

IN THE ALLEN COUNTY COMMON PLEAS COURT, JUVENILE DIVISION

CASE NO.: _____

(Plaintiff)

V.

(Defendant)

CHILD SUPPORT AFFIDAVIT

OF _____

(Name of Affiant)

EMPLOYMENT & OTHER INCOME *

OTHER INCOME

AFFIANT'S PLACE(S) OF EMPLOYMENT _____

CHILD SUPPORT _____

ALIMONY _____

PAID: WKLY BI-WKLY

SOCIAL SECURITY _____

MONTHLY BI-MONTHLY (CHECK ONE)

PUBLIC ASSISTANCE _____

OTHER _____

NET PAY/PERIOD _____

GROSS PAY/PERIOD _____

*Attach supporting documentation, including copies of pay stubs and your most recent U.S. income tax return

CHILDREN

Number of Minor Children of Affiant _____

Number in Custody of Affiant _____

Number in Custody of Another Person _____

Child Support Received By This Affiant _____

Child Support Paid By This Affiant _____

HEALTH AND INSURANCE

Is Health Insurance Coverage For The Child Available Through Your Employer? Yes No

Are you Providing Health Insurance Coverage For The Child? Yes No

Costs To You To Maintain Coverage: _____

Medical Problems or Other Special Needs Of The Children: _____

ASSETS
CURRENT MONETARY ASSETS

Checking Account \$ _____

Savings Account \$ _____

Cash on Hand \$ _____

OTHER ASSETS

RESIDENCE

Current Value \$ _____

Outstanding Mortgage Debt

\$ _____

MOTOR VEHICLES

Year _____ Make _____ Model _____

Current Value \$ _____ Debt Owed \$ _____

Year _____ Make _____ Model _____

Current Value \$ _____ Debt Owed \$ _____

MONTHLY EXPENSES

ITEM

AMOUNT

Rent/Mortgage \$ _____

Heat \$ _____

Electric \$ _____

Telephone \$ _____

Water \$ _____

Clothing \$ _____

Groceries \$ _____

Insurance \$ _____

Gasoline \$ _____

Medical, Etc. \$ _____

Car Payment \$ _____

Other \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____

STATE OF OHIO
COUNTY OF ALLEN

_____ being first duly sworn says that the above statements are true.

Signature of Affiant

Sworn before me this _____ day of _____, _____.

Notary Public