

**COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
PORTAGE COUNTY, OHIO**

Judge:

JOSEPH GIULITTO

Magistrate:

_____ **Richard J. Badger**
_____ **Timothy D. Ludick**

FINANCIAL DISCLOSURE AFFIDAVIT

AFFIDAVIT OF:		CASE NO.:	
		DATE:	
PLAINTIFF/PETITIONER Name: Street: City, State, Zip: Birth Date: Telephone No.:	DEFENDANT/PETITIONER Name: Street: City, State, Zip: Birth Date: Telephone No.:		
Date of Marriage: _____ Date of Separation: _____	Date of Divorce Filing: _____ Date of Service: _____ Date of Answer/Counterclaim: _____		
MINOR CHILDREN OF THIS MARRIAGE: (Attach addendum if more than 4 children)			
NAME	BIRTH DATE	SEX	LIVING WITH

			Employer: _____ Address: _____ _____		
INCOME OF AFFIANT					
TYPE	MONTHLY	ANNUAL	DEDUCTIONS	MONTHLY	ANNUAL
Base pay	_____	_____	Social Security	_____	_____
Overtime	_____	_____	Medicare	_____	_____
Rent, Interest	_____	_____	Taxes (Federal, State, Local)	_____	_____
Dividends	_____	_____	Child Savings	_____	_____
Unemployment	_____	_____	Spousal support	_____	_____
SS/SSI Pension	_____	_____	Other (dues, etc.)	_____	_____
Public Asst.	_____	_____	Insurance	_____	_____
Bonus/Comm.	_____	_____			
Other	_____	_____			
TOTAL:	_____	_____	TOTAL:	_____	_____
NET: _____					
EXPENSES OF AFFIANT			MONTHLY AMOUNT	MONTHLY TOTAL	
Home Repair			_____		
Mortgage			_____		
Second Mortgage			_____		
Rent			_____		
Home Owner's Insurance (not included in mortgage)			_____		
Real Estate Taxes (not included in mortgage)			_____		
Utilities:					
Electric			_____		
Gas			_____		
Water, Sewer, Trash			_____		
Phone			_____		
Cable			_____		
Taxes			_____		
Other _____			_____	\$ _____	
Transportation:					
Auto Loan #1			_____		
Auto Loan #2			_____		
Car Repairs			_____		
Gas and Oil			_____		

Child Care Expenses Uninsured Health Care Expenses Food & Incidentals School Expenses Clothing: Self Children Miscellaneous	Monthly Payment _____ _____ _____ _____ _____ _____	\$ _____
Insurance & Other: Medical Insurance Dental Insurance Auto Insurance Life Insurance Cash Value / Life Insurance Other	_____ _____ _____ _____ _____	\$ _____

TOTAL MONTHLY EXPENSES: \$ _____

DEBTS

Debt Description	H / W Joint	Purpose	Balance	Monthly Payment	Secured/ Unsecured (S / U)	Equity
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____	_____
TOTAL DEBTS: \$ _____				TOTAL MONTHLY PAYMENTS \$ _____		

INSURANCE Carrier Name	Address	Policy Number	Annual Cost	Deductible
Health				
Dental				
Life				
Automobile				

ASSETS

Realty	Address	Title – Joint Husband/Wife	M=Married S=Separate	Present Value	Date Acquired	Equity	
Residence							
Other							
Personalty	Type/Name/Acct	Present Value	Date Acquired	Amount Owed	Equity	Title J/H/W	M/S
TOTAL VALUE: \$ _____				TOTAL EQUITY: \$ _____			
Type of Business	Location	Present Value	Date Acquired	Debt	Title J/H/W	M/S	Appr. Date
TOTAL: \$ _____							

Retirement Benefits	Name and Account No.	Value and Date	Loans	M=Married S=Separate
401K				
IRA				
Profit Sharing				
Private Pension				
Public Pension				
Deferred Comp.				
ESOP				
Other				
Other				
TOTAL: \$ _____				
SEPARATE PROPERTY				
Description	Owner	How Acquired	When Acquired	Value and Date
TOTAL : \$ _____				

QUESTIONS: (Attach explanations as necessary)

1. Has a tax analysis statement been considered and prepared for real estate, business, pension and spousal support evaluations? Yes _____ No _____
2. Has bankruptcy been considered? Yes _____ No _____
3. Do you intend to file for bankruptcy protection? Yes _____ No _____

4. Has any property been sold or transferred without consent or knowledge of spouse within 12 months of filing original package? Yes _____ No _____
5. Have any financial statements been prepared for any financial institutions within 12 months of filing original pleadings? Yes _____ No _____ (if so, please attached copy.)

NOTE:

THIS STATEMENT MUST BE FILED WITH THE COURT PURSUANT TO LOCAL RULE 11.

Attorney _____ Supreme Court Reg. No. _____ Street _____ City, State, Zip _____ Telephone No. _____

STATE OF OHIO)
) SS
 PORTAG COUNTY)

I, _____, being first duly sworn, state that the facts contained in this form are true based upon the information available to me at this time, under penalty of perjury.

 AFFIANT

SWORN TO BEFORE ME and subscribed in my presence, this _____
 day of _____, 20____.

 NOTARY PUBLIC