

DELAWARE COUNTY

IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY, OHIO

Plaintiff,
-vs- _____
Defendant.

Case No. _____
FORM 1: AFFIDAVIT IN SUPPORT
OF TEMPORARY ORDERS, PRE-TRIAL
STATEMENT

(FORM 1: FOR USE IN ALL INITIAL DIVORCE CASES WITH AT LEAST ONE CHILD, BY PLAINTIFF; AND, BY DEFENDANT AS COUNTER AFFIDAVIT. LIST WIFE'S INFORMATION FIRST, HUSBAND'S SECOND, WHENEVER TWO LINES PER QUESTION)

STATE OF OHIO
COUNTY OF _____, ss:

Now comes _____, the _____ herein, and
being duly sworn under penalty of perjury states as follows:

I. PERSONAL INFORMATION

1. Date of Marriage: _____

2. Date of Separation: _____

3. Minor Children of this marriage:

Name	Age	Date of Birth	Year in School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Wife:

Husband:

4. Age, Date of Birth: _____

5. Social Security Number: _____

6. Address: _____

II. INCOME INFORMATION:

NOTE: Self-Employed persons shall complete Page 2-a of this Form.

7. Employer's name and address:

Employee ID Number, if any: _____

Position: _____

Shift Hours Worked: _____

Length of Employment: _____

Pay Period: _____

Amount of Hourly Rate or
Other Manner of Payment: _____

Gross Pay Per Pay Period: _____

Net Pay Per Pay Period: _____

Deductions per pay other than those required by law for taxes,
Social Security, etc.

Annual Gross Income: _____

Monthly Net Income: _____

8. Other Sources of Income and Amount:

Attach copies of a recent pay stub and W-2's for the most recent
year available.

II(a). SELF-EMPLOYMENT INCOME INFORMATION:

7(a). Name and address of place of self-employment:

Wife's:	Husband's:
_____	_____
_____	_____
_____	_____

Title:	_____	_____
Length of self-employment:	_____	_____
Pay Period:	_____	_____
Nature of Compensation: (Fixed salary, commissions, salary/commissions, etc.)	_____	_____
Gross Pay Per Pay Period:	_____	_____
Net Pay Per Pay Period:	_____	_____
Annual Gross Income:	_____	_____
Annual Net Income:	_____	_____
Monthly Gross Income:	_____	_____
Monthly Net Income:	_____	_____

8(a). Other Sources of Income, Frequency of Receipt and Amount:

_____	_____
_____	_____
_____	_____

COPIES OF THE FOLLOWING SHALL BE ATTACHED TO THIS FORM, IF AVAILABLE:

Most recent pay stub; monthly gross income figures for the past 6 months; monthly itemized expenses for the past 6 months; income and itemized expenses for the prior calendar year, with verification thereof; or, complete copy of Federal Tax Return for the prior calendar year.

III. ASSETS

9. Real Estate:

Address: _____

Brief Description: _____
(House and 2 acres)

Date and Price of Acquisition: _____

Current Value: _____

Balance Due on Mortgage/Mortgages: _____

10. Motor Vehicles:

Year and Make of Vehicle	Whose Possession	Title In Name Of	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Other Tangible Personal Property:

NOTE: Before the Pre-Trial, exchange with the other party a list of items in the other party's possession which you want or for which you want a credit and state the amount of the credit. Bring those lists with you to Pre-Trial.

12. Checking Accounts:

Bank's Name	Whose Name	Balance
_____	_____	_____
_____	_____	_____

13. Savings Accounts:

_____	_____	_____
_____	_____	_____

14. Other Banking Assets, Certificate of Deposits, etc.

_____	_____	_____
_____	_____	_____

15. Stocks, Bonds:

16. Other Investment Assets:

17. Debtors:

18. Life Insurance:

Issuing Company	Insured	Face Amount	Cash Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. Retirement Assets: Profit Sharing, Pension, IRA, 401K, etc.:

Type of Asset	Beneficiary	Benefit	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

20. Health Insurance: Briefly describe the type of coverage, who is covered, and the cost of any health, dental, optical, prescription drug, etc., insurance:

21. Other Employment Benefits:

22. Other: Briefly describe any possible inheritances, assets of the child(ren), etc., or provide any other information that you feel is relevant to the Court with respect to property:

IV. DEBTS AND EXPENSES:

23. Complete for each debt of the Parties:

Creditor's Name	Purpose of Debt or Collateral	Balance	Monthly Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

