

**APPENDIX A**  
**IN THE COMMON PLEAS COURT OF HANCOCK COUNTY, OHIO**  
**DOMESTIC RELATIONS DIVISION**

\_\_\_\_\_  
Plaintiff/Petitioner

Case No.: \_\_\_\_\_

VS.

PERSONAL HISTORY AND FINANCIAL  
AFFIDAVIT

\_\_\_\_\_  
Defendant/Petitioner

**NOTICE: This Personal History and Financial Affidavit must be completed and filed with Court at the time of the filing of the Complaint or an Answer. You have a duty to ascertain answers to all questions and to update this information as required by Local Rule or Court Order. If there is no way for the requested information to be obtained and provided, insert "unknown" in the blank. If you do not have any property or debt in a listed category, put "None" in the blank. DO NOT LEAVE BLANKS AFTER ANY QUESTION, AND PLEASE INCLUDE INFORMATION ABOUT YOUR SPOUSE, TO THE EXTENT KNOWN.**

STATE OF \_\_\_\_\_ )

) Sworn and Subscribed (SS):

COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_ (Printed Name of Affiant), being first duly sworn, do swear and affirm that I am the Plaintiff/Petitioner/Defendant in this matter and that all of the information contained herein is true and accurate to the best of my knowledge and belief and that I have or will provide supporting documentation of the information included in this Affidavit. DO NOT ATTACH SUPPORTING DOCUMENTS TO THIS AFFIDAVIT, BUT YOU MAY BE REQUIRED TO PRODUCE THEM LATER.

HUSBAND

WIFE

\_\_\_\_\_

Name

\_\_\_\_\_

\_\_\_\_\_

Current Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Residence Address (if different from  
mailing address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

WIFE

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HUSBAND

**EDUCATION**

High School \_\_\_\_\_ College \_\_\_\_\_  
Grad School \_\_\_\_\_ Other \_\_\_\_\_

Indicate number of years completed

High School \_\_\_\_\_ College \_\_\_\_\_  
Grad School \_\_\_\_\_ Other \_\_\_\_\_

**EMPLOYMENT**

(the following information should be provided for each employer)

Current Employer

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

Address and Phone Number of Employer

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

Position Held/Title  
Supervisor

\_\_\_\_\_

\_\_ 12 \_\_ 24 \_\_ 26 \_\_ 52 \_\_ Other

Scheduled Paychecks per year

\_\_ 12 \_\_ 24 \_\_ 26 \_\_ 52 \_\_ Other

\$ \_\_\_\_\_

Current Monthly Gross Income

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Annual Gross Income  
(based on prior or current year's earnings)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Gross Bonuses/Overtime year-to-date

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Anticipated Gross Bonuses/Overtime for current year

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Gross Bonuses/Overtime for last year

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Gross Bonuses/Overtime for year before last

\$ \_\_\_\_\_

**Other Sources of Monthly Income**

\$ \_\_\_\_\_

Public Assistance

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Food Stamps

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Social Security

\$ \_\_\_\_\_

\$ \_\_\_\_\_

S.S.I.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Disability

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Unemployment

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Worker's Compensation

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Veteran's Benefits

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Armed Forces Allotment

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Child Support Received

\$ \_\_\_\_\_

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**HUSBAND**

**WIFE**

\$ \_\_\_\_\_

Spousal Support Received

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Rental Income

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Interest

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Trust Income

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Dividends

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Other  
(source of Other income)

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

Prior Year tax refunds

\$ \_\_\_\_\_

**Monthly Deductions from Paycheck**

\$ \_\_\_\_\_

Court Ordered Child Support  
(Court and Case Number)

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

Court Ordered Spousal Support  
(Court and Case Number)

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

City Income Tax

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Social Security/Public Pension

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Union Dues

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Charity

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Pension/401K/IRA/etc.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Savings

