

**In the Court of Common Pleas
Guernsey County, Ohio
Domestic Division**

(Plaintiff/Petitioner)

vs.

CASE NO. _____

(Defendant/Petitioner)

FINANCIAL AFFIDAVIT ORIGINAL ACTIONS (DR1)

_____ (Affiant) being duly sworn says:

PART A – CASE INFORMATION

	PLAINTIFF/PETITIONER 1	DEFENDANT/PETITIONER 2
FULL NAME		
Address		
Telephone		
DOB		
Date/Place of Marriage		
Number of Marriage(s)		

PART B – ANNUAL INCOME

	PLAINTIFF/ PETITIONER	DEFENDANT/ PETITIONER
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		
TOTAL GROSS ANNUAL INCOME		
Income tax actually paid out		
F.I.C.A.		
Mandatory retirement plan		
Union dues		
TOTAL ANNUAL DEDUCTIONS		
TOTAL NET ANNUAL INCOME		

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.

Child's name	Date of Birth	SSN	Where Child Resides

PART D - ACTUAL EXPENSES PER MONTH

	PLAINTIFF/PETITIONER 1	DEFENDANT/PETITIONER 2
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		
TOTAL MONTHLY EXPENSES		

PART E - ASSETS

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

Description	Owned By:	Value
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:		

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.

Insurance	Plaintiff/Petitioner 1	Defendant/Petitioner 2
Available through Employer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Available Non Employer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Insurance Company		
Address of Insurance Co.		
Group Policy Number		
Cost to you per year		
Summarize Benefits		
Deductibles		
Co-Payments		
HMO		
Comprehensive		
Major Medical		
Dental		
Optical		
Other		

Plaintiff/Petitioner 1

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

Notary Public

Defendant/Petitioner 2

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

Notary Public