

# HURON COUNTY COMMON PLEAS COURT - JUVENILE DIVISION

## FINANCIAL STATEMENT

1. **Make sure all question are answered in full even if you believe the Court already has the information available.**
2. **Attach a copy of your most recent income tax return, your most recent pay stub, and verification of extraordinary medical expenses for the child, if any.**
3. **RETURN THE COMPLETED WORKSHEET & YOUR MOST RECENT INCOME TAX RETURN TO COURT. (Huron County Juvenile Court, 2 East Main Street, Room 101, Norwalk, Ohio 44857).**

## GENERAL INFORMATION

Date: \_\_\_\_\_ Case Number: \_\_\_\_\_

My name is: \_\_\_\_\_

My address is: \_\_\_\_\_

My telephone number is: (\_\_\_\_\_) \_\_\_\_\_ My Date of birth: \_\_\_\_\_

My spouse's name is: \_\_\_\_\_ Spouse's date of birth: \_\_\_\_\_

My child's name is (for this case): \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

My relationship to the above named child is: \_\_\_\_\_

## MARITAL STATUS OF THE PARENTS OF THE ABOVE NAMED CHILD

Date and place of marriage: \_\_\_\_\_  We were never married

Paternity was established (date / what court / case number): \_\_\_\_\_

If divorced (date / what court / case number): \_\_\_\_\_

## MEDICAL INSURANCE INFORMATION

**I DO NOT HAVE** medical insurance coverage for this child

I have a medical card from the Department of Job and Family Services for this child

**I HAVE** medical insurance coverage for this child

My total out-of-pocket cost for medical insurance coverage for myself and my family is

\$ \_\_\_\_\_ PER  week /  bi-weekly /  monthly

Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_

Address: \_\_\_\_\_

**Note: You MUST attach verification from your employer of the amount you pay for medical coverage for this child (family plan cost less the individual plan cost). If not attached you will not be given credit for that expense.**

**EMPLOYMENT & INCOME INFORMATION**

I am currently **employed**

I am currently **unemployed**

My employer is: \_\_\_\_\_ Since: \_\_\_\_\_

My employer's address is: \_\_\_\_\_

My Occupation is: \_\_\_\_\_  FULL-TIME /  PART-TIME

**My gross pay is** \$ \_\_\_\_\_  weekly /  bi-weekly /  monthly

Gross pay this year to date: \$ \_\_\_\_\_

Gross pay last year: \$ \_\_\_\_\_

Gross pay previous year: \$ \_\_\_\_\_

I have earned the following **overtime or bonus pay**:

Overtime/bonus pay this year to date: \$ \_\_\_\_\_

Overtime/bonus pay last year: \$ \_\_\_\_\_

Overtime/bonus pay previous year: \$ \_\_\_\_\_

I am on **unemployment**. I receive \$ \_\_\_\_\_  weekly /  bi-weekly

**Note: You MUST attach a copy of your most recent pay stub or verification from the Department of Job and Family Services Ohio Unemployment Benefits of the amount you receive in unemployment benefits.**

I am on **public assistance**. I receive \$ \_\_\_\_\_ monthly (ADC, food stamps)

**Note: You MUST attach verification from the Department of Job and Family Services of the amount you receive in benefits.**

I receive **Worker's Compensation Benefits** in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_

**Note: You MUST attach verification from the Department of Job and Family Services Bureau of Worker's Compensation of the amount you receive in benefits.**

I receive **social security** benefits for myself in the amount of \$ \_\_\_\_\_ monthly  
 Retirement benefits /  Disability benefits /  Other \_\_\_\_\_

I receive **social security** benefits for this child in the amount of \$ \_\_\_\_\_ monthly  
 Survivor benefits /  Disability benefits /  Other \_\_\_\_\_

I receive **social security** benefits for \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ monthly  
 Retirement benefits /  Disability benefits /  Other \_\_\_\_\_

**Note: You MUST attach verification from the Social Security Administration of the amount you receive in benefits.**

I earn **additional income** (source and amount) (include interest, stocks, bonds, rental property, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION REGARDING CHILDREN**

LIST ALL YOUR CHILDREN UNDER THE AGE OF 18

**TOTAL NUMBER:** \_\_\_\_\_

<b>Name</b>	<b>DOB</b>	<b>Do they live with you?</b>	<b>Child care expenses if any?</b>
Example: Susie Smith	1/15/81	No	No
John Doe	1/31/89	Yes	\$40.00 per week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SPOUSAL SUPPORT INFORMATION**

I **pay** spousal support in the amount of \$\_\_\_\_\_ per week Case No. \_\_\_\_\_ Court: \_\_\_\_\_

I **receive** spousal support in the amount of \$\_\_\_\_\_ per week Case No. \_\_\_\_\_ Court: \_\_\_\_\_

**PARENTING TIME INFORMATION**

I **DO NOT** exercise parenting time with my child(ren) more than ninety (90) days per year.

I **DO** exercise parenting time with my child(ren) more than ninety (90) days per year. **PLEASE ATTACH A COPY OF YOUR PARENTING TIME ORDER. YOU MUST PROVIDE WRITTEN PROOF OF YOUR PARENTING TIME ORDER. IF NOT ATTACHED, YOU WILL NOT BE PROVIDED THE STATUTORY DEVIATION.**

**DAYCARE EXPENSES**

I **pay** child care expenses in the amount of \$\_\_\_\_\_ per week

Name of daycare provider: \_\_\_\_\_

**Note: You MUST provide the name of your daycare provider and WRITTEN PROOF of how much you pay. *If not attached you WILL NOT be given credit for that expense.***

**EXTRAORDINARY EXPENSES**

List any extraordinary expenses (such as medical, school tuition, etc.) you have that you feel the Court should be aware of when determining your child support obligation. (Do not include normal expenses such as rent/mortgage, utilities, car payments, etc.)

**Note: You must attach verification of payment for extraordinary expenses. Attach copies of the child's medical bills including date of service, what service was provided, what amount insurance paid, what amount was paid out-of-pocket, and what amount remains due. Attach documentation from the child's school regarding the amount paid for tuition. *If verification is not attached you will not be given credit for that expense.***

I hereby acknowledge that the information contained in this financial statement is true and accurate to the best of my ability.

\_\_\_\_\_  
Signature