

**IN THE COURT OF COMMON PLEAS  
DIVISION OF DOMESTIC RELATIONS  
BUTLER COUNTY, OHIO**

Case No. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff/1st Petitioner/Petitioner  
DOB \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

**Affidavit of Expenses**

V.  
  
\_\_\_\_\_  
Defendant/2nd Petitioner/Respondent  
DOB \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Name of Affiant)  
  
Date of Marriage \_\_\_\_\_  
  
Date of Separation \_\_\_\_\_

**Note: This affidavit must be completed and exchanged in accordance with Local Rules of Court in every action for divorce, dissolution, legal separation, annulment and post decree motion that concerns modification of support. You will be required to provide proof of income per local rule and O.R.C. 3121. You are under a continuing legal duty to file an updated version of this form if you learn of any additional information. If more space is needed, attach additional page(s).**

**Affiant's Monthly Living Expenses:**

List your **ACTUAL** expenses for your **present household** in the first column. Give estimated expenses if you don't have exact figures. If you expect changes soon, list your **ANTICIPATED** expenses in your household after the divorce case in the second column. Explain why you expect your expenses to change. Also, if you are living with your parents or someone is helping you with your living expenses, please explain.

My Average Monthly Expenses	Actual Monthly Expenses in My Present Household	Anticipated Future Monthly Expenses in My Household
There are now _____ adults and _____ children living in my present household.	I am assisted with my living expenses by:	The reason I expect my household living expenses to change soon is:
<b>A. Housing</b>	<b>Actual</b>	<b>Anticipated</b>
Rent or First Mortgage		
Real Estate Taxes (if not included above)		
Real Estate Insurance (if not included above)		
Second Mortgage, if any		

UTILITIES:		
• Electric (level billing or avg/month)		
• Gas (if billed separately)		
• Fuel Oil/Propane		
• Water & Sewer		
• Telephone (basic monthly charge)		
• Water Softener		
• Trash Collection		
Telephone (average long distance)		
Cable Television		
Home Cleaning, Maintenance, Repair		
Lawn Service, Snow Removal		
Other:		
<b>Housing Total</b>	<b>(A)</b>	<b>(A)</b>

<b>B. Other Necessary Living Expenses</b>	<b>Actual</b>	<b>Anticipated</b>
FOOD, ETC.:		
• Grocery (include food, paper & cleaning products, toiletries, etc.)		
• Restaurant		
TRANSPORTATION, ETC.:		
• Car Loan or Lease		
• Gasoline		
• Car Maintenance & Repair		
• Parking, Public Transit		
CLOTHING, ETC.:		
• Dry Cleaning, Laundry		
• Personal Grooming		
Other:		
<b>Other Necessities Total</b>	<b>(B)</b>	<b>(B)</b>

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Initialed \_\_\_\_\_

<b>C. Child-Related Expenses</b>		<b>Actual</b>		<b>Anticipated</b>	
Child Care (work/ educational-related)					
Clothing					
School Lunches					
Children's Allowances					
Extra-Curricular Activities					
Other:					
<b>Child-Related Expenses Total</b>			(C)		(C)

		<b>Actual</b>		<b>Anticipated</b>	
<b>D. Educational Expenses for:</b>		<b>You</b>	<b>Child(ren)</b>	<b>You</b>	<b>Child(ren)</b>
Tuition	\$				
Books	\$				
Fees	\$				
Tutor	\$				
Activities	\$				
College Loan Repayment	\$				
Other:	\$				
<b>Education Total</b>			(D)		(D)

		<b>You</b>	<b>Child(ren)</b>	<b>You</b>	<b>Child(ren)</b>
<b>E. Health Care Expenses</b>					
Doctor					
Dentist					
Optical					
Orthodontist					
Prescriptions					
Other:					

<b>Health Care Total</b>		<b>(E)</b>	<b>(E)</b>
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<b>F. Insurance</b>	<b>Actual</b>	<b>Anticipated</b>
Life		
Auto		
Health		
Disability		
COBRA Insurance Coverage		
Personal Property		
Other:		
<b>Insurance Total</b>	<b>(F)</b>	<b>(F)</b>

<b>G. Enrichment</b> (Your expenses. Put child(ren)'s expenses under C or D, above)	<b>Actual</b>	<b>Anticipated</b>
Entertainment		
Lessons		
Books, Newspapers, Magazines		
Sports		
Clubs		
Hobbies		
Donations		
Gifts		
Vacation		
Other:		
<b>Enrichment Total</b>	<b>(G)</b>	<b>(G)</b>

<b>H. Miscellaneous Expenses</b> (Include expenses and debts not previously listed.)	<b>Actual</b>	<b>Anticipated</b>
1.		

Initialed \_\_\_\_\_

2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
<b>Miscellaneous Expenses Total</b>		<b>(H)</b>	<b>(H)</b>
<b>Grand Total of Monthly Expenses (Sum of A - H in each column)</b>			

**OATH OF AFFIANT**

**I, \_\_\_\_\_ (print) hereby swear or affirm that the information set forth in this Affidavit of Expenses above is true, complete, and accurate. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury (O.R.C. 2921.22).**

\_\_\_\_\_  
AFFIANT

Subscribed and duly sworn before me according to law, by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, County of \_\_\_\_\_, State of Ohio.

\_\_\_\_\_  
Signature of person administering oath

\_\_\_\_\_  
Title (example: Notary, Deputy Clerk of Courts, etc.)