

**You must file these added forms if you are filing one of the following actions in the Monroe County Court of Common Pleas Domestic Relations Division:**

- **DIVORCE**
- **DISSOLUTION**
- **ALL POST-DECREE ACTIONS**

General Information Sheet	Supplies your and your spouse's information to the Court
Child Support worksheet (if children involved in case)	Complete at: <a href="https://ohiochildsupportcalculator.ohio.gov/home.html">https://ohiochildsupportcalculator.ohio.gov/home.html</a>  And supply a copy to the Court
Affidavit Regarding Public Assistance Benefits (if children involved in case)	Tells the Court if you and your children are receiving public benefits.

**\*Affidavits must be signed in front of a Notary who will administer an Oath**

**INSTRUCTIONS:**

- **All forms must either be typed or printed in BLUE ink and signed in BLUE ink. You must fill out the forms before taking them to the court. The Court staff will not help you complete the forms.**
- **Once you have completed the main packet and these added forms, you will take all the forms (and copies) to the Clerk's office for filing.**

GENERAL INFORMATION SHEET FOR DOMESTIC RELATIONS CASES

Pursuant to Local Rule XXXIX

CASE NO: \_\_\_\_\_

(All blanks must be completed. If information cannot be determined, write "unknown". If information does not apply, write "none")

\_\_\_\_ New divorce    \_\_\_\_ New dissolution    \_\_\_\_ Post-decree action

WIFE'S INFORMATION

HUSBAND'S INFORMATION

Attorney: \_\_\_\_\_

Attorney: \_\_\_\_\_

Attorney's address: \_\_\_\_\_

Attorney's address: \_\_\_\_\_

Attorney's Phone # \_\_\_\_\_

Attorney's Phone # \_\_\_\_\_

Attorney's Fax # \_\_\_\_\_

Attorney's Fax # \_\_\_\_\_

WIFE'S name: \_\_\_\_\_

HUSBAND'S Name: \_\_\_\_\_

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

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

Soc. Sec. # \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

WIFE'S EMPLOYER

HUSBAND'S EMPLOYER

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

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

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

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

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Gross annual income: \_\_\_\_\_

Gross annual income: \_\_\_\_\_

CHILDREN (If more than 3 children, use additional sheet)

Name

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACCOUNT TYPES AND NUMBERS (IF APPLICABLE) Use additional sheet if necessary

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Clerk to provide a copy of this sheet to the Monroe County Child Support Enforcement Agency, confidentially, in any case where children are involved.



**OATH OF AFFIANT - SIGNATURE MUST BE NOTARIZED**

By signing this affidavit, I hereby swear and affirm that:

1. The information above is true, complete and accurate;
2. I understand that I have a continuing duty to inform the Court of any change in the information presented above. If I or my child(ren) begin receiving any benefit for any public assistance, I understand I must inform the Court and the Monroe County Child Support Enforcement Agency, in writing, within five (5) days of the application of such public assistance.
3. 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 [R.C. § 2921.11].

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Signature of Affiant

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Address of Affiant

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City                      State                      Zip

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Telephone # of Affiant

STATE OF OHIO     :  
                                  :ss  
MONROE COUNTY:

Sworn to or affirmed and subscribed before me on this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

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