

**COURT OF COMMON PLEAS  
COUNTY, OHIO**

George J Jones  
Plaintiff/Petitioner

Case No. 44-32323

v./and

Judge Marion Winslet

Magistrate \_\_\_\_\_

Marianne P Jones  
Defendant/Petitioner

**Instructions:** Check local court rules to determine when this form must be filed.

This affidavit is used to make complete disclosure of income, expenses and money owed. It is used to determine child and spousal support amounts. 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 AND EXPENSES**

Affidavit of George J Jones  
(Print Your Name)

Date of marriage 3/7/1998 Date of separation 1/17/2011

**SECTION I - INCOME**

	<u>George</u>	<u>Marianne</u>
Employed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Employer	<u>Merry Builders, Inc</u>	_____
Payroll address	_____	_____
Payroll city, state, zip	<u>Merion, PA 19333</u>	_____
Scheduled paychecks per year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52

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

	<u>George</u>		<u>Marianne</u>
Base yearly income	\$ <u>0</u>	3 years ago	\$ <u>0</u>
	\$ <u>0</u>	2 years ago	\$ <u>0</u>
	\$ <u>0</u>	Last year	\$ <u>0</u>
Yearly overtime, commissions, and/or bonuses	\$ <u>0</u>	3 years ago	\$ <u>0</u>
	\$ <u>0</u>	2 years ago	\$ <u>0</u>
	\$ <u>0</u>	Last year	\$ <u>0</u>

**B. COMPUTATION OF CURRENT INCOME**

	<u>George</u>	<u>Marianne</u>
Base yearly income	\$ 175,000	\$ 49,400
Average yearly overtime, commissions and/or bonuses over the last three years ( <i>from part A</i> )	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Disability benefits		
<input type="checkbox"/> Workers' Compensation		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Retirement benefits		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Spousal support received	\$ _____	\$ _____
Interest and dividend income ( <i>source</i> )		
Vanguard Index 500	\$ 0	\$ 1,000
Other income ( <i>type and source</i> )		
Mary Kay franchise	\$ 0	\$ 2,000
School district	\$ 0	\$ 11,340
<b>TOTAL YEARLY INCOME</b>	<b>\$ 175,000</b>	<b>\$ 63,740</b>
Supplemental Security Income (SSI) or public assistance	\$ _____	\$ _____
Court-ordered child support that you receive for minor and/or dependent children not of the marriage or relationship	\$ _____	\$ _____

**SECTION II - CHILDREN AND HOUSEHOLD RESIDENTS**

Minor and/or dependent children who were adopted or born of this marriage or relationship:

Name	Date of birth	Living with
Tiffany	4/5/1999	Marianne
Amber	12/2/2003	Marianne

In addition to the above children there is/are in your household:

\_\_\_\_\_ adult(s)  
 \_\_\_\_\_ other minor and/or dependent child(ren).

## SECTION III - EXPENSES

List monthly expenses below for your present household.

### A. MONTHLY HOUSING EXPENSES

Rent or first mortgage ( <i>including taxes and insurance</i> )	\$	1,200
Real estate taxes ( <i>if not included above</i> )	\$	
Real estate/homeowner's insurance ( <i>if not included above</i> )	\$	67
Second mortgage/equity line of credit	\$	
Utilities		
o Electric	\$	75
o Gas, fuel oil, propane	\$	100
o Water and sewer	\$	
o Telephone	\$	
o Trash collection	\$	
o Cable/satellite television	\$	40
Cleaning, maintenance, repair	\$	445
Lawn service, snow removal	\$	
Other: _____	\$	
<b>TOTAL MONTHLY:</b>		<b>\$ 1,927</b>

### B. OTHER MONTHLY LIVING EXPENSES

Food		
o Groceries (including food, paper, cleaning products, toiletries, other)	\$	217
o Restaurant	\$	130
Transportation		
o Vehicle loans, leases	\$	500
o Vehicle maintenance ( <i>oil, repair, license</i> )	\$	125
o Gasoline	\$	130
o Parking, public transportation	\$	86
Clothing		
o Clothes ( <i>other than childrens'</i> )	\$	400
o Dry cleaning, laundry	\$	3
Personal grooming		
o Hair, nail care	\$	30
o Other: _____	\$	87
Cell Phone	\$	90
Internet (if not included elsewhere)	\$	80
Other: _____	\$	200
<b>TOTAL MONTHLY:</b>		<b>\$ 2,078</b>

### C. MONTHLY CHILD RELATED EXPENSES

(for children of the marriage or relationship)

Work/education-related child care	\$	
Other child care	\$	
Unusual parenting time travel	\$	
Special and unusual needs of child(ren) (not included elsewhere)	\$	
Clothing	\$	
School supplies	\$	
Child(ren)'s allowances	\$	
Extracurricular activities, lessons	\$	
School lunches	\$	100
Other: _____	\$	
<b>TOTAL MONTHLY:</b>		<b>\$ 100</b>

**D. MONTHLY INSURANCE PREMIUMS**

Life	\$	
Auto	\$	1,200
Health	\$	120
Disability	\$	
Renters/personal property (if not included above)	\$	
Other: _____	\$	
<b>TOTAL MONTHLY:</b>		<b>\$ 1,320</b>

**E. MONTHLY EDUCATION EXPENSES**

Tuition		
o Self	\$	
o Child(ren)	\$	
Books, fees, other	\$	
College loan repayment	\$	
Other: _____	\$	
<b>TOTAL MONTHLY:</b>		<b>\$ 0</b>

**F. MONTHLY HEALTH CARE EXPENSES**

(not covered by insurance)

Physicians	\$	
Dentists	\$	100
Optometrists/opticians	\$	
Prescriptions	\$	87
Other: _____	\$	
<b>TOTAL MONTHLY:</b>		<b>\$ 187</b>

**G. MISCELLANEOUS MONTHLY EXPENSES**

Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren)	\$	
Child support for children who were not born of this marriage or relationship and were not adopted of this marriage	\$	200
Spousal support paid to former spouse(s)	\$	
Subscriptions, books	\$	80
Entertainment	\$	87
Charitable contributions	\$	83
Memberships (associations, clubs)	\$	166
Travel, vacations	\$	167
Pets	\$	
Gifts	\$	42
Bankruptcy payments	\$	
Attorney fees	\$	
Required deductions from wages (excluding taxes, Social Security and Medicare) (type) _____	\$	
Additional taxes paid (not deducted from wages) (type) _____	\$	
Other: _____	\$	4
Bank Fees _____	\$	4
<b>TOTAL MONTHLY:</b>		<b>\$ 829</b>

**H. MONTHLY INSTALLMENT PAYMENTS**

(Do not repeat expenses already listed.) Examples: car, credit card, rent-to-own, cash advance payments

To whom paid	Purpose	Balance due	Monthly payment
MasterCard Bank Two		\$ 3,456	\$ 37
VISA Country Card		\$ 7,750	\$ 60
<b>TOTAL MONTHLY:</b>		<b>\$</b>	<b>\$ 97</b>

**GRAND TOTAL MONTHLY EXPENSES (Sum of A through H):** \$ 6,538

**OATH**

(Do not sign until notary is present)

I, George J Jones , 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:\_\_\_\_\_