

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

Plaintiff

Case No. D

Number, Street Address

SCHEDULE I. Affidavit of Income

City, State, Zip Code

SSN -vs-/and DOB

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

Defendant

Number, Street Address

City, State, Zip Code

SSN DOB

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 Yes No

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

PLAINTIFF

DEFENDANT

Home Work Name of Attorney Spouse's Telephone No. Job Title Name of Employer City, State, Zip Code Paychecks Per Year Year-To-Date Income

Home Work Name of Attorney Spouse's Telephone No. Job Title Name of Employer City, State, Zip Code Paychecks Per Year 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 A only for yourself and estimate your spouse's.
2) TO MODIFY a prior support order, complete column A (present income) and column B (income at the time of the last support order) for yourself only.

PLAINTIFF

DEFENDANT

Table with 2 columns: COLUMN A, COLUMN B. Rows include Annual Wages, Overtime/Bonuses/Commissions, Unemployment Comp, Worker's Comp, Interest/Dividends, Social Security, Disability/Sick Pay, Spousal Support/Rental, Other Income, Source of Above, Government Benefits Total, Annual Gross Income.

Table with 2 columns: COLUMN A, COLUMN B. Rows include Annual Wages, Overtime/Bonuses/Commissions, Unemployment Comp, Worker's Comp, Interest/Dividends, Social Security, Disability/Sick Pay, Spousal Support/Rental, Other Income, Source of Above, Government Benefits Total, Annual Gross Income.

AFFIDAVIT OF HEALTH INSURANCE COVERAGE AVAILABLE FOR MINOR CHILDREN

PLAINTIFF

DEFENDANT

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.)

PLAINTIFF

DEFENDANT

POTENTIAL ANNUAL GROSS INCOME

(See instructions on next 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

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; 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 _____, 20____.

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. 3119.01)

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. 3119.01)