

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

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

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

Judge \_\_\_\_\_

Vs./And

Magistrate \_\_\_\_\_

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

**Schedule C  
(Modification Actions)**

**AFFIDAVIT OF INCOME  
AND EXPENSES**

STATE OF OHIO, COUNTY OF WOOD, SS:

Now comes \_\_\_\_\_, Affiant, and having been duly sworn, states:

**MONTHLY INCOME**

	<b>Current</b>	<b>Prior Order</b>
Employer _____		
Salaried _____ Hourly _____		
Gross Earnings _____	_____	_____
Net Earnings _____	_____	_____
Other Income from _____	_____	_____
Other Income from _____	_____	_____
(Include child/spousal support and part-time income.)		

**MONTHLY EXPENSES**

Food	_____	_____
Heat (Budget)	_____	_____
Electric (Budget)	_____	_____
Water	_____	_____
Telephone	_____	_____
Clothing (Self)	_____	_____
Clothing (Children)	_____	_____
School Tuition	_____	_____
Auto gas, repair transport	_____	_____
Unreimbursed Medical, dental, etc.	_____	_____
Medical Insurance	_____	_____
Life Insurance (Self)	_____	_____
Life Insurance (Children)	_____	_____
Property Insurance	_____	_____

**MONTHLY EXPENSES (continued)**

	<b>A</b>	<b>B</b>
Cable	_____	_____
Auto Insurance	_____	_____
Home Maintenance	_____	_____
Laundry/Dry Cleaning	_____	_____
Entertainment/Incidentals	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____
Monthly Rent and/or Mortgage Payment	_____	_____
Taxes Assess., etc.	_____	_____
Car Payment	_____	_____
Car Payment	_____	_____
Loan	_____	_____
Loan	_____	_____
Other	_____	_____
Other	_____	_____
<b>TOTAL MONTHLY EXPENSES</b>	=====	=====

Affiant states that the information contained herein is complete and accurate to the best of his/her information, knowledge or belief under penalty of law. Further Affiant certifies that (s)he has caused a copy hereof to be mailed or delivered to the other party and counsel at the time of filing same with the Court.

\_\_\_\_\_

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

\_\_\_\_\_  
Notary Public  
My commission expires \_\_\_\_\_