



FINANCIAL AFFIDAVIT AND QUESTIONNAIRE

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Name of Person who pays the support: \_\_\_\_\_

Name of Adult who receives the support: \_\_\_\_\_

Names of Children	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Custody awarded to: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Joint \_\_\_\_\_ Other (Explain) \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Scheduled Paychecks per year:

\_\_\_\_\_ Weekly (52 paychecks)                      \_\_\_\_\_ Biweekly (26 paychecks)

\_\_\_\_\_ Semi-Monthly (24 paychecks)                      \_\_\_\_\_ Monthly (12 paychecks)

\_\_\_\_\_ Other \_\_\_\_\_

Annual **Gross** Income from employment  
(DO NOT INCLUDE OVERTIME AND BONUSES).....\$ \_\_\_\_\_

Amount of overtime and bonuses (Year 1 representing the most recent year)

Year 3 \$ \_\_\_\_\_ (3 years ago)

Year 2 \$ \_\_\_\_\_ (2 years ago)

Year 1 \$ \_\_\_\_\_ (last calendar year)

Annual income from interest and dividends  
(Whether or not taxable) \$ \_\_\_\_\_

Annual income from unemployment compensation \$ \_\_\_\_\_

Annual income from worker's compensation or disability \$ \_\_\_\_\_

Insurance benefits

Other annual income (identify) \$ \_\_\_\_\_

Annual Court ordered support paid for children  
Who are NOT part of this case (provide proof)

\$ \_\_\_\_\_

Number of children born to you that are living  
With you and are NOT the children of this case

\$ \_\_\_\_\_

Name the children \_\_\_\_\_

Annual Court ordered alimony paid to a former spouse  
(provide proof)

\$ \_\_\_\_\_

Name of former spouse \_\_\_\_\_

Amount of annual local income tax actually paid  
(provide proof)

\$ \_\_\_\_\_

**For self-employed individuals**, amount of the total of your  
Ordinary and necessary business expenses (provide proof)

\$ \_\_\_\_\_

Amount of your annual child care expenses that are work,  
Employment training or education related (attach a copy of  
"schedule C" from tax returns or notarized statement from  
provider)

\$ \_\_\_\_\_

Name of your day care provider \_\_\_\_\_

Do you currently provide health insurance \_\_\_\_\_ Yes \_\_\_\_\_ No

Is health insurance available through your employer \_\_\_\_\_ Yes \_\_\_\_\_ No

Is health insurance available through other group plan \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of health insurance company (through employment or other)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Employee Cost: \$ \_\_\_\_\_  
(Indicate "0" if available at no cost to party)

Per \_\_\_\_\_ (provide proof)

Name of children covered by health insurance:

\_\_\_\_\_  
\_\_\_\_\_

If you do **NOT** have health insurance for the child(ren) of this case, can you provide it?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, at what annual cost to you?

\$ \_\_\_\_\_

Estimate the annual income of the other adult party of this Case

\$ \_\_\_\_\_

**REMINDER – BE SURE TO BRING THE FOLLOWING:**

1. A copy of your most recent income tax return.
2. A copy of **ALL** pay stubs obtained in the last 6 months (or it's verification).
3. Verification of all other salaries, wages or compensation received within the last 6 months.
4. Verification of health insurance expenses for the child(ren) of this case.
5. If self-employed, copy of business expenses.
6. **THIS AFFIDAVIT MUST BE NOTARIZED.**

Signature: \_\_\_\_\_

(Do not sign until in the presence of a notary public)

Sworn before me and signed (or acknowledged) in my presence this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_.

\_\_\_\_\_  
My Commission expires \_\_\_\_\_

IN THE COMMON PLEAS COURT OF DARKE COUNTY, OHIO – JUVENILE DIVISION

IN THE MATTER OF: \_\_\_\_\_  
D.O.B. \_\_\_\_\_

AFFIDAVIT OF JURISDICTION  
CASE # \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn, depose and say:

1. That the name and present address of the child, the custody and visitation which is to be determined by this court action is:

Name of child: \_\_\_\_\_

Present Address: \_\_\_\_\_  
\_\_\_\_\_

2. The addresses at which the child has lived within the past five (5) years prior to filing this court action are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. That the names and addresses of all persons with whom the child has lived prior to filing this court action and dates thereof are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. That I (have) (have not) participated as a party, witness, or in any other capacity in any litigation concerning the custody of the child in this or any other state.

