

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

Plaintiff/Petitioner

Email address

-vs- / -and-

Defendant/Petitioner

Email Address

State of Ohio, County of _____ SS:

Case No. _____

JUDGE JEFFREY T. KIRBY

**Affidavit of _____ (name)
Income, Expenses & Property
and Financial Disclosure**

Date of Marriage: _____

Date of Separation: _____

I, _____, (Name) being first duly cautioned and sworn state as follows (attach additional sheets if necessary):

I. Minor Children of this Marriage: _____ (number of children)

_____ Name	_____ DOB	_____ lives with
_____ Name	_____ DOB	_____ lives with
_____ Name	_____ DOB	_____ lives with
_____ Name	_____ DOB	_____ lives with

II. Wages, Earnings and Income

A. Gross Yearly Income from employment (includes self employment, overtime & bonuses)

Plaintiff: _____ (name) Defendant: _____ (name)
Yes No Employed?.....Yes No
\$ _____Yearly Income.....\$ _____
.....Name of employer?..... _____

B. Other Yearly Income (interest divided income, unemployment, worker's compensation, social security, other disability income, pension income, etc.)

Plaintiff: _____ (first name)

Defendant: _____ (first name)

Source of Income	Yearly Amount
_____	\$ _____
_____	\$ _____

Source of Income	Yearly Amount
_____	\$ _____
_____	\$ _____

C. Last 3 Year's Total Income

Plaintiff	
Year	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Defendant	
Year	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

III. Assets and Liabilities – attach additional sheets if necessary

A. Real Estate:

Address	Name on Deed	Present Value	Balance of Mortgage
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

B. Vehicles: List cars, trucks, boats, motor homes, motorcycle, etc.

Make & Model	Primary Driver	Present Value	Balance Due
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

C. Retirement Benefits:

Name & Type of Plan (401K, IRA, Pension, etc.)	Name on Account or Joint	Present Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

D. Financial Accounts: List all bank, savings and loan, credit union, investment account, mutual funds, bonds, securities, stocks, certificate of deposit, etc.

Financial Institution	Name on Account or Joint	Present Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

E. **Businesses:** List any businesses you own or in which you have any type of interest.

Name of Business	Ownership Type	Present Value
_____	_____	\$ _____
_____	_____	\$ _____

F. **Liabilities/Debts:** List all monthly installment payments, credit cards, car payments, loans etc.

Creditor	Name on Account or Joint	Total Balance	Payment
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

IV. **Separate Property Claims:**

Describe Property	How Acquired (inheritance, gift, premarital, other)	Present Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

V. **Bankruptcy:**

Have you or your spouse ever filed for bankruptcy protection? Yes No

If so, who filed? _____ or Joint

When: _____ Chapter 7 Chapter 13

Date of Discharge _____

VI. **Monthly Expenses:** List actual expenses for your household only.

Household: Number of Adults _____; Number of children _____

Rent or Mortgage (including taxes and insurance)	\$ _____
Real Estate Taxes & Real Estate Insurance if not included above	\$ _____
Gas or Propane (level billing or average per month)	\$ _____
Electric (level billing or average per month)	\$ _____
Water & Sewer	\$ _____
Telephone: landline (excluding long distance)	\$ _____
cell phone	\$ _____
Cable	\$ _____
Groceries	\$ _____

Restaurants\$ _____
 Gas & Oil for car/truck\$ _____
 Insurance (auto, life, home if not included above)\$ _____
 Medical (not covered by insurance).....\$ _____
 Union dues\$ _____
 Uniform Fees\$ _____
 Daycare\$ _____
 Court ordered support for children not of this marriage\$ _____
 Clothing.....\$ _____
 Entertainment.....\$ _____
 Other (specify)\$ _____
TOTAL:\$ _____

VII. Health Insurance

Plaintiff: _____ (name)

Defendant: _____ (name)

Yes No

Available through employment

Yes No

Yes No

Other Group Plan

Yes No

Name of Insurance Company
 Employee Cost/Individual Plan
 Employee Cost/Family Plan

VIII. Signature & Notary:

I state that the information contained above is complete and accurate to the best of my knowledge and belief under penalty of law.

 Signature

Sworn to and subscribed in my presence this _____ day of _____, 20_____.

 Notary

My commission expires on _____

CERTIFICATE OF SERVICE

(unless filed with initial Complaint for divorce or initial post-decree motion)

I certify that a copy of the foregoing was served upon _____ (name) by
 _____ (ordinary mail or hand delivered) on this _____ day of _____, 20_____.

 Attorney or Unrepresented Party