

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)	
	Telephone Number	
	Email address	
	Date of Birth	

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HUSBAND

WIFE

EDUCATION

High School _____ College _____

Indicate number of years completed

High School _____ College _____

Grad School _____ Other _____

Grad School _____ Other _____

Veteran _____ Active Service _____

Veteran _____ Active Service _____

EMPLOYMENT

(the following information should be provided for each employer)

Current Employer

Address and Phone Number of Employer

Position Held/Title Supervisor

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: \$ _____

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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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

LIFE INSURANCE

Owner	Company	Policy Number	Face Value	Cash Value	Owned Prior to Marriage
_____	_____	_____	_____	_____	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

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

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

Please include ALL monthly payments, even if you listed the payment in another section in this form.

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	\$ _____

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Prescription Medications (self)	\$ _____	Property Insurance	\$ _____
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