

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

DOB: _____

Plaintiff/Petitioner 1

vs./and

DOB: _____

Defendant/Petitioner 2

CASE NO. _____

JUDGE _____

MAGISTRATE _____

**SCHEDULE A
(Original Actions)**

**AFFIDAVIT OF INCOME AND
EXPENSES**

STATE OF OHIO, COUNTY OF WOOD, SS:

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

Date of Marriage: _____
Date of Separation: _____
Is Party Pregnant? _____

Place of Marriage: _____
Maiden Name: _____
Restore to Former Name? _____

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

Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____

Unemancipated child(ren) from prior relationship? _____ How many? _____

_____ Your Name		_____ Spouse's Name
_____	Home Phone No.	_____
_____	Email Address	_____
_____	Job Title	_____
_____	Name of Employer	_____
_____	Payroll Address	_____
_____		_____
_____	Name of Attorney	_____
_____	Attorney Phone No.	_____

12/24/26/52	Paychecks Per Year	12/24/26/52
\$ _____	Year-to-date Income	\$ _____
\$ _____	Prior Year Gross Income	\$ _____
\$ _____	Annual Income	\$ _____

MONTHLY INCOME

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

MONTHLY DEDUCTIONS FROM PAYCHECK

	_____ Your Name	_____ Spouse's Name
Court Ordered Child Support	_____	_____
Federal Income Tax	_____	_____
State Income Tax	_____	_____
City Income Tax	_____	_____
School Tax	_____	_____
Social Security/Public Retirement	_____	_____
Union Dues	_____	_____
Charity	_____	_____
Pension/Retirement Account Savings	_____	_____

Bonds/Stock Purchase	_____	_____
Medical Insurance	_____	_____
Life/Disability Insurance	_____	_____
Other: (Medicare)	_____	_____
TOTAL MONTHLY DEDUCTIONS:	=====	=====

OTHER ALLOWABLE DEDUCTIONS

Child Care Expenses for **WORK ONLY:** _____
 Court Ordered Spousal Support: Current spouse: _____ Prior Spouse: _____

Insurance Available for child(ren) through employer? **YES** **NO**
 Your cost for insurance: _____/month _____/month

CURRENTLY 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	_____	_____
Personal Property	_____	_____
ENRICHMENT:		
Entertain	_____	_____
Lessons	_____	_____
Sports	_____	_____
Clubs	_____	_____
Hobbies	_____	_____
Vacation	_____	_____
Magazines	_____	_____
EDUCATION:		
Tuition	_____	_____
Books	_____	_____
Fees	_____	_____
Tutor	_____	_____
Activities	_____	_____
MISCELLANEOUS/PERSONAL:		
Gifts	_____	_____
Cable	_____	_____
Newspaper	_____	_____
Barber/Beautician	_____	_____
Toiletries	_____	_____
Veterinarian	_____	_____
Laundry	_____	_____
SUBTOTAL	_____	_____
ADDITIONAL LONG TERM EXPENSES		
Installment/Credit Card Debt	MONTHLY	BALANCE
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
Student Loan	_____	_____
Promissory Note	_____	_____
SUBTOTAL LONG TERM		
MONTHLY EXPENSES	_____	_____
TOTAL ALL MONTHLY EXPENSES	=====	=====

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 at the time of filing same with the Court.

Your Signature

Sworn to before me and subscribed in my presence, this _____ day of _____, 20____.

Notary Public