

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

_____ : Case No. _____
Plaintiff/Petitioner(1)

DOB _____ : CSEA No. _____

Address _____ : Family File No. _____
_____ : JUDGE JAMES CONWAY

V. _____ :
Defendant/Petitioner (2)/Respondent :
MAGISTRATE BRADLEY E. SALES

DOB _____

**Affidavit of Income, Expenses and
Property of**

_____ (Name)
Address _____

Date of Marriage	
Date of Separation	

Notes: This affidavit **must** be filed and served in accordance with Local Rules of Court. Pages 1 through 8 and page 13 must be completed and filed and served with every post-decree motion that concerns a modification of support. You will be required to provide proof of income per local rule and O.R.C. 3119.021. 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. Income [As defined in O.R.C. 3119.01]:

A. Gross Yearly Income from Employment (If not known, please estimate. Put "EST" after each estimated figure.)

	Husband/Father	Wife/Mother
Gross Yearly Employment Income		
Employer		

Initialed _____

Payroll Address

City, State, Zip

Check the number of
Paychecks per year

Year-to-date
Gross Income

Prior Year's
Tax Refund

<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	
	Through date of

<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	
	Through date of

Initialed _____

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
19__ Year 1		
19__ Year 2		
20__ Year 3		
Year-to-Date This Year Through ____		

Wife/Mother		
Year 3 is Most Recent Year	Base Income	Overtime, Commission, Bonuses
19__ Year 1		
19__ Year 2		
20__ Year 3		
Year-to-Date 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. 3119.021

Business Receipts

Ordinary & Necessary Business Expenses

Net Business Income

Husband/Father

Wife/Mother

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	
Per Year	Describe

Wife/Mother	
Per Year	Describe

Initialed _____

Affidavit of Income, Expenses and Property

Initialed _____

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

II. 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	Date of Birth	Residing With

B. Other Minor Children Living in My Household

Child's Name	Date of Birth	Relationship

Initialed _____

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

Child's Name	Date of Birth	Relationship

Initialed _____

III. Child Support Guidelines 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	or: %	or: %
Self-Employment Tax (5.6% of A.G.I.)		
Health Insurance Premium for Children (Family Plan Cost Less Individual Plan Cost)		
For Post Decree Modifications Only:		
Current Spouse's Gross Income		
Number of Your Other Dependent Children Living With You From Your Present Marriage or Relationship [Excluding unadopted step children]	<input type="text"/>	<input type="text"/>

IV. Affiant's Monthly Living Expenses:

List your **ACTUAL** expenses for your **present household** in the first column. 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 in the

Initialed _____

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second column. 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.

My Average Monthly Expenses	Actual Monthly Expenses in My Present Household	Anticipated Future Monthly Expenses in My Household
<p>There are now _____ Adults and _____ Children living in my present household.</p>	<p>I am assisted with my living expenses by:</p>	<p>The reason I expect my household living expenses to change soon is:</p>

Initialed _____

A. Housing	Actual	Anticipated
Rent or First Mortgage		
Real Estate Taxes (if not included above)		
Real Estate Insurance (if not included above)		
Second Mortgage, if any		
UTILITIES:		
• Electric (level billing or average/month)		
• Gas (if billed separately)		
• Fuel Oil/Propane		
• Water & Sewer		
• Telephone (basic monthly charge)		
• Water Softener		
• Trash Collection		
Telephone (average long distance)		
Cable Television		
Home Cleaning, Maintenance, Repair		
Lawn Service, Snow Removal		
Other: _____		
Housing Total	(A)	(A)

B. Other Necessary Living Expenses	Actual	Anticipated
FOOD, ETC.:		
• Grocery (include food, paper & cleaning products, toiletries, etc.)		
• Restaurant		
TRANSPORTATION, ETC.:		
• Car Loan or Lease		
• Gasoline		
• Car Maintenance & Repair		

Initialed _____

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- Parking, Public Transit

Initialed _____

B. Other Necessary Living Expenses (Con't.)	Actual	Anticipated
CLOTHING, ETC.:		
• Clothes		
• Dry Cleaning, Laundry		
• Personal Grooming		
Other: _____		
Other: _____		
Other Necessities Total	(B)	(B)

C. Child-Related Expenses	Actual	Anticipated
Child Care, Work or Educational Related		
Clothing		
School Lunches		
Children's Allowances		
Extra-Curricular Activities		
Other: _____		
Child-Related Expenses Total	(C)	(C)

	Actual		Anticipated	
	You	Child(ren)	You	Child(ren)
D. Educational Expenses for:				
Tuition				
Books				
Fees				
Tutor				
Activities				
College Loan Repayment				
Other: _____				

Initialed _____

Education Total	(D)		(D)
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Initialed _____

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

F. Insurance	Actual	Anticipated
Life		
Auto		
Health		
Disability		
COBRA Insurance Coverage		
Personal Property		
Other: _____		
Insurance Total	(F)	(F)

