____ City, State, Zip: _____ Birth Date: _____ Telephone No.: _____ Email Address: _____ Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter/Translator Required <input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____		DEFENDANT Name: _____ Street: _____ City, State, Zip: _____ Birth Date: _____ Telephone No.: _____ Email Address: _____ Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter/Translator Required <input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____	
MINOR CHILDREN OF THIS RELATIONSHIP: (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):

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

Defendant has _____ other minor biological or adopted child(ren).

There is/are _____ adult(s) in my household.

INCOME OF AFFIANT	Employer: _____ Address: _____ Scheduled Paychecks <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52																																								
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 40%;"><u>TYPE OF INCOME</u></th> <th style="text-align: left; width: 10%;"><u>ANNUAL</u></th> </tr> </thead> <tbody> <tr> <td>Base Pay</td> <td>\$ _____</td> </tr> <tr> <td>Ave. Overtime, Commissions, and/or Bonuses over last 3 yrs.</td> <td>\$ _____</td> </tr> <tr> <td>Unemployment</td> <td>\$ _____</td> </tr> <tr> <td>Disability Benefits:</td> <td>\$ _____</td> </tr> <tr> <td> Workers Compensation</td> <td>\$ _____</td> </tr> <tr> <td> Social Security</td> <td>\$ _____</td> </tr> <tr> <td> Other: _____</td> <td>\$ _____</td> </tr> <tr> <td>Retirement Benefits:</td> <td>\$ _____</td> </tr> <tr> <td> Social Security</td> <td>\$ _____</td> </tr> <tr> <td> Other: _____</td> <td>\$ _____</td> </tr> <tr> <td>Spousal Support Received</td> <td>\$ _____</td> </tr> <tr> <td>Interest/Dividend Income</td> <td>\$ _____</td> </tr> <tr> <td>Other: _____</td> <td>\$ _____</td> </tr> <tr> <td>TOTAL GROSS INCOME:</td> <td>\$ _____</td> </tr> <tr> <td>Supplemental Security Income or Public Assistance</td> <td>\$ _____</td> </tr> <tr> <td>Social Security or Veteran's benefit received for child(ren)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Based on parent's disability</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Based on child's disability</td> <td>\$ _____</td> </tr> <tr> <td>Child Support received for minor and/or dependent child(ren) not of the relationship.</td> <td>\$ _____</td> </tr> </tbody> </table>	<u>TYPE OF INCOME</u>	<u>ANNUAL</u>	Base Pay	\$ _____	Ave. Overtime, Commissions, and/or Bonuses over last 3 yrs.	\$ _____	Unemployment	\$ _____	Disability Benefits:	\$ _____	Workers Compensation	\$ _____	Social Security	\$ _____	Other: _____	\$ _____	Retirement Benefits:	\$ _____	Social Security	\$ _____	Other: _____	\$ _____	Spousal Support Received	\$ _____	Interest/Dividend Income	\$ _____	Other: _____	\$ _____	TOTAL GROSS INCOME:	\$ _____	Supplemental Security Income or Public Assistance	\$ _____	Social Security or Veteran's benefit received for child(ren)	\$ _____	<input type="checkbox"/> Based on parent's disability	\$ _____	<input type="checkbox"/> Based on child's disability	\$ _____	Child Support received for minor and/or dependent child(ren) not of the relationship.	\$ _____	
<u>TYPE OF INCOME</u>	<u>ANNUAL</u>																																								
Base Pay	\$ _____																																								
Ave. Overtime, Commissions, and/or Bonuses over last 3 yrs.	\$ _____																																								
Unemployment	\$ _____																																								
Disability Benefits:	\$ _____																																								
Workers Compensation	\$ _____																																								
Social Security	\$ _____																																								
Other: _____	\$ _____																																								
Retirement Benefits:	\$ _____																																								
Social Security	\$ _____																																								
Other: _____	\$ _____																																								
Spousal Support Received	\$ _____																																								
Interest/Dividend Income	\$ _____																																								
Other: _____	\$ _____																																								
TOTAL GROSS INCOME:	\$ _____																																								
Supplemental Security Income or Public Assistance	\$ _____																																								
Social Security or Veteran's benefit received for child(ren)	\$ _____																																								
<input type="checkbox"/> Based on parent's disability	\$ _____																																								
<input type="checkbox"/> Based on child's disability	\$ _____																																								
Child Support received for minor and/or dependent child(ren) not of the relationship.	\$ _____																																								
<u>EARNINGS HISTORY</u>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Base Yearly Income</th> <th style="width: 50%; text-align: center;">Yearly Overtime, Commissions and/or Bonus</th> </tr> </thead> <tbody> <tr> <td>3 years ago, 20_____ \$ _____</td> <td>3 years ago, 20_____ \$ _____</td> </tr> <tr> <td>2 years ago, 20_____ \$ _____</td> <td>2 years ago, 20_____ \$ _____</td> </tr> <tr> <td>Last year, 20_____ \$ _____</td> <td>Last year, 20_____ \$ _____</td> </tr> </tbody> </table>	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_____ \$ _____																																
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 OF AFFIANT	Monthly Payment
<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 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
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 relationship and were not adopted by the parties.)	\$ _____
Child support for child(ren) who were not born of this 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:	\$ _____

(Do not sign until Notary Public is present.)

Your Signature

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

Commission Expiration Date: _____

Page 5 of 5