

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

Case No. _____
Judge _____

DOB: _____
Plaintiff/Petitioner,

SCHEDULE A
(Original Actions)

**Affidavit of Income
And Expenses**

Vs/and

DOB: _____
Defendant/Petitioner.

STATE OF OHIO, COUNTY OF WOOD, SS:

Now comes _____, affiant, and having been duly sworn,
states:

Date of Marriage: _____
Date of Separation: _____
Is Wife pregnant: _____

Place of Marriage: _____
Wife's Maiden Name: _____
Wife Restore to Former Name? _____

MINOR AND/OR DEPENDENT CHILDREN OF THIS MARRIAGE: (Include the parties' adopted children and those over 18 with special needs.)

Name _____
Name _____
Name _____
Name _____
Name _____

DOB _____
DOB _____
DOB _____
DOB _____
DOB _____

Wife

Wife's Phone No. _____
Job Title _____
Name of Employer _____
Payroll Address _____

Husband

Husband's Phone No. _____
Job Title _____
Name of Employer _____
Payroll Address _____

Name of Attorney: _____
Attorney Phone No. _____

Name of Attorney: _____
Attorney Phone No. _____

12/24/26/52

Paychecks per year

12/24/26/52

Prior year Gross Income _____

Year-to-Date Income _____

**MONTHLY
INCOME**

	Wife	Husband
Average Salary or Hourly Wages	_____	_____
Overtime (Average)	_____	_____
Bonuses (Received annually divided by 12)	_____	_____
Pension/Retirement	_____	_____
Social Security/S.S.I.	_____	_____
Unemployment/ Worker's Compensation	_____	_____
Veterans' Benefits/Armed Forces Allotment	_____	_____
Spousal Support Received	_____	_____
Rental Income	_____	_____
Interest/Trust Income	_____	_____
Dividends	_____	_____
Self-Employed (Adj. Gross Income)	_____	_____
Other Income	_____	_____
<i>SUB TOTAL</i>	_____	_____
State Source	_____	_____
ADC/General Relief	_____	_____
Food Stamps	_____	_____
Disability	_____	_____
Child Support Received	_____	_____
TOTAL OF ALL INCOME	_____	_____

MONTHLY DEDUCTIONS FROM PAYCHECK

	Wife	Husband
Court Ordered Child Support	_____	_____
Court Ordered Spousal Support	_____	_____
Federal Income Tax	_____	_____
State Income Tax	_____	_____
City Income Tax	_____	_____
Social Security/Public Retirement	_____	_____
Union Dues	_____	_____
Charity	_____	_____
Pension/Retirement Account	_____	_____

Credit Union Savings	_____	_____
Bonds, Stock Purchase	_____	_____
Medical Insurance	_____	_____
Life/ Disability Insurance	_____	_____
Other (state reason)	_____	_____
TOTAL MONTHLY DEDUCTIONS	_____	_____

Child Care Expenses for **WORK ONLY** _____

Court Ordered Child/Spousal Support not deducted _____

Insurance available for children through employer? _____/month _____/month
 Out of pocket expense to add children to insurance _____/month _____/month

CURRENT MONTHLY EXPENSES

	YOURSELF	CHILDREN
FOOD:		
Groceries	_____	_____
Restaurant	_____	_____
School Lunch	_____	_____
HOUSING:		
First Mortgage/ Rent	_____	
Second Mortgage/ Home Equity	_____	
Taxes	_____	
Insurance	_____	
Maintenance	_____	
Lawn Care	_____	
UTILITIES:		
Electric	_____	
Gas	_____	
Fuel Oil	_____	
Sewer/Water	_____	
Telephone	_____	
Garbage	_____	
Cable/ Internet	_____	
MEDICAL: Out-of-Pocket		
Doctor	_____	_____
Dentist	_____	_____
Drugs	_____	_____

Counseling	_____	_____
Optical	_____	_____
Orthodontist	_____	_____
TRANSPORTATION:		
Car Loan/ Lease	_____	_____
Car Insurance	_____	_____
Gasoline	_____	_____
Maintenance	_____	_____
Parking	_____	_____
School Bus	_____	_____
CLOTHING:		
Regular	_____	_____
Special	_____	_____
INSURANCE:		
Life	_____	_____
Health	_____	_____
Disability	_____	_____
Pers. Prop.	_____	_____
ENRICHMENT:		
Entertainment	_____	_____
Lessons	_____	_____
Sports	_____	_____
Clubs	_____	_____
Hobbies	_____	_____
Vacation	_____	_____
Magazines	_____	_____
EDUCATION:		
Tuition	_____	_____
Books	_____	_____
Fees	_____	_____
Tutor	_____	_____
Activities	_____	_____
MISC/PERSONAL:		
Gifts	_____	_____
Cable	_____	_____
Newspaper	_____	_____
Barber/Beautician	_____	_____
Misc.(identify)	_____	_____
Veterinarian	_____	_____
SUB TOTAL	_____	_____

