

**IN THE COURT OF COMMON PLEAS  
DOMESTIC RELATIONS DIVISION  
COLUMBIANA COUNTY, OHIO  
CASE NO.: \_\_\_\_\_**

Judge: \_\_\_\_\_

SSN: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

Plaintiff

-VS-

**FINANCIAL AFFIDAVIT**

SSN: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

Date & Place of Marriage: \_\_\_\_\_

Defendant

Now comes \_\_\_\_\_, the Affiant, being first duly sworn, and says that the following questions are true and accurate to the best of the Affiant's belief and knowledge:

**DEPENDENTS**

Identify all persons whom you are legally obligated to support and identify whether you pay or received support for these dependents:

Born to this Marriage?	Name and Date of Birth	Current Place of Residence	Relationship	Age	Amount of Support Ordered

**PERSONAL INFORMATION**

	HUSBAND	WIFE
Age		
Education, Occupation, and Training		
Present Health & Well Being		
Previous Number of Marriages, Children		

EMPLOYMENT AND MEDICAL INSURANCE		
Answer the following questions about your and your spouse's employment and insurance from all sources, including health care insurance		
	Husband	Wife
Employer:		
Address:		
Telephone:		
Medical Insurance:		
Address:		
Insurance ID Number including Subscriber's ID, Group and Policy No		
Children Covered (Y/N)		
Out-of-pocket cost to Husb. Or Wife?		
Names of Additional Employers within the last 12 months:		

PENSION AND OTHER RETIREMENT PLANS		
	Husband	Wife
Name of Plan		
Type of Plan		
Eligible Age and Starting Year		
Future Monthly Payment at Retirement Date		

WORKERS COMPENSATION, DISABILITY, OR OTHER BENEFITS		
Report all workers compensation, disability, social security, pension, retirement, or other benefit received by you or your spouse:		
	Husband	Wife
Source or Name of Benefit (WCSS, PERS, ADC, GR, etc.)		
Claim Number		
type (TT, PT, Ret, ADC, GR, etc.)		
Amount or Rate and its frequency		
Current Status and/or Expiration Date:		

**SEPARATE PROPERTY**  
Section 3105.18(A)(6)(a)

List all real and personal property and any interest in real or personal property acquired (I) by inheritance["I"], (ii) before the marriage ["B"], (iii) passive income and appreciation from separate property during the marriage ["PAS"], (iv) after a decree of legal separation ["LS"], (v) by exclusion by antenuptial agreement ["AN"], (vi) personal injury compensation ["PI"] except loss of marital earnings and expenses paid from marital assets, (vii) gifts solely to one spouse ["G"]

Category	Description	Particulars re date acquired, tracing, and dispositions leading to ownership of the property	FMV	Debt
INHERITANCES				
PROPERTY OWNED BEFORE MARRIAGE				
PASSIVE INCOME AND APPRECIATION FROM SEPARATE PROPERTY				
PROPERTY ACQUIRED AFTER A DECREE OF LEGAL SEPARATION				
EXCLUDED BY ANTENUPTIAL AGREEMENT				
PERSONAL INJURY COMPENSATION EXCEPT LOSS OF MARITAL EARNINGS, ETC.				
GIFTS SOLELY TO ONE SPOUSE				

**MARITAL ASSETS**

List and describe all marital property. Abbreviations may be used to answer Possession, Owner, and Source questions, ie. "H" for husband "W" for wife, "J" for joint. Use the second column to particularly describe the property. Use extra pages if necessary and give a reference to the schedule or exhibit that contains the additional information.

