

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

Name

Street Address

Case No.

City, State and Zip Code

Telephone No. – i.e. (111) 222 – 3333

Date of Birth – i.e. (11/05/2022)

Plaintiff/1st Petitioner

vs.

Affidavit of Income

Name

Street Address

Name of Affiant

City, State and Zip Code

Date of Marriage

Telephone No. – i.e. (111) 222 – 3333

Date of Separation

Date of Birth – i.e. (11/05/2022)

Defendant/2nd Petitioner

Note: This affidavit must be completed and exchanged in accordance with the Court's Local Rules in every action for divorce, dissolution, legal separation, annulment and post decree motions to modify support (child or spousal). Verifiable proof of income will be required pursuant to local rule and O.R.C. 3121. You are under a continuing legal obligation to update this form if you learn of any additional information. Attach additional page(s) if more space is required.

I. Income [As defined in O.R.C. 3119.01(C)]:

A. Gross Yearly Income from Employment

(If not known, please estimate. Put "EST" after each estimated figure.)

	Plaintiff/1st Petitioner				Defendant/2nd Petitioner			
Gross Yearly Employment Income								
Employer								
Address of Employer								
City, State, Zip								
Check the number of Paychecks per year	12	24	26	52	12	24	26	52
Year-to-date Gross Income			Through date of				Through date of	
Prior Year's Tax Refund								

B. Annual Overtime, Commissions, Bonuses

(If not known, please estimate. Put "EST" after each estimated figure.)

Plaintiff/1st Petitioner			Defendant/2nd Petitioner		
Year 3 is Most Recent Year	Base Income	Overtime, Commission, Bonuses	Year 3 is Most Recent Year	Base Income	Overtime, Commission, Bonuses
20 ____ Year 1			20 ____ Year 1		
20 ____ Year 2			20 ____ Year 2		
20 ____ Year 3			20 ____ Year 3		
Y-T-D This Year Through: ____			Y-T-D This Year Through: ____		

C. Gross Self-Employment Income

(If not known, please estimate. Put "EST" after each estimated figure.)

Use Gross Annual Figures for Most Recent	Plaintiff/1st Petitioner	Defendant/2nd Petitioner
Full Year. See O.R.C. 3119.01(C)		
Business Receipts		
Ordinary & Necessary Business Expenses		
Net Business Income		

D. Other Income

All other income, actual or expected, including pension, social security, workers compensation, commissions, royalties, disability benefits, trust income, annuities, recurring capital gains, unemployment benefits, rents, expense-sharing, dividends, interest, AFDC, SSI, food stamps, spousal support received from a prior spouse, etc.

(If not known, please estimate. Put "EST" after each estimated figure.)

Plaintiff/1st Petitioner	
Per Year	Describe

Defendant/2nd Petitioner	
Per Year	Describe

E. Total Annual Income

Plaintiff/1st Petitioner	
Total gross annual income	
Total average gross monthly income	÷ 12 =

Defendant/2nd Petitioner	
Total gross annual income	
Total average gross monthly income	÷ 12 =

Average monthly deductions	Less
Total net monthly income	=

Average monthly deductions	Less
Total net monthly income	=

F. Benefits of Employment

(Use of company car, country club memberships, stock options, etc.)

Plaintiff/1st Petitioner	
Benefits	Values

Defendant/2nd Petitioner	
Benefits	Values

II. Information Required for Support Calculation:

A. Minor or Dependent Children of this Marriage

Child's Name	Date of Birth	Residing with

B. Other Minor Children Living in My Household

Child's Name	Date of Birth	Relationship

C. Other Minor Children of Mine, Not Living in My Household

Child's name	Date of Birth	Residing with

OATH OF AFFIANT

I, _____ (print) hereby swear or affirm that the information set forth in this Affidavit of Income above is true, complete, and accurate. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury (O.R.C. 2921.22).

Signature - AFFIANT

Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____, _____ at _____, County of _____, State of Ohio.

Signature - Administer Oath

Title (example: Notary, Deputy Clerk of Courts, etc.)