

**IN THE COURT OF COMMON PLEAS
OF OTTAWA COUNTY, OHIO
JUVENILE DIVISION**

AFFIDAVIT OF GENERAL INFORMATION, INCOME, MONTHLY EXPENSES AND
FINANCIAL DISCLOSURE

**STATE OF OHIO
COUNTY OF OTTAWA**

_____, being first duly sworn, states in answer to the following questions as hereinafter set forth:

1.) CHILD #1:

CHILD'S FULL NAME Date of Birth

CHILD'S ADDRESS

2.) CHILD #2: (IF APPLICABLE)

CHILD'S FULL NAME Date of Birth

CHILD'S ADDRESS

** If there are more children, please use a separate sheet of paper to provide the above information and attach to this form.

3.) MOTHER:

MOTHER'S FULL NAME Date of Birth

MOTHER'S ADDRESS

EMPLOYER and EMPLOYER'S ADDRESS

MOTHER'S TELEPHONE NUMBER CELL PHONE #

CURRENT MONTHLY INCOME

MOTHER

FATHER

<hr/>	Employment	<hr/>
<hr/>	Self-Employment	<hr/>
<hr/>	Interest / Dividends	<hr/>
<hr/>	Unemployment Comp.	<hr/>
<hr/>	Worker's Comp.	<hr/>
<hr/>	Disability / Sick Pay	<hr/>
<hr/>	Social Security	<hr/>
<hr/>	Spousal Support	<hr/>
<hr/>	Child Support	<hr/>
<hr/>	ADC / GR / Food Stamps	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
\$	TOTAL ALL COLUMNS	\$

ADJUSTMENTS
(Annual Amounts)

<hr/>	Court-Ordered Support Paid For Other Children	<hr/>
<hr/>	Court-Ordered Spousal Support Paid to Former Spouse	<hr/>
<hr/>	Health Insurance Premium Paid if Children Covered (Child's portion only)	<hr/>
<hr/>	Other dependent child in home (Other resident child)	<hr/>

_____	Local Income Tax Percentage Rate	_____
_____	Annual Daycare Costs	_____
_____	Annual Mandatory Unreimbursed Employment Expenses (e.g. union dues)	_____

POTENTIAL ANNUAL GROSS INCOME
(if either party is unemployed or underemployed)

MOTHER

FATHER

_____	Highest Education Completed	_____
_____	Marketable Skills	_____
_____	Health Conditions	_____
_____	Highest Prior Annual	_____
\$ _____	Income and Date	\$ _____
_____	Date Last Employed	_____

MEDICAL INSURANCE COVERAGE

Please list below the medical insurance coverage that is currently in effect for the parties, including any minor children:

Mother's health insurance information is as follows:

Name of Employer / Group / Individual _____
 Address of Employer / Group / Individual _____

 Name of Insurance Company _____
 Insurance for Children Active Now? Yes or No
 If No, then will activate within 30 days Yes

Father's health insurance information is as follows:

Name of Employer / Group / Individual _____
 Address of Employer / Group / Individual _____

 Name of Insurance Company _____
 Insurance for Children Active Now? Yes or No
 If No, then will activate within 30 days Yes

5.) GUARDIAN/CUSTODIAN (if other than parent)

_____ Date of Birth
FULL NAME

GUARDIAN/CUSTODIAN'S ADDRESS

_____ CELL PHONE #
GUARDIAN/CUSTODIAN'S TELEPHONE #

EMPLOYER and EMPLOYER'S ADDRESS

6.) Who has legal (court-ordered) custody of the child(ren) whose custody or visitation you seek?

7.) Where (what county and what court) was legal custody established?

8.) Who has physical possession of the child(ren) at this time?

9.) Were the parents of this/these child(ren) ever married? ___ YES ___ NO

10.) Was paternity established? ___ YES ___ NO (If YES, please provide a copy of the parentage order).

11.) What is your relationship to the child?

12.) How many adults are in your home?

13.) Has any child protective agency ever been involved with this/these child(ren)?
___ YES ___ NO. If YES, please explain.

14.) Have you ever been to any Court before for any matters concerning this child?
___YES ___NO If YES, please explain when and under what
circumstances?_____

15.) Would mediation be of any assistance in the resolution of this matter?
Yes___ No___

Affiant

Sworn to before me and subscribed in my presence this _____ day of

_____, 20__.

NOTARY PUBLIC