

MIAMI COUNTY COURT OF COMMON PLEAS
JUVENILE DIVISION

IN THE MATTER OF: _____
(CHILD'S NAME)

Case no: _____

(CHILD'S DATE OF BIRTH)

JUDGE SCOTT ALTENBURGER

AFFIDAVIT OF INCOME

IMPORTANT

YOU ARE SIGNING THIS AFFIDAVIT UNDER OATH, UNDER PENALTY OF PERJURY.

You must answer truthfully, accurately, and completely.

The information provided below is used to determine child support. Do not leave any category blank. Write "none" where appropriate. If you do not know the exact amount for any item, give your best estimate followed by "est."

NAME: _____

ADDRESS: _____

RELATIONSHIP TO THE CHILD: _____

EMPLOYER: _____

ADDRESS: _____

RATE OF PAY: SALARY: \$ _____ ANNUALLY

HOURLY \$ _____ PER HOUR

OF HOURS PER WEEK: _____

WORK RELATED EXPENSES:

UNION DUES \$ _____ MONTHLY

UNIFORMS \$ _____ MONTHLY

OVERTIME: _____ HOURS PER MONTH

RATE OF PAY \$ _____ PER HOUR

HAVE YOU RECEIVED ANY BONUSES IN THE PAST 3 YEARS?

\$ _____

\$ _____

\$ _____

ARE YOU RECEIVING UNEMPLOYMENT? \$ _____ PER MONTH

DO YOU RECEIVE SOCIAL SECURITY DISABILITY (SSD)? \$ _____ PER MONTH
DOES THE NAMED CHILD(REN) RECEIVE BENEFITS THROUGH YOUR CASE? \$ _____ PER MONTH

DO YOU RECEIVE SUPPLEMENTAL SECURITY INCOME (SSI)? \$ _____ PER MONTH

HOW MANY CHILDREN DO YOU HAVE ALTOGETHER? _____

HOW MANY OTHER MONOR BIOLOGICAL OR ADOPTED CHILDREN LIVING IN YOUR HOME?
_____ CHILDREN CHILD SUPPORT RECEIVED \$ _____ PER MONTH

LIST ALL OTHER SOURCES OF INCOME INCLUDING, BUT NOT LIMITED TO
RETIREMENT BENEFITS, WORKER'S COMPENSATION, DIVIDENDS, ETC.
(SOURCE) (AMOUNT)

DO YOU PAY FOR WORK-RELATED CHILD CARE FOR THE CHILD/REN
NAMED IN THIS PROCEEDING? \$ _____ PER MONTH

DO YOU HAVE PRIVATE HEALTH INSURANCE? \$ _____ PER MONTH

OATH

(Do not sign unless you are in front of a notary)

I, (Print your 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

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

Notary Public

My Commission Expires: _____