

**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