

**IN THE COURT OF COMMON PLEAS OF MUSKINGUM COUNTY, OHIO**

\_\_\_\_\_  
Plaintiff / Petitioner

Case No.: \_\_\_\_\_

**-vs-/-and-**

**FINANCIAL AFFIDAVIT  
ORIGINAL ACTIONS (DR1)**

\_\_\_\_\_  
Defendant / Petitioner

\_\_\_\_\_, Affiant(s), being duly sworn, say(s):

**PART A - CASE INFORMATION**

	Plaintiff / Petitioner	Defendant / Petitioner
Full Name		
Street Address		
City/State/Zip		
Telephone		
Social Security No.		
Date of Birth		
Employer/Source of Income		
Street Address		
City/State/Zip		
Telephone		
Acct./Claim No.		

**PART B - ANNUAL INCOME**

	Plaintiff / Petitioner	Defendant / Petitioner
Gross annual wages (excluding overtime and bonuses)	\$	\$
Gross annual overtime and bonuses	\$	\$
Gross annual unemployment benefits	\$	\$
Gross annual worker's compensation	\$	\$
Gross annual interest or dividends	\$	\$
Other:	\$	\$
<b>TOTAL GROSS ANNUAL INCOME:</b>	\$	\$
Income Tax Actually Paid (Federal/State/Local)	\$	\$
F.I.C.A.	\$	\$
Mandatory Retirement Plan	\$	\$
Union Dues	\$	\$
<b>TOTAL ANNUAL DEDUCTIONS:</b>	\$	\$
<b>TOTAL NET ANNUAL INCOME:</b>	\$	\$

**PART C - DEPENDENT INFORMATION**

LIST EACH BIOLOGICAL OR ADOPTIVE MINOR CHILD, NOT THE SUBJECT OF THIS ACTION, LIVING WITH EITHER PARTY AND STATE THE ANNUAL AMOUNT OF CHILD SUPPORT RECEIVED FOR EACH CHILD. DO NOT INCLUDE THE CHILD(REN) INVOLVED IN THIS ACTION, DO NOT INCLUDE STEP-CHILDREN.

Plaintiff / Petitioner's Household		Defendant / Petitioner's Household	
Child's Name	Annual Support	Child's Name	Annual Support
	\$1,000.00		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

**PART D - EXPENSES**

STATE EACH PARTY'S ACTUAL EXPENSES PER MONTH:

	Plaintiff / Petitioner	Plaintiff / Petitioner
1. Housing	\$	\$
2. Utilities		
3. Insurance		
a. Auto		
b. Life		
c. Health		
4. Uninsured Medical / Dental		
5. Clothing		
6. Groceries and household supplies		
7. Transportation		
8. Work-related child care		
9. Child support paid for other child(ren) <small>(attach certified statement from CSEA)</small>		
10. Spousal support paid for ex-spouse <small>(attach certified statement from CSEA)</small>		
11. Installment Payments (List name of creditor):		
a.		
b.		
c.		
d.		
e.		
12. Other (Specify):		
a.		
b.		
c.		
d.		
e.		
<b>TOTAL EXPENSES PER MONTH:</b>	\$	\$

**PART E - ASSETS**

LIST ALL ASSETS OWNED BY EACH PARTY, WHETHER ALLEGED TO BE MATERIAL OR SEPARATE PROPERTY.

Description	Owned By	Value
<b>1. Cash and Funds on Deposit</b> (list name of institution and account number.)		
<b>2. Real property</b>		
<b>3. Tangible Personal Property</b> (Include vehicles and household goods.)		
<b>4. Pensions, Profit-Sharing Plans, Etc...</b>		
<b>5. Stocks, Bonds, and Other Securities</b>		
<b>6. Other:</b>		

**PART F - DEBTS**

LIST ALL DEBTS OWED BY EACH PARTY, WHETHER ALLEGED TO BE MATERIAL OR SEPARATE DEBT. **INCLUDE INSTALLMENT DEBTS LISTED IN PART D.**

Creditor	Owned By	Balance Due
		\$

**PART G - GROUP HEALTH INSURANCE FOR MINOR CHILDREN**

INSTRUCTION: **IF MINOR CHILDREN ARE INVOLVED IN THIS ACTION**, ANSWER THE FOLLOWING QUESTIONS ABOUT THE AVAILABILITY, COST, AND COVERAGE OF GROUP HEALTH INSURANCE FOR THE MINOR CHILDREN. **IF MINOR CHILDREN ARE NOT INVOLVED IN THIS ACTION**, DO NOT COMPLETE PART G.

	Plaintiff / Petitioner	Defendant / Petitioner
AVAILABLE THROUGH EMPLOYER (YES or NO)		
AVAILABLE THROUGH NON-EMPLOYER (YES or NO)		
NAME AND ADDRESS OF INSURANCE COMPANY		
GROUP POLICY NUMBER		
COST TO YOU OR THE OTHER PARTY PER YEAR:	\$	\$

**Summarize the benefits of each plan (i.e. DEDUCTIBLES, CO-PAYMENTS, HMO, COMPREHENSIVE, MAJOR MEDICAL, DENTAL, OPTICAL, ETC...).**

**Plaintiff / Petitioner's policy:**

**Defendant / Petitioner's policy:**

\_\_\_\_\_  
Affiant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Affiant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public