

**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; I have the following biological or adopted child(ren) do NOT list stepchildren:

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

3.) CHILD #3: (IF APPLICABLE)

\_\_\_\_\_  
CHILD'S FULL NAME Date of Birth

\_\_\_\_\_  
CHILD'S ADDRESS

4.) CHILD #4: (IF APPLICABLE)

\_\_\_\_\_  
CHILD'S FULL NAME Date of Birth

\_\_\_\_\_  
CHILD ADDRESS

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

5.) MOTHER:

\_\_\_\_\_  
MOTHER'S FULL NAME Date of Birth

\_\_\_\_\_  
MOTHER'S ADDRESS

\_\_\_\_\_  
EMPLOYER and EMPLOYER'S ADDRESS

\_\_\_\_\_  
MOTHER'S TELEPHONE NUMBER CELL PHONE #

Amount of gross pay \$ \_\_\_\_\_ Pay Frequency: \_\_\_\_\_

6.) FATHER:

\_\_\_\_\_  
FATHER'S FULL NAME Date of Birth

\_\_\_\_\_  
FATHER'S ADDRESS

\_\_\_\_\_  
FATHER'S TELEPHONE NUMBER CELL PHONE #

\_\_\_\_\_  
EMPLOYER and EMPLOYER'S ADDRESS

Amount of gross pay \$ \_\_\_\_\_ Pay Frequency: \_\_\_\_\_

If person from whom support is sought is self-employed, list name under which he or she does business, business address, type of work or service performed and net income from said business in prior calendar year:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: You must attach a copy of your most recent income tax return, including all supporting schedules and a copy of your most recent paystub.**

**CURRENT MONTHLY INCOME**

**MOTHER**

**FATHER**

_____	Employment	_____
_____	Self-Employment	_____
_____	Interest/Dividends	_____
_____	Unemployment Comp.	_____
_____	Worker's Comp.	_____
_____	Disability/Sick Pay	_____
_____	Social Security	_____
_____	Spousal Support/Alimony	_____
_____	Cash Assistance	_____
_____	Food Stamps/SNAP	_____
_____	Veteran Benefits	_____
_____	Farm Income	_____
_____	Trust Income	_____
_____	Other	_____
_____	<b>TOTAL ALL COLUMNS</b>	_____

_____	<b>Court Ordered Spousal Support Paid to Former Spouse</b>	_____
_____	<b>Local Income Tax Percentage Rate</b>	_____
_____	<b>Annual Daycare Costs</b>	_____
_____	<b>Annual Mandatory Unreimbursed Employment Expenses (example: union dues)</b>	_____

**MEDICAL INSURANCE COVERAGE**

- I do not have medical insurance for child(ren).
  
- Child(ren) has/have a medical card from the Department of Job and Family Services.
  
- I have medical insurance through my employer for child(ren) or the other Parent's employer.

The total cost for medical insurance coverage for myself and my family is \$ \_\_\_\_\_ per  week  biweekly or  monthly.

Insurance company \_\_\_\_\_ Policy Number \_\_\_\_\_

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

\_\_\_\_\_ \_\_\_\_\_  
FULL NAME Date of Birth

\_\_\_\_\_  
GUARDIAN/CUSTODIAN'S ADDRESS

\_\_\_\_\_ \_\_\_\_\_  
GUARDIAN/CUSTODIAN'S TELEPHONE # CELL PHONE #

\_\_\_\_\_  
EMPLOYER and EMPLOYER'S ADDRESS

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

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

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

11.) Were the parents of this/these child(ren) ever married? \_\_\_ YES \_\_\_ NO

12.) Was paternity established? \_\_\_ YES \_\_\_ NO (If YES, please provide a copy of the parentage order).

13.) What is your relationship to the child?

\_\_\_\_\_

14.) Are there other biological or adopted children in your home?

Name of Child

Date of Birth

\_\_\_\_\_

15.) Has any child protective agency ever been involved with this/these child(ren)?  
\_\_\_YES \_\_\_NO. If YES, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16.) 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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17.) 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