

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

_____ )	)	<b>CASE NO.</b>
<b>Plaintiff</b>	)	
	)	
<b>vs.</b>	)	<b>JUDGE MARY KOVACK</b>
	)	
_____ )	)	
<b>Defendant</b>	)	

**NOTE:** This document should *not* be filed with the Clerk of Courts, but should be submitted to the Court's confidential file, and accompanied by a Notice of Submission (Form 1.10B). 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, add additional pages.**

**AFFIDAVIT OF INCOME AND EXPENSES**

**Affidavit of** \_\_\_\_\_  
(Print Your Name)

Date of marriage \_\_\_\_\_ Date of separation \_\_\_\_\_

**SECTION I – INCOME**

	<b>You</b>	<b>Spouse</b>
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	_____	_____
Payroll address	_____	_____
Payroll city, state, zip	_____	_____
Scheduled paychecks per year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52

**A. YEARLY INCOME, OVERTIME, COMMISSIONS AND BONUSES FOR PAST THREE YEARS**

	<b>You</b>	<b>Spouse</b>
Base yearly income	\$ _____ 3 years ago 20 _____	\$ _____
	\$ _____ 2 years ago 20 _____	\$ _____
	\$ _____ Last year 20 _____	\$ _____
Yearly overtime, commissions and/or bonuses	\$ _____ 3 years ago 20 _____	\$ _____
	\$ _____ 2 years ago 20 _____	\$ _____
	\$ _____ Last year 20 _____	\$ _____

B. COMPUTATION OF CURRENT INCOME

	<b>You</b>	<b>Spouse</b>
Base yearly income	\$ _____	\$ _____
Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Disability benefits		
<input type="checkbox"/> Workers' Compensation		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Retirement benefits		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Spousal support received	\$ _____	\$ _____
Interest and dividend income (source)		
_____	\$ _____	\$ _____
_____		
Other income (type and source)		
_____	\$ _____	\$ _____
_____		
<b>TOTAL YEARLY INCOME</b>	\$ _____	\$ _____
Supplemental Security Income (SSI) or public assistance	\$ _____	\$ _____
Court-ordered child support that you receive for minor and/or dependent child(ren) not of the marriage or relationship	\$ _____	\$ _____

**SECTION II – CHILDREN AND HOUSEHOLD RESIDENTS**

Minor and/or dependent child(ren) who are from this marriage or relationship:

<u>Name</u>	<u>Date of birth</u>	<u>Living with</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to the above children there is/are in your household:

\_\_\_\_\_ adult(s)  
 \_\_\_\_\_ other minor and/or dependent child(ren).

**SECTION III – EXPENSES**

List monthly expenses below for your present household.

**A. MONTHLY HOUSING EXPENSES**

Rent or first mortgage (including taxes and insurance)	\$	_____
Real estate taxes (if not included above)	\$	_____
Real estate/homeowner’s insurance (if not included above)	\$	_____
Second mortgage/equity line of credit	\$	_____
<b>Utilities</b>		
o Electric	\$	_____
o Gas, fuel oil, propane	\$	_____
o Water and sewer	\$	_____
o Telephone	\$	_____
o Trash collection	\$	_____
o Cable/satellite television	\$	_____
Cleaning, maintenance, repair	\$	_____
Lawn service, snow removal	\$	_____
Other: _____	\$	_____
_____	\$	_____
<b>TOTAL MONTHLY HOUSING EXPENSES :</b>		
	\$	_____

**B. OTHER MONTHLY LIVING EXPENSES**

Food	
○ Groceries (including food, paper, cleaning products, toiletries, other)	\$ _____
○ Restaurant	\$ _____
Transportation	
○ Vehicle loans, leases	\$ _____
○ Vehicle maintenance (oil, repair, license)	\$ _____
○ Gasoline	\$ _____
○ Parking, public transportation	\$ _____
Clothing	
○ Clothes (other than children's)	\$ _____
○ Dry cleaning, laundry	\$ _____
Personal grooming	
○ Hair, nail care	\$ _____
○ Other	\$ _____
Cell phone	\$ _____
Internet (if not included elsewhere)	\$ _____
Other	\$ _____
<b>TOTAL MONTHLY LIVING EXPENSES:</b>	
	\$ _____

**C. MONTHLY CHILD-RELATED EXPENSES**

(for children of the marriage or relationship)

Work/education-related child care	\$ _____
Other child care	\$ _____
Unusual parenting time travel	\$ _____
Special and unusual needs of child(ren) (not included elsewhere)	\$ _____
Clothing	\$ _____
School supplies	\$ _____
Child(ren)'s allowances	\$ _____
Extracurricular activities, lessons	\$ _____
School lunches	\$ _____
Other	\$ _____
<b>TOTAL MONTHLY CHILD-RELATED EXPENSES:</b>	
	\$ _____

D. INSURANCE PREMIUMS

Life	\$	_____
Auto	\$	_____
Health	\$	_____
Disability	\$	_____
Renters/personal property (if not included in part A above)	\$	_____
Other _____	\$	_____
<b>TOTAL MONTHLY INSURANCE PREMIUMS:</b>		\$ _____

E. MONTHLY EDUCATION EXPENSES

Tuition		_____
o Self	\$	_____
o Child(ren)	\$	_____
Books, fees, other	\$	_____
College loan repayment	\$	_____
Other _____	\$	_____
	\$	_____
<b>TOTAL MONTHLY EDUCATION EXPENSES:</b>		\$ _____

F. MONTHLY HEALTH CARE EXPENSES

(not covered by insurance)

Physicians	\$	_____
Dentists	\$	_____
Optometrists/opticians	\$	_____
Prescriptions	\$	_____
Other _____	\$	_____
	\$	_____
<b>TOTAL MONTHLY HEALTH CARE EXPENSES:</b>		\$ _____

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren)	\$	_____
Child support for children who were not born of this marriage or relationship and were not adopted of this marriage	\$	_____
Spousal support paid to former spouse(s)	\$	_____
Subscriptions, books	\$	_____



**OATH**

(Do not sign until notary is present.)

I, (print name) \_\_\_\_\_, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

\_\_\_\_\_  
Signature

Sworn before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires:  
\_\_\_\_\_