

**IN THE FRANKLIN COUNTY COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS AND JUVENILE BRANCH**

Plaintiff/Petitioner 1		Case No. _____
v./and		Judge _____
Defendant/Petitioner 2		Magistrate _____

Instructions: This affidavit is required pursuant to Local Domestic Rule 23 and Juvenile Rule 10 when an action requesting to establish child support or to modify child support is filed. This affidavit is used to make disclosure of income for those who have an obligation to support the minor child(ren), along with other child support related expenses. This affidavit does not replace the requirement for proof to be provided at the time of hearing. Do not leave any category blank. Write "none" or "0" where appropriate. If you do not know exact figures for any item, give your best estimate and put "EST." If you need more space, add additional pages.

AFFIDAVIT OF CHILD SUPPORT RELATED INFORMATION AND EXPENSES

Affidavit of _____
(Print Your Name)

SECTION I - YOUR CURRENT CHILD SUPPORT ORDER

I am the: **Obligor** (I pay child support) **Obligee** (I receive child support) **Neither**

Date of the current child support order: _____ Total amount of current child support order: _____

Is the current order deviated from the guideline support worksheet? **Yes** **No**.

Amount of deviation: _____ Date Findings of Fact were filed (if any): _____

What is the date your current parenting time order was filed? _____

For your current parenting time order, how many overnights do you have per year?* _____
Please use your current **parenting time order and not the number of overnights that are being exercised.*

SECTION II - YOUR INCOME AND EMPLOYMENT

A. <u>YOUR EMPLOYMENT</u>	CURRENT	<i>(if requesting a modification)</i> AT TIME OF LAST ORDER
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	_____	_____
Payroll address	_____	_____
Payroll city, state, zip	_____	_____
Scheduled paychecks per year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52

B. YOUR YEARLY OVERTIME, COMMISSIONS AND BONUSES FOR PAST THREE YEARS

Yearly overtime, commissions and/or bonuses	\$	_____ 3 years ago
	\$	_____ 2 years ago
	\$	_____ Last year

C. YOUR SELF-EMPLOYMENT INCOME FOR LAST THREE YEARS

Self Employment Income for the prior three years (minus your ordinary and necessary business expenses; these expenses must be provided in detail at the time of trial)

\$ _____	3 years ago
\$ _____	2 years ago
\$ _____	Last year

D. COMPUTATION OF YOUR ANNUAL INCOME

(if requesting a modification)

	CURRENT	AT TIME OF LAST ORDER
Base yearly income	\$ _____	\$ _____
Average yearly overtime, commissions and/or bonuses over last 3 years (from part B)	\$ _____ <i>From part B above.</i>	\$ _____ <i>From prior Support Calculation.</i>
Average yearly self employment income for the prior three years minus your ordinary and necessary business expenses	\$ _____ <i>From part C above.</i>	\$ _____ <i>From prior Support Calculation.</i>
Unemployment compensation	\$ _____	\$ _____
<u>Disability benefits</u>		
<input type="checkbox"/> Workers' Compensation		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
<u>Retirement benefits</u>		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Annual spousal support actually received (to include payments on arrearages)	\$ _____	\$ _____
Interest and dividend income (source)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other income (type and source)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

E. YOUR ADDITIONAL ANNUAL BENEFITS

Supplemental Security Income (SSI) or public assistance received by you or the children	\$ _____	\$ _____
Other means-tested benefits	\$ _____	\$ _____

SECTION III – CHILDREN AND HOUSEHOLD RESIDENTS

A. MINOR AND/OR DEPENDENT CHILD(REN) WHO ARE SUBJECT TO THIS SUPPORT ORDER

Name	Date of birth	Name	Date of birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. ADDITIONAL MINOR CHILDREN NOT SUBJECT TO THIS SUPPORT ORDER

In addition to the above children, please list your biological or adopted children (1) living in your home, or (2) living outside of your home and who you have a legal duty to support (this does not include step-children or children that may live with you that are not your biological children and are not adopted). If you are a third party seeking a support order, then list the requested biological or adopted children of the parents who live in their home or for who they have a legal duty to support.

Name	Date of birth	Name	Date of birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

You will be required to provide documentation at the time of hearing of this relationship by birth certificate (for children born during a current marriage), divorce decree, paternity registry, judicial order establishing paternity, or certificate of adoption.

SECTION IV – YOUR CURRENT MONTHLY EXPENSES RELATED TO CHILD SUPPORT

List the monthly expenses below for your present household.

A. YOUR WORK-RELATED CHILD CARE EXPENSES FOR CHILDREN SUBJECT TO THIS CHILD SUPPORT ORDER WHO ARE LISTED IN SECTION III(A) ABOVE

(complete documentation must be provided at time of hearing)

	Child's Name	Child's DOB	Provider name and address	Monthly Child Care Amount
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____
5.	_____	_____	_____	\$ _____
6.	_____	_____	_____	\$ _____

If more space is needed for minor or dependent children subject to this order, please add an additional sheet

B. YOUR HEALTH INSURANCE PREMIUMS PAID

These are premiums paid solely by you for insurance coverage for minor or dependent children who are subject to this order (complete documentation of premiums and children covered must be provided at time of hearing).

Insurance Type	Insurance Company	Number of Children Covered	Amount Paid MONTHLY
<input type="checkbox"/> Medical	_____	_____	\$ _____
<input type="checkbox"/> Dental	_____	_____	\$ _____
<input type="checkbox"/> Vision	_____	_____	\$ _____
<input type="checkbox"/> Other _____	_____	_____	\$ _____

C. SPOUSAL SUPPORT YOU PAID TO FORMER SPOUSE(S)

(Records of payments must be provided at time of hearing)

	Amount Paid
Total spousal support <u>actually paid</u> in the last 12 months (not including amounts paid towards arrearages)	\$ _____

D. YOUR MANDATORY WAGE DEDUCTIONS

DO NOT include taxes, social security, retirement benefits, deferred comp., health insurance related costs, flexible spending accounts, 401(K) loan repayment, parking, etc. (complete documentation must be provided at time of hearing).

Deduction Type	Description of Deduction	Amount Paid MONTHLY
<input type="checkbox"/> Union Dues	_____	\$ _____
<input type="checkbox"/> Uniform Expense	_____	\$ _____
<input type="checkbox"/> Other	_____	\$ _____

OATH

(Do not sign until a notary is present.)

I, (print name) _____, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

Sworn before me and signed in my presence this ____ day of _____, _____.

Notary Public
My Commission Expires: _____