SCHEDULE V. MODIFICATION OF PRIOR SUPPORT ORDER

[Schedule I. (Affidavit of Income) must be filed with this Schedule]

Case No. D _____

State of Ohio, County of Lucas, ss,

_____, being first duly sworn, says that (s)he is one of the parties hereto, and is moving the Court to modify the present support order from $_____ per ☐ week; ☐ month; to the sum of $_____ or, the amount suggested by the **Child Support Guidelines** per ☐ week; ☐ month; that this affidavit may be used for any and all of the following purposes (1) to make a disclosure of affiant's expenses; (2) to assist in determining and making a support order.

INSTRUCTIONS: Include expenses for yourself and for MINOR children of **this** marriage only (you should include expenses for a disabled child of this marriage over 18 also.)

PRESENT MONTHLY EXPENSES

	Yourself	Minor Children
A. Food:		
Groceries	_____	
Restaurant	_____	
School Lunch	_____	_____
B. Housing:		
First Mortgage	_____	
Second Mortgage	_____	
Loan	_____	
Rent	_____	
Taxes	_____	
Insurance	_____	
Maintenance	_____	
Lawn Care	_____	
Cleaning	_____	
C. Utilities:		
Electric	_____	
Gas	_____	
Fuel Oil	_____	
Sewer/Water	_____	
Telephone	_____	
Cell Phone	_____	
Garbage	_____	
D. Medical:		
(out-of-pocket)		
Doctor	_____	_____
Dentist	_____	_____
Drugs	_____	_____
Counseling	_____	_____
Optical	_____	_____
Orthodontist	_____	_____
E. Transportation:		
Car Loan	_____	_____
Car Loan	_____	_____
Car Insurance	_____	_____
Gasoline	_____	_____
Maintenance	_____	_____
Parking	_____	
Public Transit	_____	_____
School Bus	_____	_____
Car Lease	_____	
F. Clothing:		
Regular	_____	_____
Special	_____	_____

MONTHLY EXPENSES AT THE TIME OF THE LAST SUPPORT ORDER

	Yourself	Minor Children
A. Food:		
Groceries	_____	
Restaurant	_____	
School Lunch	_____	_____
B. Housing:		
First Mortgage	_____	
Second Mortgage	_____	
Loan	_____	
Rent	_____	
Taxes	_____	
Insurance	_____	
Maintenance	_____	
Lawn Care	_____	
Cleaning	_____	
C. Utilities:		
Electric	_____	
Gas	_____	
Fuel Oil	_____	
Sewer/Water	_____	
Telephone	_____	
Cell Phone	_____	
Garbage	_____	
D. Medical:		
(out-of-pocket)		
Doctor	_____	_____
Dentist	_____	_____
Drugs	_____	_____
Counseling	_____	_____
Optical	_____	_____
Orthodontist	_____	_____
E. Transportation:		
Car Loan	_____	_____
Car Loan	_____	_____
Car Insurance	_____	_____
Gasoline	_____	_____
Maintenance	_____	_____
Parking	_____	
Public Transit	_____	_____
School Bus	_____	_____
Car Lease	_____	
F. Clothing:		
Regular	_____	_____
Special	_____	_____

PRESENT MONTHLY EXPENSES

	Yourself	Minor Children
G. Insurance:		
Life		
Health		
Disability		
Pers. Prop.		
H. Enrichment:		
Entertain		
Lessons		
Sports		
Clubs		
Hobbies		
Vacation		
Magazines		
I. Education:		
Tuition		
Books		
Fees		
Tutor		
Activities		
College Loan		
J. Misc/Personal:		
Child Care/Child #1		Age ____
Child Care/Child #2		Age ____
Child Care/Child #3		Age ____
Child Care/Child #4		Age ____
Child Care/Child #5		Age ____
Gifts		
Cable		
Newspaper		
Barber/Beautician		
Toiletries		
Donations		
Laundry		
Allowance		
Veterinarian		
Other		
TOTAL ALL COLUMNS	$ 0.00	$ 0.00

