

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

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

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 wife. 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 Husband

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

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