

**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**

\_\_\_\_\_

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**Other (Specify)**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL**

\_\_\_\_\_

\_\_\_\_\_

**Your Spouse's Income, If Remarried**

\_\_\_\_\_

\_\_\_\_\_  
AFFIANT

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

\_\_\_\_\_