IN THE COURT OF COMMON PLEAS OF MUSKINGUM COUNTY, OHIO

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Plaintiff / Petitioner

Case No.: ______________________________

-vs-/-and-

FINANCIAL AFFIDAVIT
POST-DECREE MOTIONS (DR2)

____
Defendant / Petitioner

______________________________ (**Affiant), being duly sworn, says:**

PART A - CASE INFORMATION

Affiant's Full Name	
Telephone	
Social Security No.	
Date of Birth	
Employer/Source of Income	
Street Address	
City/State/Zip	
Telephone	
Acct./Claim No.	

PART B - ANNUAL INCOME

Gross annual wages (excluding overtime and bonuses)	$
Gross annual unemployment benefits	$
Gross annual worker's compensation	$
Gross annual interest or dividends	$
Other:	$
Gross annual overtime or bonuses for past three years	
Last year	$
Two years ago	$
Three years ago	$

PART C - DEPENDENT INFORMATION

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

Child's Name	Annual Child Support Received
	$
	$
	$
	$
	$

PART D - EXPENSES

Annual Child support paid for other chid(ren): (Attach certified statement from CSEA)	$
Annual Sousal support paid for ex-spouse: (Attach certified statement from CSEA)	$
Annual health insurance permium paid: (Only if child(ren) in this action are covered)	$
Annual work-related child care expense: (Only for child(ren) in this action)	$

PART E - GROUP HEALTH INSURANCE FOR MINOR CHILDREN

INSTRUCTIONS: ANSWER THE FOLLOWING QUESTIONS ABOUT THE AVAILABILITY, COST, AND COVERAGE OF GROUP HEALTH INSURANCE FOR THE MINOR CHILD(REN) INVOLVED IN THIS ACTION.

Available through your employment (Yes or No):	YES NO
Available through non-employer (Yes or No):	YES NO
Name and address of insurance Company:	
Group policy number:	
Cost to you PER YEAR: **(DO NOT INCLUDE ANY AMOUNT PAID BY THE EMPLOYER.)**	$

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

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Affiant

Sworn to and subscribed before me this ________________ day of ______________, 20_______.

____
Notary Public