

**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. 11/05/20220)

Plaintiff/1st Petitioner

vs.

Affidavit of Expenses

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.

Instructions:

1. Column 1: List your current monthly household expenses in the Column 1.
2. Column 2: List in any anticipated changes to your current expenses and the reason for the change.
3. Only provide estimates if actual amount is not known.
4. List any person that is assisting you with your expenses.

Affiant's Monthly Living Expenses:

My Average Monthly Expenses		Column 1 Actual Monthly Expenses in My Present Household	Column 2 Anticipated Future Monthly Expenses in My Household
There are now _____ adults and _____ children living in my current household.		I am assisted with my living expenses by:	The reason I expect my household living expenses to change soon is:
A. Housing		Actual	Anticipated
Rent or First Mortgage			
Real Estate Taxes (if not included above)			
Real Estate Insurance (if not included above)			
Second Mortgage/Equity Line of Credit, if any			
UTILITIES:			
• Electric (level billing or avg/month)			
• Gas (if billed separately)			
• Fuel Oil/Propane			
• Water & Sewer			
• Telephone (basic monthly charge)			
• Water Softener			
• Trash Collection			
Telephone (average long distance)			
Cable Television			
Home Cleaning, Maintenance, Repair			
Lawn Service, Snow Removal			
Other:			
Housing Total		(A)	(A)

B. Other Necessary Living Expenses	Column 1 Actual	Column 2 Anticipated
FOOD, ETC.: <ul style="list-style-type: none"> • Grocery (include food, paper & cleaning products, toiletries, etc.) 		
<ul style="list-style-type: none"> • Restaurant 		
TRANSPORTATION, ETC.: <ul style="list-style-type: none"> · Car Loan or Lease 		
<ul style="list-style-type: none"> · Gasoline 		
<ul style="list-style-type: none"> · Car Maintenance & Repair 		
<ul style="list-style-type: none"> · Parking, Public Transit 		
CLOTHING, ETC.: <ul style="list-style-type: none"> · Clothes 		
<ul style="list-style-type: none"> · Dry Cleaning, Laundry 		
<ul style="list-style-type: none"> · Personal Grooming 		
Other:		
Other Necessities Total	(B)	(B)

C. Child-Related Expenses	Column 1 Actual	Column 2 Anticipated
Child Care (work/ educational-related)		
Clothing		
School Lunches		
Children's Allowances		
Extra-Curricular Activities		
Other:		
Child-Related Expenses Total	(C)	(C)

		Column 1 Actual		Column 2 Anticipated	
		You	Child(ren)	You	Child(ren)
D. Educational Expenses for:					
Tuition	\$				
Books	\$				
Fees	\$				
Tutor	\$				
Activities	\$				
College Loan Repayment	\$				
Other:	\$				
Education Total	\$		(D)		(D)

		You	Child(ren)	You	Child(ren)
E. Health Care Expenses					
Doctor					
Dentist					
Optical					
Orthodontist					
Prescriptions					
Other:					
Health Care Total			(E)		(E)

		Column 1 Actual	Column 2 Anticipated
F. Insurance			
Life			
Auto			
Health			
Disability			
COBRA Insurance Coverage			
Personal Property			
Other:			
Insurance Total		(F)	(F)

G. Enrichment (Your expenses. Put child(ren)'s expenses under C or D, above)		Column 1 Actual	Column 2 Anticipated
Entertainment			
Lessons			
Books, Newspapers, Magazines			
Sports			
Clubs			
Hobbies			
Donations			
Gifts			

Vacation			
Other:			
Enrichment Total		(G)	(G)

H. Miscellaneous Expenses (Include expenses and debts not previously listed.)		Column 1 Actual	Column 2 Anticipated
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Miscellaneous Expenses Total		(H)	(H)
Grand Total of Monthly Expenses (Sum of A - H in each column)			

OATH OF AFFIANT

I, _____ (print) hereby swear or affirm that the information set forth in this Affidavit of Expenses 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.)