

**AFFIDAVIT**

STATE OF OHIO, COUNTY OF \_\_\_\_\_, ss:

1. Affiant's Name \_\_\_\_\_ Case No. \_\_\_\_\_

2. Affiant's Income from last year \$ \_\_\_\_\_

3. Affiant's expected income for current year \$ \_\_\_\_\_

4. Spouse's income from last year \$ \_\_\_\_\_

5. Spouse's expected income for current year \$ \_\_\_\_\_

6. Regular monthly expenses of affiant

(a) Rent \_\_\_\_\_

(b) Electric \_\_\_\_\_

(c) Phone (home/cell) h\_\_\_\_\_ c\_\_\_\_\_

(d) Water and Sewage \_\_\_\_\_

(e) Cable/internet \_\_\_\_\_

(f) Medical \_\_\_\_\_

(g) Heat \_\_\_\_\_

(h) Residence Mortgage Payment \_\_\_\_\_

(i) Residence Real Estate Taxes \_\_\_\_\_

(j) Residence Insurance \_\_\_\_\_

(k) Food \_\_\_\_\_

(l) School Lunches \_\_\_\_\_

(m) Health Insurance \_\_\_\_\_

(n) Car Payment \_\_\_\_\_

(o) Car Insurance \_\_\_\_\_

(p) Gasoline, oil for car \_\_\_\_\_

(q) Baby-sitter (work related) \_\_\_\_\_

(r) Baby-sitter (non-work-related) \_\_\_\_\_

(s) Life Insurance \_\_\_\_\_

(t) Recreation \_\_\_\_\_

(u) Monthly Savings/IRA/Investments \_\_\_\_\_

(v) Child-related Expenses not included above (specify) \_\_\_\_\_

\_\_\_\_\_

(w) Total of monthly debts from 1.0 not already included \_\_\_\_\_

(x) Other (specify) \_\_\_\_\_

(y) Other (specify) \_\_\_\_\_

**TOTAL MONTHLY EXPENSES** \_\_\_\_\_

7. Name, age, and relationship of persons living in the same household as affiant:

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8. State any exceptional circumstances that might affect the need for or the ability to pay temporary alimony.

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Affiant states under oath tis information to be complete and accurate to the best of his/her belief.

\_\_\_\_\_  
Affiant

Sworn to before me and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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