

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

Case No. _____

CSEA No. _____

Judge _____

Magistrate _____

Plaintiff / Petitioner (1)

DOB _____ SS# _____

Address _____

Marital Residence Yes No Phone _____

Attorney _____

Atty. Address _____

SC ID# _____

Atty. Phone _____

V.

Defendant / Petitioner(2)/Respondent

DOB _____ SS# _____

Address _____

Marital Residence Yes No Phone _____

Attorney _____

Atty. Address _____

SC ID# _____

Atty. Phone _____

**Affidavit of Income,
Expenses and Property of
D.R. Form 5.00**

(Your Name)

Date of Marriage	
Date of Separation	

Notes: In accordance with Local Rules 2.02 & 2.03 of this Court, this affidavit must be filed and served upon the other party with every divorce, legal separation and dissolution. It must also be filed at the time of the Answer or temporary hearing, whichever comes first. You are under a continuing legal duty to file an updated version of this form if you learn of any additional information. **If more space is needed, attach additional page(s).**

I. Information Required for Support Calculation:

A. Minor or Dependent Children of this Marriage

(Include adopted children and any child of the parties who is over 18 and handicapped).

Child's Name	Social Security #	Date of Birth	Male/Female	Residing with

B. Other Minor Children Living in My Household

Child's Name	Social Security #	Date of Birth	Male / Female	Relationship

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

Child's Name	Social Security #	Date of Birth	Male / Female	Age	Residing with

II. Child Support Guideline Adjustment:

	Husband / Father (All Figures Per Year)	Wife / Mother (All Figures Per Year)
Court Ordered Child Support You Pay for Other Child(ren) in Another Case		
Court Ordered Spousal Support You Pay to a Former Spouse		
Number of Your Other Dependent Children Living With You From a Previous Marriage or Relationship	<input type="text"/>	<input type="text"/>
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)		

III. 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				
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. 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
-----Year 1		
-----Year 2		
-----Year 3		
Y-T-D This Year Through:		

Wife / Mother		
Year 3 is Most Recent Year	Base Income	Overtime, commission, Bonuses
-----Year 1		
-----Year 2		
-----Year 3		
Y-T-D This Year Through:		

C. 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	
Business Receipts	
Ordinary & Necessary Business	
Net Business Income	

Wife / Mother	
Business Receipts	
Ordinary & Necessary Business	
Net Business Income	

D. Other Income

All other income, actual or expected, including pension, social security, workers compensation, commissions, royalties, disability benefits, trust income, annuities, reoccurring capital 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	
Describe	Per Year

Wife / Mother	
Describe	Per Year

E. Total Annual Income

Husband / Father	
Total gross annual income	
Total average gross monthly income	÷ 12 =
Average monthly deductions	Less
Total net monthly income	=

Wife / Mother	
Total gross annual income	
Total average gross monthly income	÷ 12 =
Average monthly deductions	Less
Total net monthly income	=

F. Benefits of Employment (Use of company car, country club memberships, stock options, etc.)

Husband / Father	
Benefits	Values

Wife / Mother	
Benefits	Values

IV. Affiant's Monthly Living Expenses

List your **ACTUAL** expenses for your **present household**. 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. 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.

There are now _____ Adults and _____ Children living in my present household.	
A. Housing	Actual or Anticipated (Circle One)
Rent or First Mortgage (circle which one)	
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) (average long distance)	
• Water Softener	
• Trash Collection	
• Cable Television	
Home Cleaning, Maintenance, Repair	
Lawn Service, Snow Removal	
Other:	
Housing Total	(A)
C. Child-Related Expenses	Actual or Anticipated (Circle One)
Child Care, Work-or Educational-Related	
Clothing	
School Lunches	
Children's Allowances	
Extra-Curricular Activities, Lessons	
Other:	
Child-Related Expenses Total	(C)