24. Expenses (Do not list any debt payments covered above, list amounts on a monthly basis):

	Wife:	Husband:
Rent:	_____	_____
Real Estate Taxes:	_____	_____
Real Estate Insurance:	_____	_____
Gas, Fuel Oil (Heat):	_____	_____
Electric:	_____	_____
Water, Sewer:	_____	_____
Phone, Base Rate:	_____	_____
Phone, Long Distance:	_____	_____
Cable Television:	_____	_____

	Wife:	Husband:
Garbage:	_____	_____
Auto Operating:	_____	_____
Auto Maintenance:	_____	_____
Auto Insurance:	_____	_____
Food and Groceries:	_____	_____
Clothing:	_____	_____
Dry Cleaning and Laundry:	_____	_____
Medical Insurance:	_____	_____
Life Insurance:	_____	_____
School Lunches:	_____	_____
School Activities:	_____	_____
Work-Related Child Care:	_____	_____
Other:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Debts and Expenses:	_____	_____

V. CHILD SUPPORT CALCULATION INFORMATION:

25. Alimony Paid to a Former Spouse:

26. Child Support Paid for Other Children:

27. Number of Other Children of the Party Living With the Party:

28. Amount of Support Received for Said Children:

29. Cost of Health Insurance That Covers the Children Involved in This Case:

30. Amount of Work-Related Child Care Spent:

31. Amount of Tax Credit for Work-Related Child Care:

AFFIANT

Sworn to and subscribed by _____ before me
this _____ day of _____, 19 _____.

NOTARY PUBLIC

VI. CHILD SUPPORT CALCULATION:
(Complete Parts 32 and 33, or 32, 33 and 34 as applicable)

	Wife	Husband
Gross Annual Income:	_____	_____
Less Child Support Paid:	_____	_____
Less Support for Other Dependents:	_____	_____
Less Health Insurance:	_____	_____
Less Alimony Paid:	_____	_____
Adjusted Annual Income:	_____	_____
Total Combined Adjusted Annual Incomes:	_____	_____

32. Support for child(ren) in Wife's Custody:

Basic Child Support Obligation
(from table): _____

Plus Child Care Expenses Net
of Tax Credit: _____

Total Support Obligation: _____

Husband's Percentage: _____

Husband's Share Per Year
(Multiply Above Two Lines): _____

Husband's Share Per Year Per Child: _____

Husband's Share Per Week Per Child: _____

33. Support for child(ren) in Husband's Custody:

Basic Child Support Obligation
(from table): _____

Plus Child Care Expenses Net
of Tax Credit: _____

Total Support Obligation: _____

Wife's Percentage: _____

Wife's Share Per Year
(Multiply Above Two Lines): _____

Wife's Share Per Year Per Child: _____

Wife's Share Per Week Per Child: _____

34. Split Custody Calculation:

Husband's Share of Support Per
Year (from above): _____

Wife's Share of Support Per Year
(from above): _____

Net Support to be Paid Per Year By: _____

Net Support to be Paid Per Year Per
Child: _____

Net Support to be Paid Per Week Per
Child: _____

This Form was prepared by _____
Attorney at Law.

Signature of Preparing Attorney

IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY, OHIO

_____, :
 Plaintiff, :
 -vs- : Case No. _____
 _____, :
 Defendant. : FORM 2: AFFIDAVIT IN SUPPORT
 OF TEMPORARY ORDERS, PRE-TRIAL
 STATEMENT

(FORM 2: FOR USE IN ALL INITIAL DIVORCE CASES WITH NO MINOR CHILDREN,
 BY PLAINTIFF; AND, BY DEFENDANT, AS COUNTER AFFIDAVIT. LIST WIFE'S
 INFORMATION FIRST, HUSBAND'S SECOND, WHENEVER TWO LINES PER QUESTION)

STATE OF OHIO
 COUNTY OF _____, ss:

Now comes _____, the _____ herein, and
 being duly sworn under penalty of perjury states as follows:

I. PERSONAL INFORMATION:

- 1. Date of Marriage: _____
 - 2. Date of Separation: _____
- | | |
|-------|----------|
| Wife: | Husband: |
|-------|----------|
- 3. Age, Date of Birth: _____
 - 4. Social Security Number: _____
 - 5. Address: _____
- _____

II. INCOME INFORMATION:

NOTE: Self-Employed persons shall complete Page 2-a of this Form.

