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

Plaintiff/Petitioner 1	Case No	
vs./and	Judge <u>MARIA N</u>	. KALIS
Defendant/Petitioner 2		
<u>Instructions</u> : Check local court rules to determine when this form must be filed. This affidavit is used to disclose health insurance coverage that is available for children of the relationship. It is also used to determine child support. If more space is needed, add additional pages.		
HEALTH INSURA	NCE AFFIDAVIT	
Affidavit of	Print Name)	
	Plaintiff/Petitioner 1	Defendant/Petitioner 2
Is/are your child(ren) currently enrolled in a government-provided program (i.e. Healthy Start/ Medicaid)?	Yes No	Yes No
Is/are your child(ren) enrolled in an individual (non-group or COBRA) health insurance plan?	Yes No	Yes No
Is/are your child(ren) enrolled in a plan found through the exchange/Affordable HealthCare Marketplace?	Yes No	Yes No
Is/are your child(ren) enrolled in a health insurance plan through a group (employer or other organization)?	Yes No	Yes No
If your child(ren) is/are not enrolled, does/do he/she/they have health insurance available through a group (employer or other organization)?		Yes No
Does the available insurance cover primary care services within 30 miles of the children's home?	Yes No	Yes No
Under the available insurance, what is the annual premium you pay for family coverage?	\$	\$
Name of group (employer or organization) that provides health insurance		
Address -		
Phone Number		

OATH OR AFFIRMATION

(Do not sign until Notary Public is present)

I, (print name), swear knowledge and belief, the facts and information sta	or affirm that I have read this Affidavit and, to the best of my ated in this Affidavit are true, accurate, and complete. I understand
that if I do not tell the truth, I may be subject to pe	· · · · · · · · · · · · · · · · · · ·
	Your Signature
STATE OF)) SS	
) SS (COUNTY OF)	
Sworn to or affirmed before me by	thisday of,
	Signature of Notary Public
	Printed Name of Notary Public
	Commission Expiration Date:(Affix seal here)
	H OR AFFIRMATION until Notary Public is present)
I, (print name), swear knowledge and belief, the facts and information stathat if I do not tell the truth, I may be subject to pe	or affirm that I have read this Affidavit and, to the best of my ated in this Affidavit are true, accurate, and complete. I understand enalties for perjury.
	Your Signature
STATE OF)	
COUNTY OF)	
Sworn to or affirmed before me by	thisday of,
	Signature of Notary Public
	.
	Printed Name of Notary Public
	Commission Expiration Date:(Affix seal here)