

**In the Court of Common Pleas  
General Trial Division  
Tuscarawas County, Ohio**

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Name: \_\_\_\_\_

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

SS#: \_\_\_\_\_

DOB: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Petitioner,

-and-

Name: \_\_\_\_\_

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

SS#: \_\_\_\_\_

DOB: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Petitioner,

Judge \_\_\_\_\_

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

**Child Support Worksheet**

**Financial Affidavit - Husband**

I, \_\_\_\_\_ Petitioner Husband, \_\_\_\_\_, state under oath that the following information is complete and accurate to the best of my information, knowledge and belief:

1. I am employed at \_\_\_\_\_  
(include name and address)

2. I earn \$ \_\_\_\_\_ **per hour/per week/per month.**  
(circle one)

3. I work an average of \_\_\_\_\_ hours per week.

4. I receive unemployment compensation of \$ \_\_\_\_\_ **per week/per month.**  
(circle one)

5. I receive workers' compensation or disability insurance benefits of \$ \_\_\_\_\_  
**per week/per month.**  
(circle one)

6. I received other income in the amount of \$ \_\_\_\_\_ **per month/per year.**  
(circle one)

I receive this income from: \_\_\_\_\_  
(List source, including self-employment income if applicable)

7. My gross income for last year was \$ \_\_\_\_\_

8. My year-to-date gross income for this year is \$ \_\_\_\_\_, through \_\_\_\_\_  
(date)

9. I **do/do not** have health insurance available for the minor child(ren).  
(circle one)

The insurance costs \$ \_\_\_\_\_ **per week/per month.**  
(circle one)

A) The cost to cover myself only is \$ \_\_\_\_\_ **per week/per month.**  
(circle one)

B) The extra cost to cover the child(ren) is \$ \_\_\_\_\_ **per week/per month.**  
(circle one)

I 0. I pay work-related/education-related/employment-training-related/day care expenses for the minor child(ren) of this marriage in the amount of \$ \_\_\_\_\_ **per week/per month.**  
(circle one)

I 1. I am the biological parent of \_\_\_\_\_ other minor child(ren) who live in my  
(number of children)  
home. I receive \$ \_\_\_\_\_ per month in court-ordered child support for these other  
minor biological child(ren).

12. I pay \_\_\_\_\_ percent city income tax.

13. I pay union dues in the amount of \$ \_\_\_\_\_

14. I pay \$ \_\_\_\_\_ per month in court-ordered spousal support to my ex-wife.

15. I pay \$ \_\_\_\_\_ per month in court-ordered child support for another child(ren).

16. A Shared Parenting Plan is/is not attached to the Petition that has been filed with the Court.  
(circle one)

\_\_\_\_\_  
Signature of Petitioner Husband

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public