6. Employer's name and address:

Employee ID Number, if any: _____

Position: _____

Shift Hours Worked: _____

Length of Employment: _____

Pay Period: _____

Amount of Hourly Rate or
Other Manner of Payment: _____

Gross Pay Per Pay Period: _____

Net Pay Per Pay Period: _____

Deductions per pay other than those required by law for taxes,
Social Security, etc.

Annual Gross Income: _____

Monthly Net Income: _____

7. Other Sources of Income and Amount:

Attach copies of a recent pay stub and W-2's for the most recent
year available.

II(a). SELF-EMPLOYMENT INCOME INFORMATION:

6(a). Name and address of place of self-employment:

Wife's:

Husband's:

_____	_____
_____	_____
_____	_____

Title:

Length of self-employment:

Pay Period:

Nature of Compensation:
(Fixed salary, commissions,
salary/commissions, etc.)

Gross Pay Per Pay Period:

Net Pay Per Pay Period:

Annual Gross Income:

Annual Net Income:

Monthly Gross Income:

Monthly Net Income:

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

7(a). Other Sources of Income, Frequency of Receipt and Amount:

_____	_____
_____	_____
_____	_____

COPIES OF THE FOLLOWING SHALL BE ATTACHED TO THIS FORM, IF AVAILABLE:

most recent pay stub; monthly gross income figures for the past 6 months; monthly itemized expenses for the past 6 months; income and itemized expenses for the prior calendar year, with verification thereof, or, complete copy of Federal Tax Return for the prior calendar year.

III. ASSETS

8. Real Estate:

Address: _____

Brief Description: _____
(House and 2 acres)

Date and Price of Acquisition: _____

Current Value: _____

Balance Due on Mortgage/Mortgages: _____

9. Motor Vehicles:

Year and Make of Vehicle	Whose Possession	Title In Name Of	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Other Tangible Personal Property:

NOTE: Before the Pre-Trial, exchange with the other party a list of items in the other party's possession which you want or for which you want a credit and state the amount of the credit. Bring those lists with you to Pre-Trial.

11. Checking Accounts:

Bank's Name	Whose Name	Balance
_____	_____	_____
_____	_____	_____

12. Savings Accounts:

_____	_____	_____
_____	_____	_____

13. Other Banking Assets, Certificate of Deposits, etc.

_____	_____	_____
_____	_____	_____

14. Stocks, Bonds:

15. Other Investment Assets:

16. Debtors:

17. Life Insurance:

Issuing Company	Insured	Face Amount	Cash Value
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18. Retirement Assets: Profit Sharing, Pension, IRA, 401K, etc.:

Type of Asset	Beneficiary	Benefit	Value
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19. Health Insurance: Briefly describe the type of coverage, who is covered, and the cost of any health, dental, optical, prescription drug, etc., insurance:

20. Other Employment Benefits:

21. Other: Briefly describe any possible inheritances, assets of the child(ren), etc., or provide any other information that you feel is relevant to the Court with respect to property:

IV. DEBTS AND EXPENSES:

22. Complete for each debt of the Parties:

Creditor's Name	Purpose of Debt or Collateral	Balance	Monthly Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

23. Expenses (Do not list any debt payments covered above, list amounts on a monthly basis):

	Wife:	Husband:
Rent:	_____	_____
Real Estate Taxes:	_____	_____
Real Estate Insurance:	_____	_____
Gas, Fuel Oil (Heat):	_____	_____
Electric:	_____	_____
Water, Sewer:	_____	_____
Phone, Base Rate:	_____	_____
Phone, Long Distance:	_____	_____
Cable Television:	_____	_____

	Wife:	Husband:
Garbage:	_____	_____
Auto Operating:	_____	_____
Auto Maintenance:	_____	_____
Auto Insurance:	_____	_____
Food and Groceries:	_____	_____
Clothing:	_____	_____
Dry Cleaning and Laundry:	_____	_____
Medical Insurance:	_____	_____
Life Insurance:	_____	_____
School Lunches:	_____	_____
School Activities:	_____	_____
Work-Related Child Care:	_____	_____
Other:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Debts and Expenses:	_____	_____

AFFIANT

Sworn to and subscribed by _____ before me
 this _____ day of _____, 19 ____.