Category	Description/Name	Possession	Owner	Source	FMV	Debt	Equity	Monthly Payment
FUNDS ON DEPOSIT								
REAL ESTATE								
FURN HOUSE GOODS								
MOTOR VEHICLES								
TOOLS								
STOCKS & SECURITIES								
INSURANCE (identify								
+ amount of Cash								
Value)								
PENSIONS &								
RETIREMENT ACCTS.								
PERSONAL EFFECTS								
OTHER, including jewelry, art,								
boats, notes, accts. Rec, etc.								
SUBTOTAL ASSET &								
ENCUMBRANCES								

OTHER DEBTS THAT	Department Stores	Use supplemental sheet if necessary					
WERE NOT INCLUDED	Credit Card (V, MC, AX, etc.)	" "	" "	" "			
ABOVE	Loans	" "	" "	" "			

TOTALS

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SCHEDULE OF DEPARTMENT STORE CHARGE ACCOUNTS, CREDIT CARDS, UNSECURED LOANS AND OTHER  
DEBTS

(Pass subtotals of each category to Marital Worksheet under the appropriate category)

Type	Name of Creditor	Debt	Monthly Payment
DEPARTMENT STORE CHARGE ACCOUNTS			
	<u>SUBTOTAL, DEPARTMENT STORE ACCOUNTS</u>		
CREDIT CARDS			
	<u>SUBTOTAL, CREDIT CARDS</u>		
UNSECURED LOANS			
	<u>SUBTOTAL, UNSECURED LOANS</u>		
OTHER DEBTS			
	<u>SUBTOTAL, OTHER DEBTS</u>		

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**INCOME HISTORY**

	Husband				Wife			
	Three Years Ago	Two Years Ago	One Year Ago	Current Year To Date	Three Years Ago	Two Years Ago	One Year Ago	Current Year To Date
Wages, Commissions, Salaries, other than overtime and bonuses								
Overtime and Bonuses								
Other Income								
Totals								

**CURRENT INCOME**  
 State the sources and amounts of all income for you and your spouse. Use extra pages to itemize or explain.  
 [Identify Reporting Period, i.e. Per year, Per Month, Every 2 Wks, etc.]

		Husband	Wife
<b>WAGES</b>	Gross Wages Every (      )		
	Federal Income Tax		
	Social Security (FICA)		
	State Income Tax		
	Local Tax		
	Union dues		
	Medical Insurance		
	Spousal or Child Support Orders		
	Other: bonds, credit union, savings, Keogh		
	<b>SUBTOTAL DEDUCTIONS</b>		
	<b>INTEREST INCOME</b>		
	<b>DIVIDENDS</b>		
	<b>ANNUITIES</b>		
	<b>RENTALS, TRUSTS, PARTNERSHIPS, ESTATES, S-CORPS, OR BUSINESS. INCLUDE (ADD BACK) DEPRECIATION EXPENSES.</b>		
	<b>IN-KIND BENEFITS</b> Type: _____		
	<b>OTHER INCOME</b> Type: _____		

<b>GRAND TOTAL, GROSS INCOME</b>		
<b>GRAND TOTAL, NET AFTER WAGE DEDUCTIONS</b>		

**AVERAGE REGULAR MONTHLY EXPENSES**

	HUSBAND	WIFE
FOOD, including Milk & School Lunches		
HOUSING: Rent/Mortgage		
R/E Taxes		
Insurance Maintenance & Repairs		
UTILITIES: Electric		
Heating Fuel		
Water/Sewer		
Telephone		
Cable TV		
Trash Service		
MEDICAL: Insurance (not in wage deduction)		
Uninsured Med & Drugs		
CLOTHING & SHOES		
LAUNDRY & HOUSEHOLD:		
AUTO: Loan Payments		
Insurance		
Gas, Oil, Repairs		
Other Transportation		
INSURANCE (Other than R/E, Auto, Med) Life		
Disability		
Medical(not deducted from Wages)		
Other: _____		
RECREATION/ENTERTAINMENT		
PERSONAL GROOMING		
DAY CARE, BABY-SITTERS, & OTHER CHILD CARE		
DEBT PAYMENT, except R/E, Auto, or other from above		
OTHER: Specify. Use Extra Paper if Needed.		
<b>TOTAL EXPENSES:</b>		

The undersigned, \_\_\_\_\_, affirms that the answers to the above questions are true to the best of the affiant's knowledge.

\_\_\_\_\_

Sworn to and subscribed in my presence by \_\_\_\_\_,