

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

_____ Case No. _____
Plaintiff/1st Petitioner Judge _____
- vs/and - Magistrate _____

Defendant/2nd Petitioner

Instructions: Check local court rules to determine when this form must be filed. This affidavit is used to disclose health insurance coverage that is available for children. It is also used to determine child support. It must be filed if there are minor children of the relationship. **If more space is needed, add additional pages.**

HEALTH INSURANCE AFFIDAVIT

Affidavit of _____
 (Print Your Name)

	<u>Plaintiff/ 1st Petitioner</u>	<u>Defendant/ 2nd Petitioner</u>
Are your child(ren) currently enrolled in a low-income government-assisted health care program (Healthy Start/Medicaid)?	Yes No	Yes No
Are you enrolled in an individual (non-group or COBRA) health insurance plan?	Yes No	Yes No
Are you enrolled in a health insurance plan through a group (employer or other organization)?	Yes No	Yes No
If you are not enrolled, do you have health insurance available through a group (employer or other organization)?	Yes No	Yes No
Does the available insurance cover primary care services within 30 miles of the child(ren)'s home?	Yes No	Yes No

	<u>Plaintiff/ 1st Petitioner</u>	<u>Defendant/ 2nd Petitioner</u>
Under the available insurance, what would be the annual premium for a plan covering you and the child(ren) of this relationship (not including a spouse)?	\$	\$

Health Insurance Affidavit

Under the available insurance, what would be the annual premium for a plan covering you alone (not including children or spouse)?	\$	\$
If you are enrolled in a health insurance plan through a group (employer or other organization) or individual insurance plan, which of the following people is/are		
Yourself?	Yes No	Yes No
Your spouse?	Yes No	Yes No
Minor child(ren) of this relationship?	Yes No Number	Yes No Number
Other individuals?	Yes No Number	Yes No Number

Name of group (Employer or Organization) that provides health insurance: _____
 Address: _____
 City, State and Zip Code: _____
 Phone Number – i.e. (111) 222-3333: _____

OATH

(Do Not Sign Until Notary is Present)

I, *(Print Name)* _____, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

 Your Signature

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.)