I am assisted with my living expenses by:	The reason I expect my household living expenses to change soon is:	
B. Other Necessary Living Expenses	Actual or Anticipated (Circle One)	
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 Necessaries Total	(B)	
D. Educational Expenses for:	Actual or Anticipated (Circle One)	
	You	Child(ren)
Tuition		
Books, fees, etc.		
College Loan Repayment		
Other:		
Education Total	(D)	

Initialed _____

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

F. Insurance	Actual or Anticipated (Circle One)
Life	
Auto	
Health	
Disability	
Renters / Personal Property, Other	
Insurance Total	(F)

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

H. Miscellaneous Expenses (Include expenses and debt payments not previously listed.)	Actual or Anticipated (Circle One)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
Miscellaneous	(H)

Actual or Anticipated (Circle One)	
*Grand Total of Monthly Expenses (Sum of A-H in each column)	

***It is very important that you add each section and put a total on these forms.**

AFFIDAVIT OF PROPERTY

List ALL YOUR PROPERTY AND DEBTS, those of your spouse, and joint property and debts. 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". **If more space is needed, attach extra pages.**

I. Real Estate Interests:

Address	Titled to Husband, Wife, or Both	Present Fair Market Value	Mortgages: Balance Due	Monthly Mortgage Payments
A.				
B.				

II. Other Assets:

Category	Description (Also list who has possession)	Titled to Husband, Wife, or Both	Present Fair Market Value (Also list balance due on any liens)
A. Vehicles	(Include automobiles, trucks, motorcycles, boats, motors, motor homes, etc.)		
1.			
2.			
3.			

B. Financial Accounts	(Include checking, savings, CDs, POD accounts, money market accounts, etc.)		
1.			
2.			
3.			

C. Pensions & Retirement Plans	(Include profit-sharing, IRAs, 401K plans, etc. Describe each type of plan.)		
1.			
2.			
3.			

D. Publicly Held Stocks, Bonds, Securities, & Mutual Funds			
1.			
2.			
3.			

E. Closely Held Stocks & Other Business Interests	(Describe type of business and type of ownership.)		
1.			
2.			

F. Life Insurance	(Include insurance provided by employer, term, whole life, any cash value or loans.)		
1.			
2.			

G. 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			

H. Safe Deposit Box	(Give location and describe contents)		
1.			
2.			

I. 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.			
J. Transfer of Assets	Explanation: List the name and 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 12 months and the reason for each transfer.		
1.			
2.			
K. Lost Assets	Explanation: List any item you claim is lost or missing as of this date, and its value.		
1.			
2.			

III. Debts:

List ALL YOUR DEBTS, debts of your spouse, and joint debts. 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." **If more space is needed, attach extra pages.**

Type	Name of Creditor / Purpose of Debt	Total Debt Due	Monthly Payment
A. Secured debts (Mortgages, car, etc.)			
1.			
2.			
3.			
4.			
B. Unsecured debts, including credit cards			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

IV. Bankruptcy:

Filed by: Wife Husband, Both	Date of Filing: Case Number	Date of Discharge or Relief from Stay	Type of Case (CH.7, 11, 12, 13)	Current Monthly Payments
1.				
2.				

V. Separate Property Claims: [As defined in O.R.C. 3105.171(6)(A)]

If you are making any claims in any of the categories below, check "Yes" for that category and explain the nature and amount of your claim.

Category: [Check Yes or No]	Yes	No	Description	Particulars leading to your claim of separate ownership	Present Fair Market Value	Present Debt
Inheritances					\$	\$
Property Owned Before Marriage					\$	\$
Passive Income and Appreciation from Separate Property					\$	\$
Property Acquired After a Decree of Legal Separation					\$	\$
Prenuptial Agreement					\$	\$
Personal Injury Compensation (Except Loss of Marital Earnings)					\$	\$
Gifts made Solely to One Spouse					\$	\$

OATH OF AFFIANT

I, _____ (print) hereby swear or affirm that the information set forth in this Affidavit of Income, Expenses, and Property 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. 2921.22).*

AFFIANT

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

Notary Public