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Medical Insurance

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Other

\$ \_\_\_\_\_

**SELF-EMPLOYED INCOME**

\_\_\_\_\_

Name of Business

\_\_\_\_\_

\_\_\_\_\_

Type/Nature of Business

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In Business Since

\_\_\_\_\_

\$ \_\_\_\_\_

Gross Receipts year-to-date

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Gross Receipts last year

\$ \_\_\_\_\_

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**CHILDREN**  
(of this marriage)

Name	Sex	DOB	Age	Grade	Currently Residing With
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					

If any of the children are born **prior to** the date of your marriage, is there any issue regarding paternity? \_\_\_ Yes \_\_\_ No

**HUSBAND'S CHILDREN**  
(not of this marriage)

Name	Sex	DOB	Is Husband Custodian?	Does Husband Pay Support?
1. _____			___ Yes ___ No	___ Yes ___ No
2. _____			___ Yes ___ No	___ Yes ___ No
3. _____			___ Yes ___ No	___ Yes ___ No
4. _____			___ Yes ___ No	___ Yes ___ No
5. _____			___ Yes ___ No	___ Yes ___ No

**WIFE'S CHILDREN**  
(not of this marriage)

Name	Sex	DOB	Is Wife Custodian?	Does Wife Pay Support?
1. _____			___ Yes ___ No	___ Yes ___ No
2. _____			___ Yes ___ No	___ Yes ___ No
3. _____			___ Yes ___ No	___ Yes ___ No
4. _____			___ Yes ___ No	___ Yes ___ No
5. _____			___ Yes ___ No	___ Yes ___ No

**HEALTH INSURANCE**  
(for minor children of this marriage)

Is there currently health insurance covering the child(ren) of this marriage? \_\_\_ Yes \_\_\_ No

If so, who is providing the coverage for the children? \_\_\_ Husband \_\_\_ Wife \_\_\_ Both

If you are not currently providing health insurance for the child(ren) of this marriage, is it available to you? \_\_\_ Yes \_\_\_ No

Annual cost to provide health insurance **for the minor child(ren)**: \$ \_\_\_\_\_ (The difference between the cost to insure the employee and the family)

Is there an insurance card or form that is necessary to obtain services? \_\_\_ Yes \_\_\_ No

Is there prescription coverage? \_\_\_ Yes \_\_\_ No      Is there an Rx card? \_\_\_ Yes \_\_\_ No

Who has these cards? \_\_\_ Husband \_\_\_ Wife \_\_\_ Both

Are there certain service providers that the plan requires you to use? \_\_\_ Yes \_\_\_ No

Coverage in network: 100/0 90/10 80/20 70/30 other \_\_\_ Coverage out of network: 100/0 90/10 80/20 70/30 Other \_\_\_

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**CURRENT MARRIAGE**

Date of Marriage: \_\_\_\_\_ Currently living together? \_\_\_ Yes \_\_\_ No If no, date of separation: \_\_\_\_\_

Place of Marriage (City/State): \_\_\_\_\_

Number of this marriage: Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

Have there been actions previously filed to dissolve or otherwise terminate this marriage? \_\_\_ Yes \_\_\_ No

If so, where: \_\_\_\_\_ when: \_\_\_\_\_ case no.: \_\_\_\_\_

disposition: \_\_\_\_\_

**ASSETS OF PARTIES**

(Indicate owner: H - husband, W - wife, J - jointly owned)

(attach extra forms as necessary)

**CHECKING / SAVINGS / CDs / CASH**

Owner	Acct. No. (last 4 #'s) and Type	Location	Current Balance	Existed Prior to Marriage Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No

**REAL PROPERTY (list residence first)**

Owner	Location/Address	Estimated Value	Amount Owed	Owned Prior to Marriage Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No

**MOTOR VEHICLE, MOTORCYCLES, BOATS, MOBILE HOMES, CAMPERS, etc. (Include untitled vehicles)**

Owner	Make/Model/Description	Estimated Value	Amount Owed	Lender	Owned Prior to Marriage Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No

