

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

_____ :

Petitioner/Plaintiff, : JUDGE RANDALL D. FULLER

vs. : Case No. _____

_____ :

Petitioner/Defendant. :

PARENTING SUPPLEMENTAL INFORMATION AFFIDAVIT

Child's Name:	Child's Name:
DOB:	DOB:
School Attended:	School Attended:
Child's Name:	Child's Name:
DOB:	DOB:
School Attended:	School Attended:
Petitioner/Plaintiff's Residence School District:	Petitioner/Defendant's Residence School District:
Other children of Petitioner/Plaintiff who reside with the party:	Other children of Petitioner/Defendant who reside with the party:
Other children for whom Petitioner/Plaintiff pays child support:	Other children for whom Petitioner/Defendant pays child support:
Amount paid:	Amount paid:

Work-related Day Care Paid by Petitioner/Plaintiff Day Care Provider: Cost (per week/month)	Work-related Day Care Paid by Petitioner/Defendant Day Care Provider: Cost (per week/month)
Cost of Health Insurance Coverage Paid For by Petitioner/Plaintiff Family Coverage Cost: Single Employee Cost:	Cost of Health Insurance Coverage Paid For by Petitioner/Defendant Family Coverage Cost: Single Employee Cost:

The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.

Your Signature