5. That I have (no) information of any custody proceeding concerning the child pending in a court of this or any other state.

6. That I have (no) knowledge of any person not a party to the proceedings who has physical custody of the child or claims to have custody or visitation rights with respect to the child.

7. I (have) (have not) been convicted or pleaded guilty to any criminal offense involving any act that resulted in a child being an abused child or a neglected child or previously (have) (have not) been determined, in a case in which a child has been adjudicated an abused child or a neglected child, to be the perpetrator of the abusive or neglectful act that was the basis of the adjudication.

If 4, 5, 6, or 7 is answered in the affirmative, and the space afforded is insufficient for full explanation, please attach and incorporate herein any necessary information.

I realize that I have a continuing duty to inform the court of any custody proceedings concerning the child in this or any other state of which I obtain information during the pendency of this proceeding.

\_\_\_\_\_  
Your signature

Sworn to me and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. (Notary Public, State of Ohio)

Affidavit 3

COURT OF COMMON PLEAS  
 \_\_\_\_\_ COUNTY, OHIO

Plaintiff/Petitioner \_\_\_\_\_ Case No. \_\_\_\_\_  
 v./and \_\_\_\_\_ Judge \_\_\_\_\_  
 Magistrate \_\_\_\_\_

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

**Instructions:** Check local court rules to determine when this form must be filed.  
 By law, an affidavit must be filed and served with the first pleading filed by each party in every parenting (custody/visitation) proceeding in this Court, including Dissolutions, Divorces and Domestic Violence Petitions. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. If more space is needed, add additional pages.

PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))

Affidavit of \_\_\_\_\_  
 (Print Your Name)

Check and complete ALL THAT APPLY:

1.  I request that the court not disclose my current address or that of the child(ren). My address is confidential pursuant to R.C. 3127.23(D) and should be placed under seal to protect the health, safety, or liberty of myself and/or the child(ren).
2.  Minor child(ren) are subject to this case as follows:

Insert the information requested below for all minor or dependent children of this marriage. You must list the residences for all places where the children have lived for the last FIVE years.

Child's Name:	Place of Birth:	Sex:	Period of Residence	Check If Confidential	Person(s) With Whom Child Lived (name & address)	Relationship
		<input type="checkbox"/> Male; <input checked="" type="checkbox"/> Female	_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
			_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
			_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
			_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

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b. Child's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>	<u>Check If Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

c. Child's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>	<u>Check If Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CHILDREN, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

3. Participation in custody case(s): (Check only one box.)

- I HAVE NOT participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case.
- I HAVE participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case. For each case in which you participated, give the following information:

# Affidavit 3

- a. Name of each child: \_\_\_\_\_
- b. Type of case: \_\_\_\_\_
- c. Court and State: \_\_\_\_\_
- d. Date and court order or judgment (if any): \_\_\_\_\_

IF MORE SPACE IS NEEDED FOR ADDITIONAL CUSTODY CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

**4. Information about other civil case(s) that could affect this case: (Check only one box.)**

- I HAVE NO INFORMATION about any other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this case.
- I HAVE THE FOLLOWING INFORMATION concerning other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning a child subject to this case. Do not repeat cases already listed in Paragraph 3. Explain:

- a. Name of each child: \_\_\_\_\_
- b. Type of case: \_\_\_\_\_
- c. Court and State: \_\_\_\_\_
- d. Date and court order or judgment (if any): \_\_\_\_\_

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

**5. Information about criminal case(s):**

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

<u>Name</u>	<u>Case Number</u>	<u>Court/State/County</u>	<u>Convicted of What Crime?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

Affidavit 3

6. Persons not a party to this case who has physical custody or claims to have custody or visitation rights to children subject to this case: (Check only one box.)

I DO NOT KNOW OF ANY PERSON(S) not a party to this case who has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

a. Name/Address of Person \_\_\_\_\_

Has physical custody

Claims custody rights

Claims visitation rights

Name of each child: \_\_\_\_\_

b. Name/Address of Person \_\_\_\_\_

Has physical custody

Claims custody rights

Claims visitation rights

Name of each child: \_\_\_\_\_

c. Name/Address of Person \_\_\_\_\_

Has physical custody

Claims custody rights

Claims visitation rights

Name of each child: \_\_\_\_\_

OATH

(Do Not Sign Until Notary Is Present)

I, (print name) \_\_\_\_\_, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

\_\_\_\_\_  
Your Signature

Sworn before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

My Commission Expires: \_\_\_\_\_