

IN THE COURT OF COMMON PLEAS, DELAWARE COUNTY, OHIO

_____ ,	:	Case Number
Plaintiff	:	Judge
vs,	:	Magistrate
_____ ,	:	<u>FORM 2: AFFIDAVIT IN SUPPORT</u>
Defendant	:	<u>OF TEMPORARY ORDERS, PRE-</u>
		<u>TRIAL STATEMENT</u>

(FORM 2: FOR USE IN ALL INITIAL DIVORCE CASES WITH NO MINOR CHILDREN, BY PLAINTIFF; AND, BY DEFENDANT, AS COUNTER AFFIDAVIT. LIST WIFE'S INFORMATION FIRST, HUSBAND'S SECOND, WHENEVER TWO LINES PER QUESTION)

STATE OF OHIO
COUNTY OF DELAWARE, ss:

Now comes _____ the _____, herein and being
duly sworn under penalty of perjury state as follows:

I. PERSONAL INFORMATION

- 1. **Date of marriage:** _____
- 2. **Date of separation:** _____
- 3. **Age and date of birth:** Wife: _____ Husband: _____
- 4. **Social Security Number:** Wife: _____ Husband: _____

5. Address of Wife:	Address of 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: _____

7. 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:

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

Wife's:

Husband's:

Title:

Length of self-employment:

Pay Period:

Amount of Hourly Rate or
Other Manner of Payment:

Gross Pay Per Pay Period:

Net Pay Per Pay Period:

Annual Gross Income:

Monthly Net Income:

7(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

8. Real Estate:

Address: _____
Brief description: _____
Date and price of acquisition: _____
Current value: _____
Balance Due on Mortgage/Mortgages: _____

9. Motor Vehicles:

<u>Year and Make of Vehicle</u>	<u>Whose Possession</u>	<u>Title In Name of</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Other Tangible Personal Property:

NOTE: Before the pretrial, exchange with the other party a list of items in the possession of the other party which you want or for which you want a credit and state the amount of the credit. Bring those lists with you to Pretrial.

11. Checking Accounts:

<u>Name of Bank</u>	<u>Name(s) on account</u>	<u>Approximate / Estimated Balance</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

12. Savings Accounts:

<u>Name of Bank</u>	<u>Name(s) on account</u>	<u>Approximate / Estimated Balance</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

13. Other Banking Assets, Certificates of Deposit, etc.

<u>Name of Bank</u>	<u>Name(s) on account</u>	<u>Approximate / Estimated Balance</u>
_____	_____	\$ _____
_____	_____	\$ _____

14. Stocks and Bonds:

_____	_____	\$ _____
_____	_____	\$ _____

15. Other Investment Assets:

_____	_____	_____
_____	_____	_____

16. Debtors:

_____	_____	_____
_____	_____	_____

17. Life Insurance:

<u>Issuing Company</u>	<u>Insured</u>	<u>Face Amount</u>	<u>Cash Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. Retirement Assets: Profit Sharing, Pension, IRA, 401(k), etc.:

<u>Type of asset</u>	<u>Whose Name</u>	<u>Benefit</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____

19. Health Insurance: Briefly describe the type of coverage, who is covered, and the cost of any health, dental, optical, prescription drug, etc. insurance.

20. Other Employment Benefits:

21. 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

22. Complete for each debt of the parties:

<u>Creditor's Name</u>	<u>Purpose of Debt or Collateral</u>	<u>Approximate Balance</u>	<u>Monthly Payment</u>
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23. 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	_____	_____
Newspapers/magazines	_____	_____
Gifts	_____	_____
Church	_____	_____
Barber	_____	_____
Meals out	_____	_____
Repairs / Upkeep	_____	_____
Pet food, supplies, vet	_____	_____
Entertainment	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
TOTAL DEBTS AND EXPENSES:	_____	_____

Affiant –

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

Notary Public