PRINT FORM CLEAR FORM

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

John Doe
Petitioner

and

Jane Doe
Petitioner

Case No. _____

Judge _____

Magistrate _____

Instructions: This affidavit is required to be filed by the parties upon the filing of a Petition for Dissolution pursuant to Local Domestic Rule 17. This affidavit is for complete disclosure of income by the parties. Do not leave any category blank. Write "none" where appropriate. If you do not know exact figures for any item, give your best estimate, and put "EST." **If you need more space, add additional pages.**

AFFIDAVIT OF INCOME

Affidavit of John Doe
(Print Your Name)

Date of marriage January 1,1995 Date of separation January 1, 2011

	Husband	Wife
Employed	☑ Yes ☐ No	☑ Yes ☐ No
Employer	WXYZ Services	WXYZ Services
Payroll address	200 Main Street	200 Main Street
Payroll city, state, zip	Columbus, OH 43201	Columbus, OH 43201
Scheduled paychecks per year	☐ 12 ☐ 24 ☑ 26 ☐ 52	☐ 12 ☑ 24 ☐ 26 ☐ 52

A. YEARLY INCOME, OVERTIME, COMMISSIONS AND BONUSES FOR PAST THREE YEARS

	Husband			Wife
Base yearly income	$ 15,000.00	3 years ago	20 11	$ 15,000.00
	$ 16,000.00	2 years ago	20 10	$ 16,500.00
	$ 16,500.00	Last year	20 09	$ 16,500.00
Yearly overtime, commissions and/or bonuses	$ 0.00	3 years ago	20 11	$ 0.00
	$ 0.00	2 years ago	20 10	$ 0.00
	$ 0.00	Last year	20 09	$ 0.00

B. COMPUTATION OF CURRENT INCOME

	Husband	Wife
Base yearly income	$ 18,000.00	$ 18,000.00
Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)	$ 0.00	$ 0.00
Unemployment compensation	$ 0.00	$ 0.00

legalzoom.com SAMPLE

Disability benefits	$ 0.00	$ 0.00
☐ Workers' Compensation		
☐ Social Security		
☐ Other: _____	$ 0.00	$ 0.00
Retirement benefits		
☐ Social Security		
☐ Other: _____	$ 0.00	$ 0.00
Spousal support received	$ 0.00	$ 0.00
Interest and dividend income (source)		
_____		
_____	$ 0.00	$ 0.00
Other income (type and source)		
_____		
_____	$ 0.00	$ 0.00
TOTAL YEARLY INCOME	$ 18,000.00	$ 18,000.00
Supplemental Security Income (SSI) or public assistance	$ 0.00	$ 0.00

legalzoom.com®
SAMPLE

OATH

(Do not sign until notary is present.)

I, (print name) John Doe, 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 _____ , _____ .

_____
Notary Public
My Commission Expires:
_____