NOTARY PUBLIC

This Form was prepared by _____,
 Attorney at Law.

Signature of Preparing Attorney

IN THE COURT OF COMMON PLEAS, DELAWARE COUNTY, OHIO

and _____

Petitioners.

:
:
:
:

Case Number _____
**FORM 3: AFFIDAVIT IN SUPPORT
OF AGREED CHILD SUPPORT
ORDERS**

(FORM 3: FOR USE IN ALL INITIAL DISSOLUTION CASES WITH AT LEAST ONE CHILD AND IN ALL AGREED POST DECREE MATTERS DETERMINING SUPPORT. LIST WIFE'S INFORMATION FIRST, (EX)-HUSBAND'S SECOND, WHENEVER TWO LINES PER QUESTION)

STATE OF OHIO
COUNTY OF DELAWARE, ss:

Now comes _____ and _____ the parties hereto, and
being duly sworn under penalty of perjury states as follows:

I. PERSONAL INFORMATION

- 1. **Date of Marriage:** _____
- 2. **Date Separation:** _____
- 3. **Minor Children of this marriage:**

<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Year in School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. **Age and date of birth:** Wife: _____ Husband: _____

5. **Social Security Number:** Wife: _____ Husband: _____

6. **Address of Wife:** _____

Address of Husband: _____

II. INCOME INFORMATION

(NOTE: Self-Employed persons shall complete Page 2-a of this Form.)

7. Employer's Name and Address:

Wife:

Husband:

_____	_____
_____	_____
_____	_____

Employee ID Number, if any: _____

Position: _____

Shift Hours Worked: _____

Length of Employment: _____

Pay Period: _____

Amount of Hourly Rate or
Other Manner of Payment: _____

Gross Pay Per Pay Period: _____

Net Pay Per Pay Period: _____

Deductions Per Pay other than
those required by law for taxes,
Social Security, etc. _____

Annual Gross Income: _____

Monthly Net Income: _____

8. Other Sources of Income and Amount:

_____	_____
_____	_____

Attach copies of a recent pay stub and also W-2's for the most recent year available.

II (a). SELF-EMPLOYMENT INCOME INFORMATION:

7(a). Name and Address of Place of Self-Employment:

Wife's:	_____	Husband's:	_____
_____	_____	_____	_____
_____	_____	_____	_____

Title: _____

Length of self-employment: _____

Pay Period: _____

Nature of Compensation: _____
(Fixed salary, commissions,
salary/commissions, etc.)

Gross Pay Per Pay Period: _____

Net Pay Per Pay Period: _____

Annual Gross Income: _____

Annual Net Income: _____

Monthly Gross Income: _____

Monthly Net Income: _____

8(a). Other Sources of Income, Frequency of Receipt and Amount:

COPIES OF THE FOLLOWING SHALL BE ATTACHED TO THIS FORM, IF AVAILABLE:

Most recent pay stub; monthly gross income figures for the past six (6) months; monthly itemized expenses for the past six (6) months; income and itemized expenses for the prior calendar year, with verification thereof, or, complete copy of Federal Tax Return for the prior calendar year.

III. CHILD SUPPORT CALCULATION INFORMATION:

9. Alimony Paid to a Former Spouse:

10. Child Support Paid for Other Children:

11. Number of Other Children of the Party Living With the Party:

12. Amount of Support Received for Said Children:

13. Cost of Health Insurance that Covers the Children Involved in this Case:

14. Amount of Work-Related Child Care Spent:

15. Amount of Tax Credit for Work-Related Child Care:

AFFIANT

AFFIANT

Sworn to and subscribed by _____ before me this ____ day of _____,
2002.

NOTARY PUBLIC

Sworn to and subscribed by _____ before me this ____ day of _____,
2002.

NOTARY PUBLIC

IV. CHILD SUPPORT CALCULATION:
(Complete Parts 16 and 17, or 16, 17 and 18 as applicable)

Gross Annual Income: _____
Less Child Support Paid: _____
Less Support for Other Dependents: _____
Less Health Insurance: _____
Less Alimony Paid: _____
Adjusted Annual Income: _____

