

## IN THE COURT OF COMMON PLEAS OF NOBLE COUNTY, OHIO

Plaintiff/  
Petitioner

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

Address \_\_\_\_\_

Tel. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

## INFORMATION SHEET

vs./and

Defendant/  
Petitioner

Date and Place of Marriage: \_\_\_\_\_

Address \_\_\_\_\_

Tel. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

The undersigned, being first duly sworn, deposes and says that the date hereon is true to the best of affiant's knowledge and belief.

CHILDREN OF MARRIAGE: (Indicate with whom residing - husband, wife, other)

	Name	D.O.B.	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Previous Marriage:

	Husband: To	Date	Wife: To	Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

WHERE EMPLOYED:

Husband \_\_\_\_\_

Average Gross Pay \$ \_\_\_\_\_ per \_\_\_\_\_

Wife \_\_\_\_\_

Average Gross Pay \$ \_\_\_\_\_ per \_\_\_\_\_

INCOME FROM OTHER SOURCES, such as but not limited to: Welfare, ADC, Social Security, Retirement, Workers Compensation, Military Allotment, Pension, Rent, Dividends, Interest, and Alimony from a source other than this case:

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

Signers Total Income: \$ \_\_\_\_\_

#### INDEBTEDNESS OF PARTIES

	Name of Creditor	Security	Total Debt	Monthly Payment
1.	_____	_____	\$ _____	\$ _____
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
	TOTAL		\$ _____	\$ _____

#### AVERAGE MONTHLY EXPENSES:

	(Husband)	(Wife)
Rent or house payment	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Medical	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Food	\$ _____	\$ _____
Transportation	\$ _____	\$ _____
Other (list) _____	\$ _____	\$ _____
Child Support or Alimony from prior marriage	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

\_\_\_\_\_  
Husband

\_\_\_\_\_  
Wife

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_,

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

My Commission Expires \_\_\_\_\_