G. Enrichment (Your expenses. Put child(ren)'s expenses under C or D, above)	Actual	Anticipated
Entertainment		
Lessons		
Books, Newspapers, Magazines		

Initialed _____

G. Enrichment (Con't.)	Actual	Anticipated
Sports		
Clubs		
Hobbies		
Donations		
Gifts		
Vacation		
Other: _____		
Enrichment Total	(G)	(G)

H. Miscellaneous Expenses (Include expenses and debts not previously listed.)	Actual	Anticipated
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Miscellaneous Expenses Total	(H)	(H)

Actual

Anticipated

Initialed _____

Affidavit of Income, Expenses and Property

Grand Total of Monthly Expenses (Sum of A - H in each column)		
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Initialed _____

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 non, put NONE.” If you don’t know exact figures for any item, give your best estimate, and put “EST”. **If more space is needed, attached 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, Other Licensed Property	(Include automobiles, trucks, motorcycles, boats, motors, motor homes, etc.)		
1.			
2.			
3.			
B. Financial Accounts	(Include checking, savings, CD’s, POD accounts, money market accounts, etc.)		
1.			
2.			
3.			
C. Pensions & Retirement Plans	(Include profit-sharing, IRA’s 401K plans, etc.) Describe each type of plan.		
1.			
2.			
3.			
D. Publicly Held Stocks, Bonds, Securities, &			

Initialed _____

Affidavit of Income, Expenses and Property

Mutual Funds			
1.			
2.			
3.			

Initialed _____

Category	Description (Also list who has possession)	Titled to Husband, Wife, or Both	Present Fair Market Value (Also list balance due on any liens)
E. Closely Held Stocks and 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)		
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		

Initialed _____

Affidavit of Income, Expenses and Property

	lost or missing as of this date, and its value.		
1.			
2.			

Initialed _____

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, attached 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)	Currently Monthly Payments
----------------------------------	--------------------------------	--	-------------------------------------	-------------------------------

Initialed _____

Affidavit of Income, Expenses and Property

1.				
2.				

Initialed _____

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

If you are making any claims in any of the categories below, explain the nature and amount of your claim.

Category	Description	Particulars leading to your claim of separate ownership	Present Fair Market Value	Present Debt
A. Inheritances				
B. Property Owned Before Marriage				
C. Passive Income and Appreciation from Separate Property				
D. Property Acquired After a Decree of Legal Separation				

Initialed _____

Category	Description	Particulars leading to your claim of separate ownership	Present Fair Market Value	Present Debt
E. Prenuptial Agreement				
F. Personal Injury Compensation (Except Loss of Marital Earnings)				
G. 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

Initialed _____

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

Notary Public

Initialed _____

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

	:	Case No.	
Plaintiff/Petitioner(1)			
	:	CSEA No.	
V.	:	Family File No.	
	:	JUDGE EARL R. McGIMPSEY	
Defendant/Petitioner(2)/Respondent			
	:	MAGISTRATE BRADLEY E. SALES	

HEALTH INSURANCE DISCLOSURE AFFIDAVIT (HIDA)

Instructions: This affidavit must be filed according to local rules of court. You are required to disclose all requested information. You may need to consult your employer to complete this form. There is a continuing legal duty to update the information contained in this form. If more space is needed, attached additional page(s). Please type or print legibly.

Husband/Father/Other	
DOB	SS#
Street Residence Address	

Children Subject to Support Order

Name	
DOB	SS#
Name	
DOB	SS#

Wife/Mother/Other	
DOB	SS#

Name	
DOB	SS#

Street Residence Address

Name	
DOB	SS#

You are to disclose all requested information in the column for you and in the column for the other party.

Part I

Husband/Father/Other

Name
Employer
Employer Address
Employer Phone

Is Medicaid coverage available? Yes No

Is Medicare coverage available? Yes No

Is family health insurance available either through the employer or another group or organization? Yes No

If not, is private insurance available? Yes No

Is coverage presently in effect? Yes No

Who is presently covered? Yes No

Name	Relationship

Insurer/Plan Name	Phone
Address	

Part II

Wife/Mother/Other

Name
Employer
Employer Address
Employer Phone

Is Medicaid coverage available? Yes No

Is Medicare coverage available? Yes No

Is family health insurance available either through the employer or another group or organization? Yes No

If not, is private insurance available? Yes No

Is coverage presently in effect? Yes No

Who is presently covered? Yes No

Name	Relationship

Insurer/Plan Name	Phone
Address	

Policy/Group #
Other Policy? Group# (if another policy is available)

Policy/Group #
Other Policy? Group# (if another policy is available)

You are to disclose all requested information in the column for you and in the column for the other party.

