



## II. INCOME INFORMATION

(NOTE: Self-Employed persons shall complete Page 2-a of this Form.)

### 7. Employer's Name and address:

Wife:

Husband:

Employee ID#, 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:

Wife:

Husband:

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:

Husband:

Title:

Length of self-employment:

Pay Period:

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

Gross Pay Per Pay Period:

Net Pay Per Pay Period:

Annual Gross Income:

Annual Net Income:

Monthly Gross Income:

Monthly Net Income:

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

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. ASSETS

**9. Real Estate - [Marital residence \(other real estate listed on page 3-a\)](#):**

Address:

Brief description:

Date and price of acquisition:

Current value:

Balance Due on Mortgage/Mortgages:

**10. Motor Vehicles:**

<u>Year and Make of Vehicle</u>	<u>Whose Possession</u>	<u>Title In Name of</u>	<u>Value</u>
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**11. Other Tangible Personal Property:**

**12. Checking Accounts:**

<u>Name of Bank</u>	<u>Name(s) on account</u>	<u>Approximate / Estimated Balance</u>
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**13. Savings Accounts:**

<u>Name of Bank</u>	<u>Name(s) on account</u>	<u>Approximate / Estimated Balance</u>
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**14. Other banking assets, certificates of deposit, etc.**

**9. Real Estate: Other Real Estate / Investment Properties:**

a) Address:

Brief description:

Date and price of acquisition:

Current value:

Balance due on mortgage(s):

Rental income:

b) Address:

Brief description:

Date and price of acquisition:

Current value:

Balance due on mortgage(s):

Rental income:

c) Address:

Brief description:

Date and price of acquisition:

Current value:

Balance due on mortgage(s):

Rental income:

d) Address:

Brief description:

Date and price of acquisition:

Current value:

Balance due on mortgage(s):

Rental income:

**15. Stocks and bonds:**

**16. Other investment assets:**

**17. Debtors:**

**18. Life insurance:**

**19. Retirement assets: Profit sharing, pension, IRA, 401(k), etc.:**

<u>Type of asset</u>	<u>Whose Name</u>	<u>Benefit</u>	<u>Value</u>
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**20. Health insurance: Briefly describe the type of coverage, who is covered, and the cost of any health, dental, optical, prescription drug, etc. insurance.**

**21. Other employment benefits:**

**22. Other: Briefly describe any possible inheritances, assets of the child(ren), etc., or provide any other information that you feel is relevant to the court with respect to property:**

**IV. DEBTS and EXPENSES**

**23. 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>	<u>Being Paid By</u>
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**24. Expenses (Do not list any debt payments covered above, list amounts on a monthly basis):**

Wife:

Husband:

- Rent / Mortgage
- Real estate taxes
- Real estate insurance
- Gas, fuel oil (heat)
- Electric
- Water, sewer
- Phone - base rate & long distance
- Cable TV
- Garbage collection
- Auto operating expense
- Auto maintenance
- Auto insurance
- Food and groceries / meals out
- Clothing
- Dry cleaning, laundry
- Medical expenses
- Life insurance
- Professional fees
- Travel – business and family
- Entertainment
- Personal
- Household / Supplies
- Gifts
- Other

TOTAL DEBTS and EXPENSES:

**V. CHILD SUPPORT CALCULATION INFORMATION**

**25. Alimony paid to a former spouse:**

Paid by Wife:                      Paid by Husband:

**26. Child Support Paid for Other Children:**

Paid by Wife:                      Paid by Husband:

**27. Number of Other Children of the Party Living With the Party:**

Wife:                      Husband:

**28. Amount of Support Received for Said Children**

Wife:                      Husband:

**29. Cost of Health Insurance That Covers the Children Involved in This Case:**

Wife:                      Husband:

**30. Amount of Work-Related Child Care Spent:**

Wife:                      Husband:

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

Wife:                      Husband:

\_\_\_\_\_  
AFFIANT –

Sworn to and subscribed by                      before me this                      day of                      , 2004.

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

**VI. CHILD SUPPORT CALCULATION: (SEE ATTACHED)**

(Complete Parts 32 and 33, or 32, 33 and 34 as applicable)

Wife:

Husband:

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:

**32. Support for child(ren) in Wife's Custody:**

Basic Child Support Obligation (from table):

Plus Child Care Expenses Net of Tax Credit:

Total Support Obligation:

Husband's Percentage:

Husband's Share Per Year  
(Multiply Above Two Lines):

Husband's Share Per Year Per Child:

Husband's Share Per Week Per Child:

**33. Support for Child(ren) in Husband's Custody:**

Basic Child Support Obligation (from table):

Plus Child Care Expenses Net of Tax Credit:

Total Support Obligation:

Wife's Percentage:

Wife's Share Per Year (multiply above two lines):

Wife's Share Per Year Per Child:

Wife's Share Per Week Per Child:

**34. Split Custody Calculation:**

Husband's Share of Support Per Year (from above):

Wife's Share of Support Per Year (from above):

Net Support to be Paid Per Year By:

Net Support to be Paid Per Year Per Child:

Net Support to be Paid Per Week Per Child:

This Form was prepared by \_\_\_\_\_, Attorney at Law.

\_\_\_\_\_  
Signature of Preparing Attorney

Ohio Supreme Court Registration No.