

Appendix C

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

Plaintiff/1st Petitioner

-vs-/-and-

Case No.

Defendant/2nd Petitioner

AFFIDAVIT OF INCOME, EXPENSES AND FINANCIAL DISCLOSURE (to be used if assets/debts are \$50,000.00 or more)

SECTION A - INCOME

PLAINTIFF/1st PETITIONER

DEFENDANT/2nd PETITIONER

\$ Annual Employment Income \$

Employer

Payroll Address

City, State, Zip

ATTACH PAY STUB WITH YEAR TO DATE EARNINGS AND A COPY OF MOST RECENT TAX RETURN

All other sources of income including Social Security, Worker's Compensation, commissions, disability benefits, trust payments, unemployment, pensions, investments, dividends, interest etc.

SECTION B - ASSETS

1. REAL ESTATE

Table with 4 columns: Location/Purchase Price of Real Estate, Present Value, Monthly Payment, Balance Due on Mortgage as of date of this affidavit

2. ACCOUNTS

List all funds on deposit in any and all accounts in any bank, savings & loan, credit union, regulated investment company, mutual fund or other financial institution.

Table with 4 columns: Name & Address of Financial Institution, Account No./Source, Name(s) on Account, Balance as of Affidavit Date

SECTION B - ASSETS (continued)

3. RETIREMENT

List all pension, retirement plans and profit sharing plans in which you have any interest, the employer or location of these accounts, and their value as of the date of this affidavit.

- A. _____
- B. _____
- C. _____

4. STOCKS AND BONDS

Corporation	Description of Security	No. Shares	Value per Share	Total Value
A. _____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____

5. LIFE INSURANCE

Name of Company	Policy No.	Insured	Beneficiary	Face Amount	Cash Value as of date of affidavit
A. _____	_____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____	_____

6. VEHICLES AND BOATS

Description	Year & Make	Value	Monthly Payment	Amount Due as of date of Affidavit
A. _____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____

7. HOUSEHOLD GOODS, ANTIQUES, JEWELRY, FIREARMS, COLLECTIBLES, ETC. Attach a list which with present value

8. OTHER ASSETS

Item (description)	Value
_____	_____
_____	_____
_____	_____
_____	_____

SECTION - LIABILITIES

1. MONTHLY INSTALLMENT PAYMENTS (Do not list expenses previously listed)

To Whom Paid	Purpose	Balance Due	Monthly Payment
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

2. OTHER DEBTS

To Whom Owed	Purpose	Balance Due
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

SECTION D HEALTH INSURANCE COVERAGE FOR DEPENDENT CHILDREN/COBRA

- Health Insurance Coverage for Dependent is available through employment or another group plan YES NO
- If YES, complete the following:
 - Insured's Name _____
 - Insurance Company Name: _____
Address: _____
Policy Name/Number: _____
 - This policy is available at \$ _____ per _____ cost to affiant, (Indicate "0" if available at no cost)
 - This annual deductible is \$ _____ per person/ \$ _____ per family.
 - The co-payment required is: \$ _____
 - The cost to purchase COBRA coverage will be \$ _____ per _____.
 - The policy covers some dental expenses optical expenses.
- If NO, please describe the nature, if any, of affiant's health insurance coverage _____

State of Ohio)

Highland County) SS:

Affiant states that the information contained herein is complete and accurate to the best of his/her information, knowledge or belief under penalty of law. Any section not having enough room for full disclosure has been continued and completed on an attached page.

 Attorney for
 Plaintiff/1st Petitioner
 Defendant/2nd Petitioner

 Affiant
 Plaintiff/1st Petitioner
 Defendant/2nd Petitioner

Sworn and subscribed to me this _____ day of _____, 20__.

Notary Public

My commission expires _____

Appendix C-short form
IN THE COURT OF COMMON PLEAS OF HIGHLAND COUNTY, OHIO
DOMESTIC RELATIONS DIVISION

Affidavit to be used if assets/debts are less than \$50,000.00

STATE OF OHIO, COUNTY OF _____, SS:

		PLAINTIFF-PETITIONER	DEFENDANT-PETITIONER
1.	Name		
2.	Address		
3.	Name of Employer		
4.	Address of Employer		
5.	Gross Annual Income		

	ASSETS:	Description	F.M.V.	Liens	Monthly Pyt	Net Equity
a)	Real Estate					
b)	Autos, Boats, Motorcycles, etc					
c)	Pension/Retirement Funds					
d)	Life Insurance (Cash Sur Value)					
e)	Stocks, Bonds, Commercial Paper					
f)	Household Goods					
g)	Antiques/Jewelry Guns/Collectibles					
h)	Other (specify)					

i) Bank Accounts:	Account #1	Account #2	Account #3
Name of Bank			
Type of Account			
Account Number			
Account Balance			

DEBTS: Name of Person/Firm You Owe	Monthly Amt.	Current Balance

If you need additional space to list assets and/or debts attach additional information to this form.

Affiant(s) states this information to be complete and accurate to the best of his/her belief under penalty of law.

Sworn to before me and subscribed in my presence this ____ day of _____, 200__, at _____, Ohio.

Plaintiff/Defendant/Petitioner #1

Notary Public

Petitioner#2(Dissolutions only)

