

IN THE COURT OF COMMON PLEAS OF WILLIAMS COUNTY, OHIO

Plaintiff, Case No. _____
vs.

Defendant.

Form DR-1
Domestic Relations Affidavit

_____, being first duly sworn, says that he/she is the plaintiff/defendant in the cause hereinabove set forth and further says that the following information is true and accurate to the best of Affiant's belief and knowledge:

- A. Date of Marriage: _____ / _____ / _____ Place: _____
Husband Wife
- B. Date of Birth: _____ / _____ / _____
- C. Social Security # _____ / _____ / _____
- D. Employer:
Name: _____
Street: _____
City: _____
Phone #: _____ / _____ / _____
- E. Occupation: _____
- F. Former Employment Experience

- G. Education: GS _____ HS _____ COL _____ GS _____ HS _____ COL _____
- H. Health: Good _____ Other _____ Good _____ Other _____

Explanation: _____

I. ALL ASSETS OF PARTIES

1. Checking Accounts

<u>Bank</u>	<u>Account #</u>	<u>Owner</u>	<u>Amount</u>
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2. Savings Accounts (including credit unions, CD's, savings certificates, money market accounts)

<u>Bank</u>	<u>Account #</u>	<u>Owner</u>	<u>Amount</u>
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3. Stocks and Bonds

<u>Company</u>	<u># of shares</u>	<u>Owner</u>	<u>Value</u>
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4. Income Tax Refunds Due Parties

5. Life Insurance

<u>Company</u>	<u>Policy #</u>	<u>Owner</u>	<u>Face Value</u>	<u>Cash Value</u>
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6. Real Property. Type: A. Residence B. Other Real Estate

<u>Type & Owner</u>	<u>Address</u>	<u>Value</u>	<u>Mortgage Balance</u>	<u>Monthly Payment</u>	<u>Equity</u>
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7. Motor Vehicles, Boats and Mobile Homes, Including Untitled Vehicles

<u>Year</u>	<u>Make</u>	<u>Owner</u>	<u>Value</u>	<u>Debt On Item</u>	<u>Monthly Payment</u>	<u>Monthly Equity</u>
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8. Extraordinary Tools

<u>Description</u>	<u>Value</u>
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9. Cemetery Lots

<u>No.</u>	<u>Location</u>	<u>Owner</u>	<u>Value</u>
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10. Loans Due Parties

<u>Debtors</u>	<u>Value</u>
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11. Retirement Funds and Pension Benefits

<u>Company</u>	<u>When Payable</u>	<u>Owner</u>	<u>Value</u>	<u>Surrender</u>
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12. Other Assets (Attach separate schedule of HHG if contested)

Value

J. List the items and value of each of said items listed above which you claim to be a non-marital asset.

Item

Value

K. Which Assets does party filing this affidavit desire to receive?
Please list on attached separate schedule.

L. OTHER LIABILITIES

Creditor

Debtor(s)

Security

Monthly
Payment

Balance

Total Other Debts: _____

M. INCOME

1. Gross Income

Husband

Wife

a. Gross income previous year (please attach copy of 1040 with copy of W-2 for previous year):

b. Projected gross income this year:

2. Net Income (compute the following at the rate of 4.3 weeks per month)

a. Gross income per month:

b. Less deductions: (please specify)

c. Net income per month:

3. If either the Wife or the Husband are not employed, please specify any governmental benefits or other income or benefits of any sort which said unemployed party may be receiving, the manner and amount of payments, and the expected duration of said benefits or income.

N. LIVING EXPENSES (to be completed ONLY in actions where child support is to be established or modified and a deviation from the Court guidelines is sought, and in actions where temporary or permanent alimony is requested)

Monthly Payments

Food	_____
Heat (budget)	_____
Electricity (budget)	_____
Water	_____
Telephone	_____
Clothing - self	_____
Clothing - child(ren)	_____
Child care	_____
School tuition	_____
Auto gas, repair, transportation	_____
Unreimbursed medical, dental, etc.	_____
Insurance - medical	_____
Insurance - property	_____
Insurance - automobile	_____
Insurance - life (self)	_____
Insurance - life (children)	_____
Home maintenance	_____
Laundry, dry cleaning	_____
Entertainment, incidentals	_____
Other _____	_____
Other _____	_____
Rent, mortgage (including taxes, assessments)	_____
Car Payment _____	_____
Car Payment _____	_____
Charge Account _____	_____
Charge Account _____	_____
Charge Account _____	_____
Charge Account _____	_____
Loan _____	_____
Loan _____	_____
Loan _____	_____
Other _____	_____
Other _____	_____

TOTAL MONTHLY EXPENSES:

\$ _____

Said affiant says that all the foregoing statements are true and complete to the best of his/her knowledge and belief.

Affiant

Sworn to before me and signed in my presence this ___ day of _____, 20__.

Notary Public - State of Ohio

Attorney: _____

Address: _____
