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

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ame:		DEFENDANT	
	Name:		
Street:			
ity, Sta	ate, Zip:		
Birth Date:			
Telephone No.:			
	ddress:		
Active Member of the U.S. Military Yes No			
Interpreter/Translator Required			
	☐ No		
Language:			
ttach a	addendum if more	than 5 children)	
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	ttach a		

INCOME OF AFFIANT		Employer:
		Address:
		Scheduled Paychecks 12 24 26 52
TYPE OF INCOME	ANNUAL	
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)	\$	
Based on parent's disability Based on child's disability	\$	
Child Support received for minor and/or dependent child(ren) not of the relationship.	\$	
EARNINGS HISTORY		
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
Monthly Housing Expenses	
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	\$
Other Monthly Living Expenses	Ψ
Food:	
Groceries (including food, paper, cleaning products, toiletries, etc.)	\$
Restaurants	\$
Transportation:	Ψ
Vehicle Loans/Leases	•
	\$
Vehicle Maintenance (oil, repair, license) Gasoline	\$
	Ψ
Parking/Public Transportation/Other Transportation	Ψ
Clothing:	•
Clothes (other than child(ren)'s)	φ
Dry Cleaning/Laundry	Φ
Personal Grooming:	\$
Hair/Nail Care	Φ
Other:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Other:	\$
TOTAL OTHER LIVING EXPENSES	<u> </u>
Monthly Child-Related Expenses (for child(ren) of the relationship)	Ф
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	\$

Dental Vision \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Monthly Insurance Premiums (not listed previously)	Monthly Payment
Vision Life S Life S Auto Disability Dither: S FOTAL INSURANCE EXPENSES Monthly Work and Education Expenses Mandatory work expenses (union dues, uniforms, or other) Futition S Books/Fees College Loan Repayment Dither: S FOTAL WORK AND EDUCATION EXPENSES Monthly Healthcare Expenses Physicians Physicians Physicians S Dentists/Orthodontists Dyptometrists/Opticians Glasses/Contact Lenses Prescriptions Dither: S FOTAL HEALTHCARE EXPENSES Miscellaneous Monthly Expenses 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.) Expenses paid for adult child(ren) and other dependent(s) Spousal support paid to former spouse Subscriptions/Books Entertainment Charitable Contributions Memberships (associations/clubs) Fravel/Vacation Pets Giffs Bankruptcy Payments Attorney Fees Additional taxes (not deducted from wages) Dither: S FOTAL MISCELLANEOUS EXPENSES	Health	\$
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Other:\$	•	
TOTAL MISCELLANEOUS EXPENSES \$	` '	
		·
TOTAL MONTHLY EXPENSES: \$		\$ \$

OATH OR AFFIRMATION

(Do not sign until Notary Public is present.)

	, swear or affirm that I have read this Affidavit e facts and information stated in this Affidavit are true, of tell the truth, I may be subject to penalties for perjury.
	Your Signature
STATE OF	
Sworn to or affirmed before me by	thisday of,
	Signature of Notary Public
	Printed Name of Notary Public
(Affix seal here)	Commission Expiration Date: