

LICKING COUNTY

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

 Plaintiff/Petitioner (1)
 SS# _____ DOB _____ : Case No. _____
 : CSEA No. _____
 Address _____ : Family file No. _____
 _____ :
 Vs. _____ :
 _____ : JUDGE _____
 Defendant/Petitioner (2)/Respondent
 SS# _____ DOB _____ : MAGISTRATE _____
 Address _____ :

**Information For Parenting
Proceeding (O.R.C. 3109.27)**

Notes: By law, this affidavit must be filed and served with the first pleading filed by each party in every parenting (custody/visitation) proceeding in this court. 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, attach an additional page.

Affiant _____ states as follows:

1. The name, birth date, Social Security Number (if any) of each child whose custody/visitation is at issue in this case is:	
2. The present home address of the child(ren) is:	
3. The child(ren) currently reside(s) with what adult(s)?	
4. All other places and dates where the child(ren) have lived during the last 5 years, and the names of all adult(s) with whom they lived at each address, are as follows:	
5. The name(s) and current address of all adults listed above are:	
6. Do you know of any litigation anywhere, past or present, which concerns the custody, visitation, or care of the child(ren)?	

<p>7. If the answer to #6 is "yes", state any other information you have about any parenting proceeding concerning the children now pending in a court of this or any other state. Include the case number, the name of the court and the address of the court.</p>	
<p>8. State the name and address of any person who is not a part to this proceeding: (A) who has physical possession of the child(ren), or (B) who claims to be a parent of the child(ren) and is either the residential parent and legal custodian, or has visitation rights with the child, or (C) who is a person other than a parent of the child(ren) who has custody or visitation rights.</p>	
<p>9. Are you now, or have you ever been, a party to any civil or criminal case or any investigation concerning child abuse, child neglect, or domestic violence? If so, state each court, case name, case number, date and nature and outcome of the case:</p>	
<p>10. Do you have any domestic violence protection orders or any other restraining orders issued against you, or on your behalf against any other person? If so, state each court, case name, case number, date and nature and outcome of the case:</p>	

OATH OF AFFIANT

I hereby swear or affirm that the answers above are true, complete and accurate. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury (O.R.C. 2921.11).

AFFIANT

Sworn to and subscribed before me on this _____ day of _____, 20____

Notary Public

IN THE COMMON PLEAS COURT OF _____ COUNTY, OHIO

DIVISION OF _____

Plaintiff/Petitioner Case No. _____
CSEA No. _____

V.

Family File No. _____

Defendant/Petitioner JUDGE _____

MAGISTRATE _____

Health Insurance Disclosure Affidavit (HIDA)

INSTRUCTIONS: This affidavit must be filed according to local rules of court. You are required to disclose all requested information. You may need to consult your employer and insurer to complete this form. There is a continuing duty to update the information contained in this form. If more space is needed, attach additional page(s). Please print or type legibly.

Children Subject to Support Order

Husband / Father / Other	
DOB	SS#
Residence Street Address	

Name	
DOB	SS#
Name	
DOB	SS#

Wife / Mother / Other	
DOB	SS#
Residence Street Address	

Name	
DOB	SS#
Name	
DOB	SS#

You are to disclose all requested information in the column for you and in the column for the other party.

Part I
Husband / Father / Other

Name
Employer
Employer Address
Employer Telephone

Part II
Wife / Mother / Other

Name
Employer
Employer Address
Employer Telephone

Is Medicaid coverage available? yes no

Is Medicare coverage available? yes no

Is family health insurance available either through the employer or another group or organization? yes no
If not, is private insurance available? yes no

Is coverage presently in effect? yes no

Who is presently covered?

Name	Relationship

Is Medicaid coverage available? yes no

Is Medicare coverage available? yes no

Is family health insurance available either through employer or another group or organization? yes no
If not, is private insurance available? yes no

Is coverage presently in effect? yes no

Who is presently covered?

Name	Relationship

Insurer / Plan Name	Telephone
Address	
Policy / Group #	
Other Policy / Group # (if another policy is available)	

Insurer / Plan Name	Telephone
Address	
Policy / Group #	
Other Policy / Group # (if another policy is available)	

You are to disclose all requested information in the column for you and in the column for the other party.

Part I (Continued)
Husband / Father / Other

Part II (Continued)
Wife / Mother / Other

Is there a cost for coverage yes no

Is there a cost for coverage yes no

Special Instruction - The court requires both the family cost and the individual cost information.

Special Instruction - The court requires both the family cost and the individual cost information.

What is the annual cost for family coverage?

What is the annual cost for family coverage?

\$

\$

What is the annual cost for individual coverage?

What is the annual cost for individual coverage?

\$

\$

Is a Health Insurance card available? yes no
Are insurance cards required for services? yes no

Is a Health Insurance card available? yes no
Are insurance cards required for services? yes no

Does the plan cover hospitalization? yes no

Does the plan cover hospitalization? yes no

Is there a deductible for services? yes no

Is there a deductible for services? yes no

If yes, what is the deductible?

If yes, what is the deductible?

\$ Check One:
Per Visit Mo Yr

\$ Check One:
Per Visit Mo Yr

Is there a co-payment required? yes no

Is there a co-payment required? yes no

If yes, what is the co-payment?

If yes, what is the co-payment?

\$ Check One:
Per Visit Mo Yr

\$ Check One:
Per Visit Mo Yr

Does the plan cover doctor visits? yes no

Does the plan cover doctor visits? yes no

Is there a deductible for services? yes no

Is there a deductible for services? yes no

If yes, what is the deductible?

If yes, what is the deductible?

\$ Check One:
Per Visit Mo Yr

\$ Check One:
Per Visit Mo Yr

Is there a co-payment required? yes no

Is there a co-payment required? yes no

If yes, what is the co-payment?

If yes, what is the co-payment?

\$ Check One:
Per Visit Mo Yr

\$ Check One:
Per Visit Mo Yr

You are to disclose all requested information in the column for you and in the column for the other party.

Part I (Continued)

Husband / Father / Other

Is a prescription card available? yes no

Is there a co-payment required? yes no

If yes, what is the co-payment?

\$ Per prescription

Is Dental coverage available? yes no

Insurer / Plan Name	Telephone
Address	
Policy / Group #	

Is there a cost for Dental coverage? yes no
Special Instruction - The court requires both the family cost and the individual cost information.

What is the annual cost for family dental coverage?

\$

What is the annual cost for individual dental coverage?

\$

Is a dental insurance card available? yes no

Are dental insurance cards required for services? yes no

Is vision coverage available? yes no

Insurer / Plan Name	Telephone
Address	
Policy / Group #	

Part II (Continued)

Wife / Mother / Other

Is a prescription card available? yes no

Is there a co-payment required? yes no

If yes, what is the co-payment?

\$ Per prescription

Is Dental coverage available? yes no

Insurer / Plan Name	Telephone
Address	
Policy / Group #	

Is there a cost for Dental coverage? yes no
Special Instruction - The court requires both the family cost and the individual cost information.

What is the annual cost for family dental coverage?

\$

What is the annual cost for individual dental coverage?

\$

Is a dental insurance card available? yes no

Are dental insurance cards required for services? yes no

Is vision coverage available? yes no

Insurer / Plan Name	Telephone
Address	
Policy / Group #	

Husband / Father / Other

Wife / Mother / Other

Is there a cost for vision coverage? yes no

Is there a cost for vision coverage? yes no

Special Instruction - The court requires both the family cost and the individual cost information.

What is the annual cost for family vision coverage?

\$

What is the annual cost for individual vision coverage?

\$

Special Instruction - The court requires both the family cost and the individual cost information.

What is the annual cost for family vision coverage?

\$

What is the annual cost for individual vision coverage?

\$

Is a vision insurance card available? yes no

Is a vision insurance card available? yes no

Are vision insurance cards required for services? yes no

Are vision insurance cards required for services? yes no

Is COBRA insurance available?

(A continuation of present insurance coverage after termination of employment or marriage)

If yes, at what cost?

\$ Check One: Per Month Year

Is COBRA insurance available?

(A continuation of present insurance coverage after termination of employment or marriage)

If yes, at what cost?

\$ Check One: Per Month Year

Instructions: In a divorce or post decree action, only the party filing the HIDA is required to sign the oath. In a dissolution action, both parties must sign the oath.

OATH OF AFFIANT(S) -- SIGNATURE(S) MUST BE NOTARIZED

I hereby swear or affirm that the information set forth in this health insurance disclosure affidavit above is true, complete and accurate. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury (O.R.C.2921.11).

AFFIANT - Husband / Father / Other

AFFIANT - Wife / Mother / Other

Sworn to and subscribed before me on this _____ day of _____, 20__

Notary Public

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

Plaintiff/Petitioner (1) : Case No. _____

SS# _____ DOB _____ : CSEA No. _____

Address _____ : Family file No. _____

_____ :

Vs. _____ : JUDGE _____
Defendant/Petitioner (2)/Respondent

SS# _____ DOB _____ : MAGISTRATE _____

Address _____ : Affidavit of Income, Expenses and
Financial Disclosure

Notes: This affidavit must be filed and served with the first pleading filed by each party in every action for divorce, dissolution, legal separation, and annulment. In those actions the Assets/Debts/Separate Property Statement form must be attached to this Affidavit. This affidavit must also be filed and served with every post-decree motion that concerns a modification of support. You will be required to provide proof of income per local rule and O.R.C. 3113.215(B)(5). If more space is needed, attach additional page(s).

1. Information Required for Support Calculation:

A.

Date of Marriage	Date of Separation	Date of Divorce Decree (if Post-Decree Case)

B. Minor or Dependent Children of this Marriage (include adopted children and any child of the parties who is over 18 and handicapped)

Childs Name	Social Security No.	Date of Birth	Residing With

C. Other Minor Children Living in My Household

Childs Name	Social Security No.	Date of Birth	Relationship

D. Other Minor Children of Mine, Not Living in My Household

Child's Name	Social Security No.	Date of Birth	Residing With

II. Income (As defined in O.R.C. 3113.215 (A)):

A. Gross Yearly Income from Employment

(If not known, please estimate. Put "EST." after each estimated figure.)

	Husband/Father	Wife/Mother
Gross Yearly Employment Income	\$	\$
Employer		
Payroll Address		
City, State, Zip		
Check the number of Paychecks per year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52
Year-to-Date Gross Income	\$ Through Date of	\$ Through Date of
Prior Year's Tax Refund	\$	\$

B. Gross Self-Employment Income

(If not known, please estimate. Put "EST." after each estimated figure.)

Use Gross Annual Figures for Most Recent Full Year. See O.R.C. 3113.215(A)

	Husband/Father	Wife/Mother
Business Receipts	\$	\$
Ordinary & Necessary Business Expenses	\$	\$
Net Business Income	\$	\$

C. Other Income

All other income, actual or expected, including pension, social security, workers compensation, commissions, royalties, disability benefits, trust income, annuities, reoccurring capitals gains, unemployment benefits, rents, expense-sharing, dividends, interest, AFDC, SSI, food stamps, spousal support received from a prior spouse, etc.

(If not known, please estimate. Put "EST." after each estimated figure.)

Husband/Father		Wife/Mother	
Per Year	Describe	Per Year	Describe
\$		\$	
\$		\$	
\$		\$	

D. Annual Overtime, Commissions, Bonuses

(if not known, please estimate. Put "EST." after each estimated figure.)

Husband/Father		
Year 3 is Most recent Year	Base Income	Overtime, Commission, Bonuses
20__ year 1	\$	\$
20__ year 2	\$	\$
20__ year 3	\$	\$
Y-T-D This year Through:		

Wife/Mother		
Year 3 is Most recent Year	Base Income	Overtime, Commission, Bonuses
20__ year 1	\$	\$
20__ year 2	\$	\$
20__ year 2	\$	\$
Y-T-D This year Through:	\$	\$

III. Child Support Guideline Adjustment:

Court Ordered Child Support You Pay for Other Child(ren) in Another Case

Husband/Father (All Figures Per Year)	
\$	
\$	
	<input type="checkbox"/>

Wife/Mother (All Figures Per Year)	
\$	
\$	
	<input type="checkbox"/>

Court Ordered Spousal Support You Pay to a Former Spouse

Number of Your Other Dependent Child(ren) Living With You From A Previous Marriage

Court Ordered Child Support You Receive for the Dependent Child(ren) You Indicated on Line Above

Child Care Expenses You Pay for Child(ren) of this Marriage (Employment Or Educational-Related)

Local Income Taxes Paid or Rate Of Tax where you Live or Work

Self-Employment Tax (5.6% of A.G.I.)

Health Insurance Premium for Children (Family Plan Cost Less Individual Plan Cost)

For Post Decree Modifications Only:

Current Spouse's Gross Income

Number of Your Other Dependent Child(ren) Living With You From Your Present Marriage [excluding unadopted step child(ren)]

\$	
\$	
\$ or: %	
\$	
\$	
	<input type="checkbox"/>
\$	
	<input type="checkbox"/>

\$	
\$	
\$ or: %	
\$	
\$	
	<input type="checkbox"/>
\$	
	<input type="checkbox"/>

IV. Affiant's Monthly Living Expenses:

List your **ACTUAL** expenses for your present household in the first column. Give estimated expenses if you don't have exact figures. If you expect changes soon, list your **ANTICIPATED** expenses in your household after the divorce case in the second column. Explain why you expect your expenses to change. Also, if you are living with your parents or someone is helping you with your living expenses, please explain.

My Average Monthly Expenses	Actual Monthly Expenses in My Present Household	Anticipated Future Monthly Expenses In My Household
There are now _____ adults and _____ Children living in my present household.	I am assisted with my living expenses by:	The reason I expect my household living expenses to change soon is:
A. Housing	Actual	Anticipated
Rent or First Mortgage \$		
Real Estate Taxes (if not included above) \$		
Real Estate Insurance (if not included above) \$		
Second Mortgage, if any		
UTILITIES:		
• Electric (level billing or avg/month) \$		
• Gas (if billed separately) \$		
• Fuel Oil/Propane \$		
• Water & Sewer \$		
• Telephone (basic monthly charge) \$		
• Water Softener \$		
• Trash Collection \$		
Telephone (average long distance) \$		
Cable Television \$		
Home Cleaning, Maintenance, Repair \$		
Lawn Service, Snow Removal \$		
Other: \$		
Housing Total: \$	(A)	(A)

B. Other Necessary Living Expenses	Actual	Anticipated
FOOD, ETC:		
• Grocery (include food, paper, & cleaning products, toiletries, etc.) \$		
• Restaurant \$		
TRANSPORTATION, ETC:		
• Car Loan or Lease \$		
• Gasoline \$		
• Car Maintenance & Repair \$		
• Parking, Public Transit \$		
CLOTHING, ETC:		
• Clothes \$		
• Dry Cleaning/Laundry \$		
• Personal Grooming \$		
Other: \$		
Other: \$		
Other Necessities Total \$	(B)	(B)

C. Child-Related Expenses	Actual	Anticipated
Child Care, Work- or Educational-Related \$		
Clothing \$		
School Lunches \$		
Children's Allowances \$		
Extra-Curricular Activities \$		
Other: \$		
Child Related Expenses Total \$	(C)	(C)

D. Educational Expenses for:		Actual		Anticipated	
		You	Child(ren)	You	Child(ren)
Tuition	\$				
Books	\$				
Fees	\$				
Tutor	\$				
Activities	\$				
College Loan Repayment	\$				
Other:	\$				
Education Total	\$		(D)		(D)

E. Medical Expenses (out-of-pocket) for:		You	Child(ren)	You	Child(ren)
Doctor	\$				
Dentist	\$				
Optical	\$				
Orthodontist	\$				
Prescriptions	\$				
Other:	\$				
Medical Total	\$		(E)		(E)

F. Insurance		Actual		Anticipated	
		You	Child(ren)	You	Child(ren)
Life	\$				
Auto	\$				
Health	\$				
Disability	\$				
COBRA Insurance Coverage	\$				
Personal Property	\$				
Other:	\$				
Insurance Total	\$		(F)		(F)

G. Enrichment (your expenses. Put child(ren)'s Expenses under C or D, above)	Actual	Anticipated
Entertainment \$		
Lessons \$		
Books, Newspapers, Magazines \$		
Sports \$		
Clubs \$		
Hobbies \$		
Donations \$		
Gifts \$		
Vacation \$		
Other \$		
Enrichment Total \$	(G)	(G)

H. Miscellaneous Expenses	Actual	Anticipated
1. \$		
2. \$		
3. \$		
Miscellaneous Expenses Total \$	(H)	(H)

	Actual	Anticipated
Grand Total of Monthly Expenses (Sum of A-H in each column) \$		

OATH OF AFFIANT

I hereby swear or affirm that the information set forth in this Affidavit of Income, Expenses, and Financial Disclosure above is true, complete and accurate. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury (O.R.C. 2921.11).

Sworn to and subscribed before me on this _____ day of _____, 20____
 AFFIANT

Notary Public

Reminder: The Assets/Debts/Separate Property Statement form MUST be attached to this Affidavit in every new divorce, dissolution, legal separation or annulment case. If more space is needed, attach additional page(s).

Assets / Debts / Separate Property Statement

You MUST attach this form to your Affidavit of Financial Disclosure in ALL NEW divorce dissolution cases. List ALL PROPERTY of you, your spouse, or both of you jointly. Do not leave any category blank. For each item, if none, put "NONE". If you don't know exact figures for any item, give you best estimate, and put "EST." You are under a continuing duty to file an updated version of this form if you learn of any additional information. If more space is needed, attach extra pages.

1. Real Estate Interests:

Address	Titled to Husband, Wife Or Both	Present Fair Market Value	Mortgages: Balance Due	Monthly Mortgage Payments
1.				
2.				

2. Other Assets (Fair Market Value Over & 100 Each):

Category	Description (Also list who has possession)	Titled to Husband, Wife, or Both	Present Fair Market Value (Also list balance due on any liens)
Vehicles, Other Licensed Property	(Include automobiles, trucks, motorcycles, boats, motors, motor homes, etc.)		
1.			
2.			
3.			
Cash and Deposit Accounts	(Include checking, savings, CD's, POD accounts, money market accounts, etc.)		
1.			
2.			
3.			
Safe Deposit Box	(Give location and describe contents)		
1.			
Pensions & Retirement Plans	(include profit-sharing, IRA's 401K plans, etc. Describe each type of plan.)		
1.			
2.			

Category	Description (Also list who has possession.)	Titled to Husband, Wife, or Both	Present Fair Market Value (Also list balance due on any liens)
Publicly Held Stocks, Bonds, Securities			
1.			
2.			
3.			
Closely Held Stocks & Other Business Interests	(Describe type of business, type of ownership. Consider debts in setting value.)		
1.			
2.			
Life Insurance	(Include insurance provided by employer, term, whole life, any cash value or loans.)		
1.			
2.			
Furniture & Appliances	(Estimate value of those in your possession, and value of those in your spouse's possession.)		
1. In Your Possession			
2. In Spouse's Possession			
Transfers of Assets	Explanation: List the name & address of any person other than creditors (listed on your Affidavit) who has received money or property from you exceeding \$100 in value in the past 2 months and the reason for each transfer.		
1.			
2.			
Lost Assets	Explanation: List any item you claim is lost or missing as of this date, and its value. Failure to list the property and value will prevent you from claiming the loss in this action.		
1.			
2.			
All Other Assets	(Include collections, rare books, stamps, guns, antiques, art objects, computers, machinery, personal injury/workers compensation claims, promissory notes, loans to others, tax refunds due interests in estates or trusts, franchises, copyrights, etc.)		
1.			
2.			
3.			

3. Debts:

List ALL DEBTS of you, your spouse, or both of you jointly. Do not leave any category blank. For each item, if none, put "NONE". If you don't know exact figures for any item, give your best estimate, and put "EST." You are under a continuing duty to file an updated version of this form if you learn of any additional information. If more space is needed, attach extra pages.

ie 13) Current Monthly Payments

Type	Name of Creditor/ Purpose of Debt	Total Debt Due	Monthly Payment
Secured Loans (Mortgage, car, etc.)			
1.			
2.			
3.			
4.			
Unsecured Loans			
1.			
2.			
3.			
4.			
Credit Cards			
1.			
2.			
3.			
4.			
5.			
6.			
All Other Debts			
1.			
2.			
3.			

ry and explain the nature and

t Present Debt