

In the Court of Common Pleas  
Domestic Relations Division  
Trumbull County, Ohio

Name: \_\_\_\_\_ :  
 Petitioner, :  
 : Judge \_\_\_\_\_  
 :  
 : Case No. \_\_\_\_\_  
 :  
 :  
 :  
 : -and- :  
 :  
 : **Wife**  
 : **Financial Affidavit for**  
 Name: \_\_\_\_\_ : **Child Support Worksheet**  
 Petitioner, :  
 :  
 :

I, \_\_\_\_\_ Petitioner, Wife, \_\_\_\_\_, state under oath that the following information is complete and accurate to the best of my information, knowledge and belief:

1. I am employed at \_\_\_\_\_.  
(include name and address)

2. My annual gross income is \_\_\_\_\_.

3. I earn \$\_\_\_\_\_ per hour/per week/per month and have \_\_\_\_\_ pay periods per year.  
(circle one) (number)

4.  I earn overtime, bonuses, and/or commissions and they have been as follows:  
 \$\_\_\_\_\_ 3 years ago  
 \$\_\_\_\_\_ 2 years ago  
 \$\_\_\_\_\_ last year  
 \$\_\_\_\_\_ average of above

5.  I am self-employed and below is the income/expense information:  
 a. \$\_\_\_\_\_ gross receipts from business  
 b. \$\_\_\_\_\_ ordinary and necessary business expenses  
 c. \$\_\_\_\_\_ 5.6% of adjusted gross income or actual marginal difference between the actual rate paid by me and the F.I.C.A. rate  
 d. \$\_\_\_\_\_ adjusted gross income (subtract the sum of b. and c. from a.)

6. \$\_\_\_\_\_ is my annual income from interest and dividends.
7. I receive unemployment compensation of \$\_\_\_\_\_ per week/per month.  
(circle one)
8. I receive workers' compensation, disability insurance benefits, or social security disability/retirement benefits of \$\_\_\_\_\_ **per week/per month.**  
(circle one)
9.  I am the biological or adoptive parent of \_\_\_\_\_ (number) of other minor child(ren) who live in my home and are not the children of my current husband. I receive \$\_\_\_\_\_ per month in court-ordered child support for these other minor child(ren).
10. I pay court-ordered spousal support in the amount of \$\_\_\_\_\_ per year to my former spouse.
11. I pay \_\_\_\_\_ in local income taxes in the amount of \$\_\_\_\_\_ **per year.** This is at a rate of \_\_\_\_\_% and it is paid to \_\_\_\_\_ (name of city/tax district).
12. I have mandatory work-related deductions such as union dues, uniform fees, etc. (not including taxes, social security or retirement) that total \$\_\_\_\_\_ **per year.**
13. I pay work-related, education-related, employment-training-related and/or day care expenses for the minor child(ren) of this marriage in the amount of \$\_\_\_\_\_ per year.
14. I pay out-of-pocket costs necessary to provide health insurance for my child(ren) from this marriage in the amount of \$\_\_\_\_\_ per year.
  - a. The cost to cover myself only is \$\_\_\_\_\_ **per week/per pay.**  
(circle one)
  - b. The family plan is \$\_\_\_\_\_ **per week/per pay.**  
(circle one)

\_\_\_\_\_  
Signature of Petitioner Wife

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_,

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