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**STOCKS, BONDS, SAVINGS BONDS, MUTUAL FUNDS, etc.**

Owner	Number of Shares	Company	Current Value	Owned Prior to Marriage Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No

**LIFE INSURANCE**

Owner	Company	Policy Number	Face Value	Cash Value	Owned Prior to Marriage Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No

**PENSION BENEFITS, RETIREMENT FUNDS, IRAs, 401(K)s, etc.**

Owner	Vested	Type of Plan	Company	Current Value	Loan?(balance)	Owned Prior to Marriage Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No

**CLOSELY HELD BUSINESS / SOLE PROPRIETORSHIP / CORPORATION / PARTNERSHIP / etc.**

Owner	Name of Business	Type/Form	% Ownership	Estimated Value	Owned Prior to Marriage Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No

**INCOME TAX OR OTHER REFUNDS DUE PARTIES**

Federal: \$ \_\_\_\_\_ State: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

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OTHER ASSETS (hobby equipment, antiques, guns, riding mowers, farm equipment, sporting equipment, cemetery lots, loans due the parties, etc.) Additional sheets as necessary

Item Description	Value	Item Description	Value
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**HOUSEHOLD GOODS / PERSONAL PROPERTY**

Attach an itemized list of all property that is or may be in dispute and for each state the following: description, current location, and whether it was owned prior to the marriage.

**DEBTS/LIABILITIES OF THE PARTIES**

(Indicate party obligated: H - husband, W - wife, J - jointly obligated)  
(attach extra forms as necessary)

**REAL ESTATE MORTGAGES / LAND CONTRACTS**

Debtor	To whom owed	Property related to debt	Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**MOTOR VEHICLES, etc.**

Debtor	To whom owed	Property related to debt	Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**OTHER LOANS / HOUSEHOLD FINANCE LOANS / etc.**

Debtor	To whom owed	Property related to debt	Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

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**CREDIT CARD ACCOUNTS**

Debtor	To whom owed	Account Number (last 4 #'s)	Minimum Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**OTHER DEBTS**

Debtor	To whom owed	Description of Obligation	Minimum Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**MONTHLY LIVING EXPENSES**

This form shows: \_\_\_\_\_ Current expenses for spouse and myself based upon a single household  
\_\_\_\_\_ Current expenses for myself in a separate household from my spouse  
\_\_\_\_\_ My estimated future expenses for myself in a separate household from my spouse

Rent, Mortgage (including taxes)	\$ _____	Heat (average)	\$ _____
Food, Cosmetics & Toiletries	\$ _____	Electric (average)	\$ _____
Clothing (self)	\$ _____	Water/Sewer	\$ _____
Clothing (children)	\$ _____	Cable T.V./Satellite service	\$ _____
Child Care	\$ _____	Telephone	\$ _____
School Tuition	\$ _____	Trash Pickup	\$ _____
School Supplies, Lunches & Activities	\$ _____	Auto Gas, Repair & Transportation	\$ _____
Home Maintenance	\$ _____	Medical Insurance	\$ _____
Prescription Medications (self)	\$ _____	Property Insurance	\$ _____



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Prescription Medications (children)	\$ _____	Unreimbursed Medical, Dental, etc.	\$ _____
Hair Care	\$ _____	Auto Insurance	\$ _____
Laundry, Dry Cleaning	\$ _____	Life Insurance (self)	\$ _____
Entertainment, Incidental	\$ _____	Life Insurance (children)	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
		TOTAL MONTHLY EXPENSES	\$ _____

By signing this affidavit, I swear and affirm that all of the foregoing statements are true, accurate and complete to the best of my knowledge and belief. I further understand that I may be required to provide verification and documentation to confirm the accuracy of this information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Affiant (Person Signing)

**NOTARY PUBLIC**

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public