Total Combined Adjusted Annual Incomes: _____

16. Support for Child(ren) in Wife's Custody:

Basic Child Support Obligation (from table): _____

Plus Child Care Expenses Net of Tax Credit: _____

Total Support Obligation: _____

Husband's Percentage: _____

Husband's Share Per Year (multiply above two lines): _____

Husband's Share Per Year Per Child: _____

Husband's Share Per Week Per Child: _____

17. Support for Child(ren) in Husband's Custody:

Basic Child Support Obligation (from table): _____

Plus Child Care Expenses Net of Tax Credit: _____

Total Support Obligation: _____

Wife's Percentage: _____

Wife's Share Per Year (multiply above two lines): _____

Wife's Share Per Year Per Child: _____

Wife's Share Per Week Per Child: _____

18. Split Custody Calculation:

Husband's Share of Support Per Year (from above): _____

Wife's Share of Support Per Year (from above): _____

Net Support to be Paid Per Year By: _____

Net Support to be Paid Per Year Per Child: _____

Net Support to be Paid Per Week Per Child: _____

This form was prepared by _____, Attorney at Law.

Attorney (SupCt# _____)

HEALTH INSURANCE DISCLOSURE AFFIDAVIT
DELAWARE COUNTY COMMON PLEAS COURT
DIVISION OF DOMESTIC RELATIONS

PLAINTIFF / PETITIONER
 SS# _____
 DOB: _____
 ADDRESS: _____

CASE NUMBER _____

COURT DATE _____

CHILDREN SUBJECT TO SUPPORT ORDER:

NAME: _____ DOB: _____

SS#: _____

NAME: _____ DOB: _____

SS#: _____

NAME: _____ DOB: _____

SS#: _____

DEFENDANT / PETITIONER
 SS# _____
 DOB: _____
 ADDRESS: _____

NAME: _____ DOB: _____

SS#: _____

NAME: _____ DOB: _____

SS#: _____

INSTRUCTIONS PART I:

Please disclose all requested information as it pertains to you

YOUR NAME: _____ EMPLOYER: _____

EMPLOYER ADDRESS: _____ EMPLOYER PHONE: _____

ARE YOU CURRENTLY RECEIVING MEDICAID? ___ YES ___ NO / MEDICARE? ___ YES ___ NO

DO YOU HAVE FAMILY HEALTH INSURANCE AVAILABLE EITHER THROUGH YOUR EMPLOYER OR ANOTHER GROUP OR ORGANIZATION? ___ YES ___ NO

IS COVERAGE PRESENTLY IN EFFECT? ___ YES ___ NO

WHO IS PRESENTLY COVERED? _____ RELATIONSHIP _____

_____ RELATIONSHIP _____

_____ RELATIONSHIP _____

_____ RELATIONSHIP _____

_____ RELATIONSHIP _____

INSURER _____ PHONE _____

ADDRESS _____ POLICY/ GROUP # _____

DO YOU PAY A PREMIUM FOR COVERAGE? ___ YES ___ NO

WHAT IS THE PREMIUM FOR FAMILY COVERAGE? \$ _____ PER month/year (circle one)

WHAT IS THE PREMIUM FOR INDIVIDUAL COVERAGE? \$ _____ PER month/year (circle one)

HEALTH INSURANCE DISCLOSURE AFFIDAVIT

IS A **HEALTH INSURANCE CARD** AVAILABLE? _____ YES _____ NO

ARE **INSURANCE CARDS** REQUIRED FOR SERVICES? _____ YES _____ NO

DOES YOUR PLAN COVER **HOSPITALIZATION**? _____ YES _____ NO

IS THERE A **DEDUCTIBLE** FOR SERVICES? _____ YES _____ NO

IF YES, WHAT IS THE DEDUCTIBLE? \$ _____ per VISIT/MONTH/YEAR (circle one)

IS THERE A **CO-PAYMENT** REQUIRED? _____ YES _____ NO

IF YES, WHAT IS THE CO-PAYMENT? \$ _____ per VISIT/MONTH/YEAR (circle one)

DOES YOUR PLAN COVER **DOCTOR VISITS**? _____ YES _____ NO

IS THERE A **DEDUCTIBLE** FOR SERVICES? _____ YES _____ NO

IF YES, WHAT IS THE DEDUCTIBLE? \$ _____ per VISIT/MONTH/YEAR (circle one)

IS THERE A **CO-PAYMENT** REQUIRED? _____ YES _____ NO

IF YES, WHAT IS THE CO-PAYMENT? \$ _____ per VISIT/MONTH/YEAR (circle one)