MONTHLY EXPENSES AT THE TIME OF THE LAST SUPPORT ORDER

	Yourself	Minor Children
G. Insurance:		
Life		
Health		
Disability		
Pers. Prop.		
H. Enrichment:		
Entertain		
Lessons		
Sports		
Clubs		
Hobbies		
Vacation		
Magazines		
I. Education:		
Tuition		
Books		
Fees		
Tutor		
Activities		
College Loan		
J. Misc/Personal:		
Child Care/Child #1		Age ____
Child Care/Child #2		Age ____
Child Care/Child #3		Age ____
Child Care/Child #4		Age ____
Child Care/Child #5		Age ____
Gifts		
Cable		
Newspaper		
Barber/Beautician		
Toiletries		
Donations		
Laundry		
Allowance		
Veterinarian		
Other		
TOTAL ALL COLUMNS	$ 0.00	$ 0.00

INSTALLMENT PAYMENTS (DO NOT INCLUDE CREDITOR FOR EXPENSE LISTED ABOVE).

Present Payments

Creditor	Balance Due	Monthly Payment
	$	$
	$	$
	$	$
	$	$
TOTAL MONTHLY PAYMENTS		$ 0.00

Payments at the Time of the Prior Order

Creditor	Balance Due	Monthly Payment
	$	$
	$	$
	$	$
	$	$
TOTAL MONTHLY PAYMENTS		$ 0.00

Name(s) and age(s) of the minor child(ren) of the marriage to your former spouse who live with you.

☐ If none, check here.

_____ DOB _____ _____ DOB _____

_____ DOB _____ _____ DOB _____

Present marital status:

☐ Married ☐ Single

☐ Yes; ☐ No. If married, does your spouse live with you?

Name(s) and age(s) of step-children living in your household:

_____ DOB _____ _____ DOB _____

_____ DOB _____ _____ DOB _____

Amount of Child Support/Spousal Support received by your present spouse.

☐ If none, check here. $_____per _____.

Amount of Child Support/Spousal Support your present spouse is entitled to receive by Court order. $_____per _____

Total number of persons living in your household, including yourself _____

List all financial resources you presently own, include home, car, bank accounts, pension, stocks, etc.

List of Present Assets

☐ If none, check here.

Describe	Gross Value	Indebtedness due thereon
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$

List of Assets as of Date of Last Court Order for Support

☐ If none, check here.

Describe	Gross Value	Indebtedness due thereon
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$

List all income received by MINOR CHILD(REN), including interest.

Current Income

☐ If none, check here.

Source of Income	Amount
	$
	$

Income at Time of Prior Order

☐ If none, check here.

Source of Income	Amount
	$
	$

List all assets (bank accounts, vehicles, stock, trusts, bonds owned by minor child(ren)).

Child(ren)'s Present Assets

☐ If none, check here.

Describe	Value
	$
	$

Child(ren)'s Assets at Time of Prior Order

☐ If none, check here.

Describe	Value
	$
	$

List minor child(ren)'s education needs, emotional and/or physical conditions.

☐ If none, check here.

Present Condition:

Child's Name	Condition

☐ If none, check here.

Condition at Time of Prior Order:

Child's Name	Condition

List any educational needs and educational opportunities which would have been available to the minor child(ren) had the circumstances requiring a Court order for support not arisen.

☐ If none, check here.

Child's Name	Opportunity/Need	Cost
		$
		$
		$
		$

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

Said Affiant further states that the information contained herein is complete and accurate under penalty of law; that the information provided is required by law pursuant to O.R.C. 3105.18 and 3109.05; that (s)he CERTIFIES THAT (S)HE HAS CAUSED A COPY HEREOF TO BE MAILED OR DELIVERED TO THE OTHER PARTY AT THE TIME OF FILING THE SAME WITH THE COURT.

_____

Sworn to before me and subscribed in my presence, this _____day of _____, 20_____.

_____

Notary Public