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

Plaintiff/Petitioner/Defendant I

Number, Street Address

City, State, Zip Code

SSN _____ DOB _____

-vs-/and

Defendant (II)/Respondent

Number, Street Address

City, State, Zip Code

SSN _____ DOB _____

Case No. D _____

SCHEDULE I. Affidavit of Income

ATTACH PAY STUB FOR LAST SIX MONTHS' EMPLOYMENT, OR, FEDERAL INCOME TAX 1040 AND W-2 FOR LAST YEAR.

STATE OF OHIO, COUNTY OF LUCAS, SS:

Now comes _____, affiant, and having been duly sworn, states:

FOR AN ORIGINAL ACTION IN DIVORCE, DISSOLUTION, LEGAL SEPARATION OR ANNULMENT

Date of this marriage _____ Place of marriage _____

Date of separation _____ Is wife pregnant ☐ NO ☐ YES

MINOR AND/OR DEPENDENT CHILDREN OF THIS MARRIAGE: (Include adopted children and/or a child of the parties over 18 and handicapped)

☐ (Check here, if none)

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

WIFE		HUSBAND
_____	Name of Attorney	_____
Home _____ Work _____	Spouse's Telephone No.	Home _____ Work _____
_____	Job Title	_____
_____	Name of Employer	_____
_____	Payroll Address	_____
_____	City, State, Zip Code	_____
12/24/26/52	Paychecks Per Year	12/24/26/52
$ _____	Year-To-Date Income	$ _____

GROSS ANNUAL INCOME

(See instructions on next page)

INSTRUCTIONS: 1) to ESTABLISH a support order in a pending divorce, legal separation, annulment, domestic violence, complete column only for yourself and estimate your spouse's. 2) TO MODIFY a prior support order, complete column A (present income) and column (income at the time of the last support order) for yourself only.

WIFE			HUSBAND	
COLUMN A	COLUMN B		COLUMN A	COLUMN B
$	$	Employment	$	$
$	$	Unemployment Comp.	$	$
$	$	Worker's Comp.	$	$
$	$	Interest/Dividends	$	$
$	$	Social Security	$	$
$	$	Disability/Sick Pay	$	$
$	$	Spousal Support/Rental	$	$
$	$	Other Income	$	$
		Source of Above		
$	$	TOTAL ANNUAL	$	$
		GROSS INCOME		
$	$	ADC/GR/Food Stamps	$	$
$	$	Prior Year Tax Refund	$	$

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AFFIDAVIT OF HEALTH INSURANCE COVERAGE AVAILABLE FOR MINOR CHILDREN

Plaintiff/Petitioner		Defendant/Petitioner
	Available through	
_____ Yes _____ No	Employment	_____ Yes _____ No
_____ Yes _____ No	Other Group Plan	_____ Yes _____ No
_____	Ins. Company Name	_____
_____		_____
_____	Address	_____
_____		_____
_____	Policy Number	_____
$ _____ per _____		$ _____ per _____

(Indicate "0" if available at no cost to party)

COVERAGE

(Summarize health care benefits, i.e., major medical only, deductible, co-payments, health maintenance organization, etc.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

WIFE		HUSBAND
	POTENTIAL ANNUAL GROSS INCOME (See instructions this page) (Complete Only if Either Spouse is Voluntarily Unemployed or Underemployed)	
_____	Highest Education Completed	_____
_____	Marketable Skills	_____
_____	Health Condition	_____
$ _____	Highest Prior Annual Income and Date	$ _____
_____	Date Last Employed	_____

04/91-I-2

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COMPLETE ONLY IF FILING A DIVORCE, DISSOLUTION, LEGAL SEPARATION OR ANNULMENT

DEPENDENTS OTHER THAN OF THIS MARRIAGE

$ _____ Court-Ordered Annual Child Support (paid) $ _____

$ _____ Court-Ordered Annual Spousal Support Spouse (paid) $ _____

☐ Number of Other Dependent Children Living with You (exclude stepchild(ren) ☐

FOR MODIFYING SUPPORT

$ _____ Present Spouse's Gross Annual Income $ _____

INCOME RECEIVED BY MINOR AND/OR DEPENDENT CHILDREN OF THIS MARRIAGE

Name _____ Source of Income _____ Annual Amount $ _____

Name _____ Source of Income _____ Annual Amount $ _____

PHYSICAL, EMOTIONAL CONDITION OF MINOR/DEPENDENT CHILDREN OF THIS MARRIAGE

Name _____ Special condition _____

Name _____ Special condition _____

EDUCATIONAL NEEDS/OPPORTUNITIES FOR MINOR/DEPENDENT CHILDREN OF THIS MARRIAGE

Name _____ Need/Opportunity no longer available _____

Name _____ Need/Opportunity no longer available _____

State the standard of living the child(ren) would have enjoyed had the marriage continued: ☐ About the same; ☐ Improved; ☐ Declined.

Affiant further states that (s)he has been advised this affidavit may be used for any and all of the following: (1) to make disclosure of affiant's income; (2) to assist in determining division of property; (3) to provide for the determination and issuance of support orders, in compliance with **Ohio Revised Code** 3105.18, 3109.04, and 3109.05, 3113.215, 3113.216 and 3113.217; that the information contained herein is complete and accurate to the best of his/her information, knowledge or belief under penalty of law. Further, AFFIANT CERTIFIES THAT (S)HE HAS CAUSED A COPY HEREOF TO BE MAILED OR DELIVERED TO THE OTHER PARTY AT THE TIME OF FILING SAME WITH THE COURT.

_____

Sworn to before me and subscribed in my presence, this _____ day of _____, 19____.

_____

Notary Public

INSTRUCTIONS:

GROSS INCOME. Gross income includes income from any source, except as excluded below, and includes but is not limited to income from salaries, wages, overtime, commissions, royalties, tips, bonuses, rents, dividends, severance pay, pensions, interest, trust income, annuities, reoccurring capital gains, social security benefits, workers' compensation benefits, unemployment insurance benefits, disability insurance benefits, and spousal support actually received from a person not a party to the order. (For further instructions, see R.C. 3113.215)

POTENTIAL INCOME. If a parent is voluntarily unemployed or underemployed, child support may be calculated based on a determination of potential income. It is within the trial court's discretion whether to impute income on a case by case basis. If the trial court should decide to impute income, then it should determine employment potential and probable earnings level based on the obligor's recent work history, occupational qualifications, and prevailing job opportunities and earning levels in the community. (For further instructions, see R.C. 3113.215)

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