

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

_____	:	Case Number
Plaintiff/Petitioner	:	
vs/and	:	Judge
	:	Magistrate
_____ ,	:	<b><u>DELAWARE COUNTY COURT FORM 4:</u></b>
Defendant/Petitioner	:	<b><u>AFFIDAVIT IN SUPPORT OF OR IN</u></b>
	:	<b><u>OPPOSITION TO MOTION TO</u></b>
	:	<b><u>MODIFY ORDERS</u></b>
	:	

(FORM 4: FOR USE IN ALL MOTIONS TO MODIFY SUPPORT, MOVING PARTY; AND, BY RESPONDING PARTY AS COUNTER AFFIDAVIT. LIST (EX)-WIFE'S INFORMATION FIRST, (EX)-HUSBAND'S SECOND, WHENEVER TWO LINES PER QUESTION)

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STATE OF OHIO  
COUNTY OF DELAWARE, ss:

Now comes \_\_\_\_\_, the Petitioner/Plaintiff/Defendant herein, and being duly sworn under penalty of perjury states as follows:

**I. PERSONAL INFORMATION**

1. Date of Divorce or Dissolution: \_\_\_\_\_
2. Date Support Last Set Herein: \_\_\_\_\_
3. Minor Children of this marriage:

<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Year in</u>
<u>School</u>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Age and date of birth: Ex-Wife: \_\_\_\_\_ Ex-Husband: \_\_\_\_\_

5. Social Security Number: Ex-Wife: \_\_\_\_\_ Ex-Husband: \_\_\_\_\_

6. Address of Ex-Wife: \_\_\_\_\_ Address of Ex-Husband: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. INCOME INFORMATION**

(NOTE: Self-Employed persons shall complete Page 3 of this Form.)

7. Employer's Name and Address:

Wife:

Husband:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee ID Number, if any:

\_\_\_\_\_

Position:

\_\_\_\_\_

Shift Hours Worked:

\_\_\_\_\_

Length of Employment:

\_\_\_\_\_

Pay Period:

\_\_\_\_\_

Amount of Hourly Rate or  
Other Manner of Payment:

\_\_\_\_\_

Gross Pay Per Pay Period:

\_\_\_\_\_

Net Pay Per Pay Period:

\_\_\_\_\_

Deductions Per Pay other  
than those required by law  
for taxes, Social Security,  
etc.

\_\_\_\_\_  
\_\_\_\_\_

Annual Gross Income:

\_\_\_\_\_

Monthly Net Income:

\_\_\_\_\_

8. Other Sources of Income and Amount:

\_\_\_\_\_

Attach copies of a recent pay stub and also W-2's for the most recent year available.

**II (a). SELF-EMPLOYMENT INCOME INFORMATION:**

7(a). Name and Address of Place of Self-Employment:

Wife's:

Husband's:

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Title:

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Length of self-employment:

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Pay Period:

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Nature of Compensation:  
(Fixed salary, commissions,  
salary/commissions, etc.)

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Gross Pay Per Pay Period:

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Net Pay Per Pay Period:

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Annual Gross Income:

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Annual Net Income:

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Monthly Gross Income:

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Monthly Net Income:

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8(a). Other Sources of Income, Frequency of Receipt and Amount:

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COPIES OF THE FOLLOWING SHALL BE ATTACHED TO THIS FORM, IF AVAILABLE:

Most recent pay stub; monthly gross income figures for the past six (6) months; monthly itemized expenses for the past six (6) months; income and itemized expenses for the prior calendar year, with verification thereof, or, complete copy of Federal Tax Return for the prior calendar year.

**III. DEBTS and EXPENSES**

9. Complete for each debt of the parties:

<u>Creditor's Name</u>	<u>Purpose of Debt or Collateral</u>	<u>Balance</u>	<u>Monthly Payment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Complete for each debt of the Ex-Husband:

<u>Creditor's Name</u>	<u>Purpose of Debt or Collateral</u>	<u>Balance</u>	<u>Monthly Payment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Expenses (Do not list any debt payments covered above, list amounts on a monthly basis):

	<u>Wife:</u>	<u>Husband:</u>
Rent/Mortgage	_____	_____
Real estate taxes	_____	_____
Real estate insurance	_____	_____
Gas, fuel oil (heat)	_____	_____
Electric	_____	_____
Water, sewer	_____	_____
Phone – base rate	_____	_____
Phone – long distance	_____	_____
Cable TV	_____	_____
Garbage collection	_____	_____
Auto operating expense	_____	_____
Auto maintenance	_____	_____
Auto insurance	_____	_____

Food and groceries	_____	_____
Clothing	_____	_____
Dry cleaning, laundry	_____	_____
Medical Insurance	_____	_____
Life insurance	_____	_____
School lunches	_____	_____
School expenses	_____	_____
Newspapers/magazines	_____	_____
Gifts	_____	_____
Church	_____	_____
Barber	_____	_____
Meals out	_____	_____
Repairs / Upkeep	_____	_____
Pet food, supplies, vet	_____	_____
Other	_____	_____
Other	_____	_____
<b>TOTAL DEBTS AND EXPENSES:</b>	<b>_____</b>	<b>_____</b>

**V. Child Support Calculation Information:**

12. Alimony paid to a former spouse:

Ex-Wife:

Ex-Husband:

\_\_\_\_\_

13. Child Support Paid for Other Children:

14. Number of Other Children of the Party Living with the Party:

15. Amount of Support Received for Said Children:

\_\_\_\_\_

16. Cost of Health Insurance That Covers the Children Involved in this Case:

\_\_\_\_\_

17. Amount of Work-Related Child Care Spent:

\_\_\_\_\_

18. Amount of Tax Credit for Work-Related Child Care:

\_\_\_\_\_

\_\_\_\_\_  
AFFIANT

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

\_\_\_\_\_  
NOTARY PUBLIC

**VI. CHILD SUPPORT CALCULATION:**

(Complete Parts 19 and 20, or 19, 20 and 21 as

applicable) Gross Annual Income: \_\_\_\_\_

Less Child Support Paid: \_\_\_\_\_

Less Support for Other Dependents: \_\_\_\_\_

Less Health Insurance: \_\_\_\_\_

Less Alimony Paid: \_\_\_\_\_

Adjusted Annual Income: \_\_\_\_\_

Total Combined Adjusted Annual Incomes: \_\_\_\_\_