IS A **PRESCRIPTION CARD** AVAILABLE? _____ YES _____ NO

IS THERE A **CO-PAYMENT** REQUIRED? _____ YES _____ NO

IF YES, WHAT IS THE CO-PAYMENT? \$ _____ per PRESCRIPTION

DOES YOUR PLAN INCLUDE **DENTAL** COVERAGE? _____ YES _____ NO

DOES YOUR PLAN INCLUDE **VISION** COVERAGE? _____ YES _____ NO

IS **COBRA** COVERAGE AVAILABLE? _____ YES _____ NO
(COVERAGE AVAILABLE TO YOU AFTER TERMINATION OF EMPLOYMENT OR MARRIAGE)

IF YES, AT WHAT **COST TO YOU**? \$ _____ per MONTH/YEAR (circle one)

INSTRUCTIONS PART II:

Please disclose all requested information as it pertains to the other party

NAME OF OTHER PARTY: _____ EMPLOYER: _____

EMPLOYER ADDRESS: _____ EMPLOYER PHONE: _____

IS HE/SHE CURRENTLY RECEIVING **MEDICAID**? _____ YES _____ NO / **MEDICARE**? _____ YES _____ NO

DOES HE/SHE HAVE **FAMILY** HEALTH INSURANCE AVAILABLE EITHER THROUGH HIS/HER
EMPLOYER OR ANOTHER GROUP OR ORGANIZATION? _____ YES _____ NO

IS COVERAGE **PRESENTLY** IN EFFECT? _____ YES _____ NO

WHO IS PRESENTLY COVERED? _____ RELATIONSHIP _____

_____ RELATIONSHIP _____

_____ RELATIONSHIP _____

_____ RELATIONSHIP _____

_____ RELATIONSHIP _____

HEALTH INSURANCE DISCLOSURE AFFIDAVIT

INSURER _____ PHONE _____
ADDRESS _____ POLICY/ GROUP # _____

DOES HE/SHE PAY A PREMIUM FOR COVERAGE? _____ YES _____ NO
WHAT IS THE PREMIUM FOR FAMILY COVERAGE? \$ _____ PER month/year (circle one)
WHAT IS THE PREMIUM FOR INDIVIDUAL COVERAGE?S _____ PER month/year (circle one)

IS A HEALTH INSURANCE CARD AVAILABLE? _____ YES _____ NO

ARE INSURANCE CARDS REQUIRED FOR SERVICES? _____ YES _____ NO

DOES HIS/HER PLAN COVER HOSPITALIZATION? _____ YES _____ NO

IS THERE A DEDUCTIBLE FOR SERVICES? _____ YES _____ NO

IF YES, WHAT IS THE DEDUCTIBLE? \$ _____ per VISIT/MONTH/YEAR (circle one)

IS THERE A CO-PAYMENT REQUIRED? _____ YES _____ NO

IF YES, WHAT IS THE CO-PAYMENT? \$ _____ per VISIT/MONTH/YEAR (circle one)

DOES HIS/HER PLAN COVER DOCTOR VISITS? _____ YES _____ NO

IS THERE A DEDUCTIBLE FOR SERVICES? _____ YES _____ NO

IF YES, WHAT IS THE DEDUCTIBLE? \$ _____ per VISIT/MONTH/YEAR (circle one)

IS THERE A CO-PAYMENT REQUIRED? _____ YES _____ NO

IF YES, WHAT IS THE CO-PAYMENT? \$ _____ per VISIT/MONTH/YEAR (circle one)

IS A PRESCRIPTION CARD AVAILABLE? _____ YES _____ NO

IS THERE A CO-PAYMENT REQUIRED? _____ YES _____ NO

IF YES, WHAT IS THE CO-PAYMENT? \$ _____ per PRESCRIPTION

DOES HIS/HER PLAN INCLUDE DENTAL COVERAGE? _____ YES _____ NO

DOES HIS/HER PLAN INCLUDE VISION COVERAGE? _____ YES _____ NO

IS COBRA COVERAGE AVAILABLE? _____ YES _____ NO
(COVERAGE AVAILABLE TO HIM/HER AFTER TERMINATION OF EMPLOYMENT OR MARRIAGE)

IF YES, AT WHAT COST TO HIM/HER? \$ _____ per MONTH/YEAR (circle one)

SIGNATURES MUST BE NOTARIZED

AFFIANT

ATTORNEY FOR AFFIANT

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE.

SUPREME COURT NUMBER

THIS _____ DAY OF _____, 20__

NOTARY PUBLIC

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

AFFIDAVIT/R.C. §3127.23

CASE NO. _____

JUDGE _____

PLAINTIFF/PETITIONER

SOCIAL SECURITY NUMBER _____

ADDRESS _____

DEFENDANT/RESPONDENT

SOCIAL SECURITY NUMBER _____

ADDRESS _____

STATE OF OHIO

DELAWARE COUNTY, SS:

_____, being first duly sworn, says that he/she is a party to the child custody proceeding hereinabove set forth, concerning the following named child(ren):

1. _____ DOB _____ present address _____
2. _____ DOB _____ present address _____
3. _____ DOB _____ present address _____
4. _____ DOB _____ present address _____
5. _____ DOB _____ present address _____
6. _____ DOB _____ present address _____

Set forth below are the addresses at which said child(ren) resided during the preceding five (5) years, and the name(s) and present address of the person(s) with whom the child resided:

From _____ to _____ With _____

At _____

Current address _____

From _____ to _____ With _____

At _____

Current address _____

From _____ to _____ With _____

At _____

Current address _____

From _____ to _____ With _____

At _____

Current address _____

From _____ to _____ With _____

At _____

Current address _____

1. Said Affiant (circle one) HAS/HAS NOT participated as a party, witness or in any other capacity in any other proceeding concerning the allocation, between the parents of the same child, of parental rights and responsibilities for the care of the child including any designation of parenting time rights and the designation of the residential parent and legal custodian of the child or that otherwise concerned the custody of or visitation with the same child. If Affiant has so participated, the court, case number and the date of the child custody determination are stated below.

2. Said Affiant (circle one) DOES/DOES NOT know of any proceeding that could affect the current proceeding, including proceedings for enforcement of child custody determinations, proceedings relating to domestic violence or protection orders, proceedings to adjudicate the child as an abused, neglected, or dependent child, proceedings seeking termination of parental rights, and adoptions. If Affiant does know of such a proceeding, the court, case number, and the nature of the proceeding are stated below.

3. Said Affiant (circle one) KNOWS/DOES NOT KNOW of any person who is not a party to the proceeding and has physical custody of the child or claims to be a parent of the child who is designated the residential parent and legal custodian of the child or to have parenting time rights with respect to the child or to be a person other than a parent of the child who has custody or visitation rights with respect to the child. If Affiant knows of such a person, the names and addresses of those persons are stated below.

Said Affiant has the following knowledge regarding information set forth in paragraphs one through three above:

Each party has a continuing duty to inform the court of any child custody proceeding concerning the child in this or any other state that could affect the current proceeding.

Said Affiant says that all the foregoing statements are true.

Affiant

Attorney

Notary Public

Address

Sworn to and subscribed by the affiant before me this _____ day of _____, 20_____.

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

CASE NO. _____

_____ SOCIAL SECURITY # _____
Plaintiff/Petitioner

vs.

ASSETS AND LIABILITIES
AS OF _____
(Date)

_____ SOCIAL SECURITY # _____
Defendant/Petitioner

Instructions: You must disclose all information requested herein. List all assets, liabilities, income sources and retirement accounts separately. Also list value of all assets and whether assets or liabilities are jointly or individually held. This may be supplemented with additional information on attached sheets.

ASSETS:

Cash _____
Government Bonds _____
Checking Accounts: _____
Savings Accounts: _____
Accounts/Notes _____
Receivable: _____
Stocks, Bonds, Securities: _____
Life Insurance Cash Values: _____
Real Estate: _____
Automobiles: _____
Other Assets (itemize): _____

CONTINGENT LIABILITIES:

Notes/Accounts Payable: _____
Guarantor: _____
Other Contingent Liabilities: _____

LIABILITIES:

Notes Payable: _____
Accounts Payable: _____
Loans on Life Ins.: _____
Taxes: _____
Mortgages: _____

Debts:

Individual Name: _____

Income:

Gross Income from Employment: _____
 weekly monthly annually

Other Income (itemize): _____

Joint Name: _____

Retirement Accounts, Pensions, 401K Accounts, etc.:

Husband: _____
_____ Vested: yes no

Wife: _____
_____ Vested: yes no

Plaintiff/Defendant/Petitioner

Sworn to and subscribed by the Plaintiff/Defendant/Petitioner before me this _____ day
of _____ 20____.

Notary Public