

**IN THE COURT OF COMMON PLEAS, FRANKLIN COUNTY, OHIO
DIVISION OF DOMESTIC RELATIONS AND JUVENILE BRANCH**

PLAINTIFF / PETITIONER

CASE NO. _____

v.

JUDGE _____

DEFENDANT / PETITIONER

MAGISTRATE _____

AFFIDAVIT OF _____

STATE OF _____

COUNTY OF _____, SS:

Now comes _____ being duly sworn, and says that the following information is true and correct to the best of his / her knowledge and belief:

Affiant is seeking a (check all that apply)

modification of child support

deviation from the amount of child support calculated pursuant to the basic support schedule

modification of alimony / spousal support

Date of last child support order _____

Amount of last child support order _____

Date of last alimony / spousal support order _____

Amount of last alimony / spousal support order _____

If modification of alimony / spousal support is requested, does the decree or separation agreement incorporated into the decree contain a provision specifically authorizing the court to modify the amount or terms of alimony / spousal support? Yes No

SECTION 1: COMPLETE FOR ALL MODIFICATION REQUESTS

| | At Time of Last Order | Current |
|---|-----------------------|---------|
| Your Annual Gross Income (from all sources) attach pay stub | _____ | _____ |
| If self-employed, Your Ordinary and Necessary Business Expenses | _____ | _____ |

SECTION 2: COMPLETE IF SEEKING A MODIFICATION OF CHILD SUPPORT

| | At Time of Last Order | Current |
|---|-----------------------|---------|
| Number of Minor Children | _____ | _____ |
| Number of Minor Children Born to Or Adopted By You And Another Parent Who Live With You | _____ | _____ |
| Annual Court-Ordered Support You Paid For Other Children / Spouse | _____ | _____ |
| Your Annual Work-Related Child Care For Children Of This Order | _____ | _____ |

At Time of Last Order

Current

Your Marginal, Out-of-Pocket Cost of
Medical Insurance for Children
Who Are the Subject of this Order _____

**SECTION 3: COMPLETE IF SEEKING CHILD SUPPORT DEVIATION OR MODIFICATION OF
ALIMONY / SPOUSAL SUPPORT**

Your Monthly Expenses

At Time of Last Order

Current

| | | |
|---------------------------------------|-------|-------|
| Mortgage / Rent | _____ | _____ |
| Food | _____ | _____ |
| Utilities | _____ | _____ |
| Clothing | _____ | _____ |
| Auto Payment | _____ | _____ |
| Auto Operation | _____ | _____ |
| Auto Maintenance | _____ | _____ |
| Auto Insurance | _____ | _____ |
| Medical Insurance | _____ | _____ |
| Uncovered Medical | _____ | _____ |
| Entertainment | _____ | _____ |
| School Lunches | _____ | _____ |
| Child's Clothing | _____ | _____ |
| School Tuition / Fees | _____ | _____ |
| Lessons | _____ | _____ |
| Other Court-Ordered Payments | _____ | _____ |
| Extraordinary Costs of Parenting Time | _____ | _____ |

Installment Loans / Credit Cards

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Other (Specify)

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

TOTAL

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|

Your Spouse's Income, If Remarried

| |
|-------|
| _____ |
|-------|

AFFIANT

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