

**EXHIBIT A**

**IN THE COURT OF COMMON PLEAS OF GUERNSEY COUNTY, OHIO**

\_\_\_\_\_  
(Plaintiff/Petitioner)

Vs.

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
(Defendant/Petitioner)

**FINANCIAL AFFIDAVIT ORIGINAL ACTIONS (DR1)**

\_\_\_\_\_ (Affiant) being duly sworn says:

**PART A – CASE INFORMATION**

	<b>PLAINTIFF/PETITIONER</b>	<b>DEFENDANT/PETITIONER</b>
FULL NAME		
Address		
Telephone		
DOB		
Date/Place of Marriage		
Number of Marriage(s)		

**PART B – ANNUAL INCOME**

	<b>PLAINTIFF/ PETITIONER</b>	<b>DEFENDANT/ PETITIONER</b>
Employer/Income Source		
Employer Address		
Gross Annual Income		
Gross annual overtime/bonuses		
Gross annual unemployment benefits		
Gross annual worker's compensation		
Gross annual interest of dividends		
Other		
<b>TOTAL GROSS ANNUAL INCOME</b>		
Income tax actually paid out		
F.I.C.A.		
Mandatory retirement plan		
Union dues		
<b>TOTAL ANNUAL DEDUCTIONS</b>		
<b>TOTAL NET ANNUAL INCOME</b>		

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**PART C - DEPENDENT INFORMATION**

List each minor child of this marriage with DOB of each child.

DO NOT INCLUDE CHILDREN NOT OF THIS ACTION OR STEP CHILDREN.

<b>Child's name</b>	<b>Date of Birth</b>	<b>SSN</b>	<b>Where Child Resides</b>

**PART D - ACTUAL EXPENSES PER MONTH**

	<b>Plaintiff / Petitioner</b>	<b>Defendant / Petitioner</b>
1. Housing		
2. Utilities		
3. Insurance		
a. Auto		
b. Life		
c. Health		
4. Uninsured medical/dental		
5. Clothing		
6. Groceries/household sup		
7. Transportation		
8. Work-related child care		
9. Child support paid out		
10. Ex-spouse support paid		
11. Loans/Creditors		
<b>TOTAL MONTHLY EXPENSES</b>		

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**PART E - ASSETS**

List all assets owned by each party-marital or separate property

<b>Description</b>	<b>Owned by</b>	<b>Value</b>
Cash and Funds on Deposit (do not use account numbers)		
Real property Address:		
Tangible Personal Property: (Include all titled vehicles; household goods and furnishings)		
Pensions, profit-sharing plans, I.R.A.s		
Stocks, bonds and other securities		
Other:		
Other:		



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**PART G - GROUP HEALTH INSURANCE FOR MINOR CHILDREN**

If minor children are involved in this action; answer the following questions about availability, cost and coverage for the minor children.

If no minor children do not complete Part G.

<b>Insurance</b>	<b>Plaintiff/Petitioner</b>		<b>Defendant/Petitioner</b>	
Available through employer	Yes	No	Yes	No
Available non employer	Yes	No	Yes	No
<b>Name/address Insurance Co</b>				
Group Policy Number				
Cost to you per year				
<b>Summarize benefits</b>				
Deductibles				
Co-payment				
HMO				
Comprehensive				
Major medical				
Dental				
Optical				
Other				

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

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

\_\_\_\_\_  
Notary Public

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

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

\_\_\_\_\_  
Notary Public