

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

)	CASE NO.
Plaintiff)	
)	JUDGE MARY KOVACK
)	
vs.)	<u>RESPONSIVE AFFIDAVIT TO</u>
)	<u>MOTION FOR TEMPORARY</u>
)	<u>SPOUSAL SUPPORT, CHILD</u>
)	<u>SUPPORT AND/OR CUSTODY</u>
Defendant)	<u>PURSUANT TO CIV.R. 75(N)</u>

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).

Now comes **Plaintiff** / **Defendant** [select one] and states as follows:

I. GENERAL INFORMATION

1. I am _____ years old.
2. My current residential address is: _____ .
 My rent / mortgage is: _____ per month.
 My spouse is / is not living at this address.
3. Names and ages of minor children of this marriage: _____
 _____ .
4. Children reside with whom and where: _____ .
5. I am employed by: _____ .
 My employer's address is: _____ .
 My gross pay is : \$ _____ per _____ [pay period].
 Sources and amounts of other income, if any: _____ .
6. My Social Security Number is: _____ .
7. My birthdate is: _____ [month, day, year].
8. My spouse is employed by: _____ .
 His/her employer's address is: _____ .
 My spouse's gross pay is: _____ per _____ [pay period].
 Sources and amounts of other income, if any: _____ .

II. INCOME OF PLAINTIFF / DEFENDANT [select one]

I am **Full-time** / **Part-time** [check one].

I am employed by: _____

My employer's address is: _____

My gross pay is: \$ _____ per _____ [e.g., bi-weekly, bi-monthly].

Other source(s) and amount(s) of income, if any, _____

<u>Deductions</u> (per pay period)	<u>Amount of Deduction</u>	<u>Frequency of Deductions</u> (e.g., per pay, per month)
Federal Income Taxes	\$	
State Income Taxes	\$	
Local Income Taxes	\$	
Medical Insurance	\$	
Dental Insurance	\$	
Life Insurance	\$	
Social Security	\$	
Medicare	\$	
Pension, 401k or other retirement	\$	
Union Dues	\$	
Other [savings, loans, 401k repay, etc.]	\$	
<u>NET WAGES FROM EMPLOYMENT:</u>	\$	

<u>Other Income</u>	<u>Amount</u>
Food Stamps/Other Assistance	\$
Social Security/SSI/SSDI	\$
Ohio Works First	\$
Medicaid	\$
<u>NET OTHER INCOME:</u>	\$

III. EXPENSES OF PLAINTIFF / DEFENDANT [select one]

- Please provide average **monthly** expenses for yourself, and for your children, but if only if you are the residential parent.
- If you are not the residential parent and not living at the family home, please provide expenses for yourself only.

Please state names and relationship of all members of the household whose expenses are included:

<u>ITEM</u>	<u>MONTHLY AMOUNT</u>
1. FOOD and miscellaneous non-food items purchased with groceries	\$
2. SHELTER	
<input type="checkbox"/> Mortgage / <input type="checkbox"/> Rent	\$
Real Estate Taxes [if not escrowed in mortgage payment]	\$
Home Insurance [if not escrowed in mortgage payment]	\$
Electricity	\$
Heat	\$
Water	\$
Telephone	\$
Repairs, maintenance, etc.	\$
Water Softener	\$
Trash Collection	\$
Cable Television	\$
Lawn service/snow removal	\$
3. AUTOMOBILE AND TRANSPORTATION	
Car Loan or Lease Payment	\$
Gasoline	\$
Repairs	\$
Automobile Insurance	\$
Public Transportation	\$
4. PERSONAL INSURANCE [not otherwise deducted from wages]	
Health	\$
Dental	\$
Life	\$
Accident and Disability	\$
Unreimbursed medical expenses	\$
5. CLOTHING, ETC.	
Clothes	\$
Dry cleaning/laundry	\$
Haircuts/personal grooming	\$

6. CHILD-RELATED EXPENSES	
Child care, work or education related	\$
School lunches	\$
Children's Allowances	\$
Lessons	\$
Extra-Curricular Activities	\$
Other [specify]:	\$
7. MISCELLANEOUS	
Books, newspapers, magazines	\$
Gifts	\$
Vacation	\$
Extraordinary pet expenses	\$
Donations	\$
Entertainment	\$
Other [specify]:	\$
8. PRE-EXISTING COURT-ORDERED SUPPORT FROM PRIOR CASE(S):	
Child Support	\$
Spousal Support	\$
NET TOTAL EXPENSES:	\$

Installment obligations, other than mortgage, *i.e.*, finance companies, department stores, credit cards, medical, hospital debts: *If additional space is needed, use the back of this form.* Indicate whether "Husband," "Wife," or "Joint."

<u>CREDITOR</u>	<u>AMOUNT OWED</u>	<u>MONTHLY PAYMENT</u>	<u>DEBTOR</u>
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
NET TOTAL:	\$	\$	

NOTE: EACH PARTY TO COMPLETE FORM FOR SELF AND OPPOSING PARTY.
USE A SEPARATE PAGE FOR EACH EMPLOYMENT.

This information is, to the best of my knowledge, true and complete based upon information given to me by my client and through discovery, if any, and may be admitted into evidence upon trial of this case.

Counsel for Plaintiff
 Defendant

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

Plaintiff
 Defendant

Sworn before me and signed in my presence on _____, **20**_____.

Notary Public

My Commission Expires: _____