Part I
Husband/Father/Other

Part II
Wife/Mother/Other

Is there a cost for coverage? Yes No

Is there a cost for coverage? Yes No

Special Instruction - The court requires both the family cost and the individual cost information. What is the annual cost for family coverage? \$ <input type="text"/>
What is the annual cost for individual coverage? \$ <input type="text"/>

Special Instruction - The court requires both the family cost and the individual cost information. What is the annual cost for family coverage? \$ <input type="text"/>
What is the annual cost for individual coverage? \$ <input type="text"/>

Is a health insurance card available? Yes No

Is a health insurance card available? Yes No

Are insurance cards required for service? Yes No

Are insurance cards required for service? Yes No

Does the plan cover hospitalization? Yes No

Does the plan cover hospitalization? Yes No

Is there a deductible for services? Yes No

Is there a deductible for services? Yes No

If yes, what is the deductible?

If yes, what is the deductible?

\$ <input type="text"/>	Check one: Per <input type="checkbox"/> Visit <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.
-------------------------	--

\$ <input type="text"/>	Check one: Per <input type="checkbox"/> Visit <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.
-------------------------	--

Is there a co-payment required? Yes No

Is there a co-payment required? Yes No

If yes, what is the co-payment?

If yes, what is the co-payment?

\$ <input type="text"/>	Check one: Per <input type="checkbox"/> Visit <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.
-------------------------	--

\$ <input type="text"/>	Check one: Per <input type="checkbox"/> Visit <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.
-------------------------	--

Does the plan cover doctor visits? Yes No

Does the plan cover doctor visits? Yes No

Is there a deductible for services? Yes No

Is there a deductible for services? Yes No

If yes, what is the deductible?

If yes, what is the deductible?

\$ <input type="text"/>	Check one: Per <input type="checkbox"/> Visit <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.
-------------------------	--

\$ <input type="text"/>	Check one: Per <input type="checkbox"/> Visit <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.
-------------------------	--

Is there a co-payment required? Yes No

Is there a co-payment required? Yes No

If yes, what is the co-payment?

If yes, what is the co-payment?

\$

Check one:
Per Visit Mo. Yr.

\$

Check one:
Per Visit Mo. Yr.

You are to disclose all requested information in the column for you and in the column for the other party.

Part I
Husband/Father/Other

Is a prescription card available? Yes No

Is a co-payment required? Yes No

If yes, what is the co-payment?

\$ Per Prescription

Is dental coverage available? Yes No

Insurer/Plan Name	Phone
Address	
Policy/Group #	

Is there a cost for dental coverage? Yes No

Special Instruction - The court requires both the family cost and the individual cost information.

What is the annual cost for family dental coverage?

\$

What is the annual cost for individual dental coverage?

\$

Is a dental insurance card available? Yes No

Are dental insurance cards required for service? Yes No

Is vision coverage available? Yes No

Insurer/Plan Name	Phone
Address	

Part II
Wife/Mother/Other

Is a prescription card available? Yes No

Is a co-payment required? Yes No

If yes, what is the co-payment?

\$ Per Prescription

Is dental coverage available? Yes No

Insurer/Plan Name	Phone
Address	
Policy/Group #	

Is there a cost for dental coverage? Yes No

Special Instruction - The court requires both the family cost and the individual cost information.

What is the annual cost for family dental coverage?

\$

What is the annual cost for individual dental coverage?

\$

Is a dental insurance card available? Yes No

Are dental insurance cards required for service? Yes No

Is vision coverage available? Yes No

Insurer/Plan Name	Phone
Address	

Policy/Group #

Policy/Group #

You are to disclose all requested information in the column for you and in the column for the other party.

**Part I
Husband/Father/Other**

**Part II
Wife/Mother/Other**

Is there a cost for vision coverage? Yes No

Is there a cost for vision coverage? Yes No

Special Instruction - The court requires both the family cost and the individual cost information.
What is the annual cost for family vision coverage?

\$	
----	--

What is the annual cost for individual vision coverage?

\$	
----	--

Special Instruction - The court requires both the family cost and the individual cost information.
What is the annual cost for family vision coverage?

\$	
----	--

What is the annual cost for individual vision coverage?

\$	
----	--

Is a vision insurance card available? Yes No

Is a vision insurance card available? Yes No

Are vision insurance cards required for services? Yes No

Are vision insurance cards required for services? Yes No

Is COBRA insurance available? Yes No
(A continuation of present insurance coverage after termination of employment or marriage)
If yes, at what cost? Check One:

\$	Per	<input type="checkbox"/> Mo.	<input type="checkbox"/> Yr.
----	-----	------------------------------	------------------------------

Is COBRA insurance available? Yes No
(A continuation of present insurance coverage after termination of employment or marriage)
If yes, at what cost? Check One:

\$	Per	<input type="checkbox"/> Mo.	<input type="checkbox"/> Yr.
----	-----	------------------------------	------------------------------

Instructions: In a divorce or post decree action, only the party filling out the Health Insurance Disclosure Affidavit (HIDA) is required to sign the oath. In a dissolution action, both parties must sign the oath.

OATH OF AFFIANT(S) - SIGNATURE(S) MUST BE NOTARIZED

I hereby swear or affirm that the information set forth in this health insurance disclosure affidavit 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. 2921.11).

AFFIANT - Husband/Father/Other

AFFIANT - Wife/Mother/Other

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

Notary Public