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

	Case No.: _	
Plaintiff/Petitioner		
VS.	PERSONA AFFIDAV	L HISTORY AND FINANCIAL IT
Defendant/Petitioner		
		completed and filed with Court at
the time of the filing of the Con	nplaint or an Answer. You have	a duty to ascertain answers to all
		ule or Court Order. If there is no
way for the requested informati	on to be obtained and provided, i	nsert "unknown" in the blank. If
you do not have any property or	debt in a listed category, put "Noi	ne'' in the blank. DO NOT LEAVE
BLANKS AFTER ANY QUEST	TION, AND PLEASE INCLUDE	INFORMATION ABOUT YOUR
SPOUSE, TO THE EXTENT K	NOWN.	
STATE OF	_ )	
STATE OF	) Sworn and Subscribed (SS):	
I,	(Printed Nar	ne of Affiant), being first duly sworn
do swear and affirm that I am the P	laintiff/Petitioner/Defendant in this	matter and that all of the information
contained herein is true and accura	ate to the best of my knowledge and	belief and that I have or will provide
supporting documentation of the in	nformation included in this Affidavit.	DO NOT ATTACH SUPPORTING
DOCUMENTS TO THIS AFFIDA	AVIT, BUT YOU MAY BE REQUIF	RED TO PRODUCE THEM LATER
Spouse 1		Spouse 2
	Name	
	Current Mailing Address	
	Residence Address (if different from mailing address)	
	Telephone Number	
	Email address	
	Date of Birth	

Spouse 1 Spouse 2

### **EDUCATION**

Grad School Other	Indicate number of years completed	High School College Grad School Other
Veteran Active Service	EMPLOYMENT (the following information should be provided for each employer) Current Employer	Veteran Active Service
	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	\$

Spouse 1		Spouse 2
\$	Spousal Support Received	\$
\$	Rental Income	\$
\$	Interest	\$
\$	Trust Income	\$
\$	Dividends	\$
\$		\$
	(source of Other income)	
\$	Prior Year tax refunds	\$
	Monthly Deductions from Paycheck	
\$	Court Ordered Child Support (Court and Case Number)	\$
\$	(Count and Cons Namelson)	\$
	(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	\$

Who has these cards? Name \_\_\_\_

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

**CHILDREN** (of this marriage) Name Sex DOB Age Grade Currently Residing With If any of the children are born **prior to** the date of your marriage, is there any issue regarding paternity? \_\_\_\_ Yes \_\_\_\_ No Spouse 1's CHILDREN (not of this marriage) DOB Name Sex Is **Spouse 1** Custodian? Does **Spouse 1** Pay Support? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No **Spouse 2's CHILDREN** (not of this marriage) Name Sex DOB Is **Spouse 2** Custodian? Does **Spouse 2** Pay Support? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ 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? Name 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 yourself and the minor child(ren): \$\_\_\_\_\_ Is there an insurance card or form that is necessary to obtain services? \_\_\_\_ Yes \_\_\_\_ No Is there an Rx card? \_\_\_ Yes \_\_\_ No Is there prescription coverage? 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 \_\_\_\_

### **CURRENT MARRIAGE**

Date of Marriage: Curre	ently living together? Yes No	If no, date of separa	ation:
Place of Marriage (City/State):	·		
Number of this marriage: Spouse 1:	: Spouse 2:	_	
Have there been actions previously filed to	dissolve or otherwise terminate this	marriage? Yes	No
If so, where:	when:	Cas	e no.:
disposition:			
(Indicat	ASSETS OF PARTIES  e with owner's initials, use "J" for joi (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
REAL PROPERTY (list residence first) Owner Location/Address	Estimated Value		Owned Prior to Marriage Yes / No
			Yes / No
			Yes / No
			Yes / No
MOTOR VEHICLE, MOTORCYCLES, F. Owner Make/Model/Description	BOATS, MOBILE HOMES, CAMPE Estimated Value Amount Owed		Owned Prior to Marriage Yes / No
			Yes / No
			Yes / No

	Number of Shares	BONDS, MUTUAL FUND Company		Current Value	Owned Prior to Marriage Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
	ISURANCE				
Owner	Company	Policy Number			Owned Prior to Marriage Yes / No
					Yes / No
			<del></del>		Yes / No
					Yes / No
			·		Yes / No
	Tes/NO	<del></del>		<del></del>	ies / No
	Name of Business	/ SOLE PROPRIETORSHIF Type/	Form % Owne	rship Estimated Value	Marriage
INICONA	E TAV OD OTHER RI	CELINDS DITE DADTIES			
	ETAX OR OTHER RI	EFUNDS DUE PARTIES  State: \$		Other: \$	

OTHER ASSETS	(hobby equipment, antiques, guns, riding mowers, farm equipment, sporting equipment, cemetery lot		
Item Description	loans due the parties, etc.) Ad Value \$		Value \$
			\$
	\$		<b>\$</b>
	\$		\$
	<b>\$</b>		\$
	\$		<b></b> \$
	\$		<u> </u>

#### 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 the party obligated to pay the debt using the debtor's initials, J - jointly obligated) (attach extra forms as necessary)

Debtor To whom owed	Property related to debt	Monthly Payment \$	Balance Due \$
		\$	\$
		\$	\$
		\$	\$
		<b>\$</b>	\$
MOTOR VEHICLES, etc. Debtor To whom owed	Property related to debt	Monthly Payment	Balance Due
		<b>\$</b>	\$
		<b>\$</b>	\$
		<b>\$</b>	\$
		\$	\$
		<b></b> \$	\$
OTHER LOANS / HOUSEHOL	D FINANCE LOANS / etc.		
Debtor To whom owed	Property related to debt	Monthly Payment \$	Balance Due \$
		\$	\$
		\$	\$
		<b></b> \$	\$
		\$	\$

CREDIT CARD ACCOUNTS	A A	)	
Debtor To whom owed	Account Number (last 4 #'s	φ.	
		Φ.	
OTHER DEBTS Debtor To whom owed	Description of Obligation	Minimum Monthly Paymer	nt Balance Due
		<b>\$</b>	\$
		\$	
		\$	\$
		<b></b> \$	\$
		<b></b> \$	\$
		<b>\$</b>	<u> </u>
My esti	expenses for myself in a separa mated future expenses for myse		
Rent, Mortgage (including taxe		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	\$	
Laundry, Dry Cleaning S Life Insurance (self) S  Entertainment, Incidental S Life Insurance (children) S  Other: S Other: S  Other: S  TOTAL MONTHLY EXPENSES S  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		\$		\$	
Entertainment, Incidental \$ Life Insurance (children) \$	Hair Care	\$	Auto Insurance	\$	
Other:	Laundry, Dry Cleaning	\$	Life Insurance (self)	\$	
Other:\$Other:\$	Entertainment, Incidental	\$	Life Insurance (children)	\$	
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	Other:	\$	Other:	\$	
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)	Other:	\$	Other:	\$	
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	concation and documentation	to commit the accura			
NOTARY PUBLIC  Sworn to and subscribed in my presence this day of,  20			Signature		
Sworn to and subscribed in my presence this day of, 20			Printed Name of Affian	nt (Person Signing)	
	NOTARY PUBLIC				
Notary Public	Sworn to and subscribed 20	in my presence this _	day of	,	
			Notary Public		

(Revised for use effective 2023)