

COURT OF COMMON PLEAS

\_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_  
Plaintiff/Petitioner 1

v./and

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

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

\_\_\_\_\_  
Respondent/Petitioner 2

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

List ALL OF YOUR PROPERTY AND DEBTS, the property and debts of your spouse, and any joint property or debts. Do not leave any category blank. For each item, if none, put "NONE." If you do not know exact figures for any item, give your best estimate, and put "EST." If more space is needed, add additional pages.

**AFFIDAVIT OF PROPERTY**

Affidavit of \_\_\_\_\_

(Print Your Name)

**I. REAL ESTATE INTERESTS**

<u>Address</u>	<u>Present Fair Market Value</u>	<u>Titled To</u>	<u>Mortgage Balance</u>	<u>Equity (as of date)</u>
1. _____	\$ _____	<input type="checkbox"/> _____ Your Name	\$ _____	\$ _____
		<input type="checkbox"/> _____ Spouse's Name		
		<input type="checkbox"/> Both		
		<input type="checkbox"/> _____		
2. _____	\$ _____	<input type="checkbox"/> _____ Your Name	\$ _____	\$ _____
		<input type="checkbox"/> _____ Spouse's Name		
		<input type="checkbox"/> Both		

**TOTAL SECTION I: REAL ESTATE INTERESTS** \$ \_\_\_\_\_

## II. OTHER ASSETS

<u>Category</u>	<u>Description</u> (List who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
<b>A. Vehicles and Other Certificate of Title Property</b>	(Include model and year of automobiles, trucks, motorcycles, boats, motors, motor homes, etc.)		
1.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____ _____
2.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____ _____
3.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____ _____
4.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____ _____
5.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____ _____
6.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____ _____
<b>B. Financial Accounts</b>	(Include checking, savings, CDs, POD accounts, money market accounts, etc.)		
1.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____ _____
2.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____ _____
3.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____ _____
4.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____ _____

<u>Category</u>	<u>Description</u> (List who has possession) (Include profit-sharing, IRAs, 401k plans, etc.; Describe each type of plan)	<u>Titled To</u>	<u>Value/Date of Value</u>
<b>C. Pensions &amp; Retirement plans</b>			
1.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
2.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
3.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
4.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____

<u>Category</u>	<u>Description</u> (List who has possession) (Type of ownership and number)	<u>Titled To</u>	<u>Value/Date of Value</u>
<b>D. Publicly Held Stocks, Bonds, Securities, &amp; Mutual Funds</b>			
1.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
2.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
3.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
4.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____

<u>Category</u>	<u>Description</u> (List who has possession) (Type of ownership and number)	<u>Titled To</u>	<u>Value/Date of Value</u>
<b>E. Closely Held Stocks &amp; Other Business Interests and Name of Company</b>			
1.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
2.		<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____

**F. Life Insurance Type  
(Term/Whole Life)**

(Any cash value or loans)

(Insured party  
& value upon death)

1.		<input type="checkbox"/> Your Name	\$	
		<input type="checkbox"/> Spouse's Name		
		<input type="checkbox"/> Both		
2.		<input type="checkbox"/> Your Name	\$	
		<input type="checkbox"/> Spouse's Name		
		<input type="checkbox"/> Both		
3.		<input type="checkbox"/> Your Name	\$	
		<input type="checkbox"/> Spouse's Name		
		<input type="checkbox"/> Both		
4.		<input type="checkbox"/> Your Name	\$	
		<input type="checkbox"/> Spouse's Name		
		<input type="checkbox"/> Both		

CategoryDescriptionWho Has PossessionValue/Date of Value**G. Furniture & Appliances**

(Estimate value of those in your possession and value of those in your spouse's possession)

1.		<input type="checkbox"/> Your Name	\$	
		<input type="checkbox"/> Spouse's Name		
		<input type="checkbox"/> Both		
		<input type="checkbox"/> Your Name	\$	
		<input type="checkbox"/> Spouse's Name		
		<input type="checkbox"/> Both		
2.		<input type="checkbox"/> Your Name	\$	
		<input type="checkbox"/> Spouse's Name		
		<input type="checkbox"/> Both		
3.		<input type="checkbox"/> Your Name	\$	
		<input type="checkbox"/> Spouse's Name		
		<input type="checkbox"/> Both		
		<input type="checkbox"/> Your Name	\$	
		<input type="checkbox"/> Spouse's Name		
		<input type="checkbox"/> Both		
4.		<input type="checkbox"/> Your Name	\$	
		<input type="checkbox"/> Spouse's Name		
		<input type="checkbox"/> Both		

**H. Safe Deposit Box**

(Give location and describe contents)

Titled To

1.		<input type="checkbox"/> Your Name	\$	
		<input type="checkbox"/> Spouse's Name		
		<input type="checkbox"/> Both		
		<input type="checkbox"/> Your Name	\$	
		<input type="checkbox"/> Spouse's Name		
		<input type="checkbox"/> Both		
2.		<input type="checkbox"/> Your Name	\$	
		<input type="checkbox"/> Spouse's Name		
		<input type="checkbox"/> Both		

**I. Transfer of Assets**

**Explanation:** List the name and address of any person (other than creditors listed on your Affidavit) who has received money or property from you exceeding \$300 in value in the past 12 months and the reason for each transfer.

1.		<input type="checkbox"/> Your Name \$ _____ <input type="checkbox"/> Spouse's Name _____ <input type="checkbox"/> Both _____
2.		<input type="checkbox"/> Your Name \$ _____ <input type="checkbox"/> Spouse's Name _____ <input type="checkbox"/> Both _____
3.		<input type="checkbox"/> Your Name \$ _____ <input type="checkbox"/> Spouse's Name _____ <input type="checkbox"/> Both _____
4.		<input type="checkbox"/> Your Name \$ _____ <input type="checkbox"/> Spouse's Name _____ <input type="checkbox"/> Both _____

Category

Description  
(Also list who has possession)

Titled ToValue/Date of Value**J. All Other Assets Not Listed Above**

**Explanation:** List any item you have not listed above that is considered an asset.

1.		<input type="checkbox"/> Your Name \$ _____ <input type="checkbox"/> Spouse's Name _____ <input type="checkbox"/> Both _____
2.		<input type="checkbox"/> Your Name \$ _____ <input type="checkbox"/> Spouse's Name _____ <input type="checkbox"/> Both _____

**TOTAL SECTION II: OTHER ASSETS** \$ \_\_\_\_\_

**III. SEPARATE PROPERTY CLAIMS: Pre-marital assets, gifts to one spouse only, inheritances**

If you are making any claims in any of the categories below, explain the nature and amount of your claim. **This includes, but is not limited to, inheritances, property owned before marriage, and any pre-marital agreements.**

<u>Category</u> (Pre-marital Gift, Inheritance, etc., acquired after separation)	<u>Description</u>	<u>Why do you claim this as a separate property?</u>	<u>Present Fair Market Value</u>
1.			\$ _____
2.			\$ _____
3.			\$ _____
4.			\$ _____
5.			\$ _____

**TOTAL SECTION III: SEPARATE PROPERTY CLAIMS** \$ \_\_\_\_\_

#### IV. DEBT

List ALL OF YOUR DEBTS, the debts of your spouse, and any joint debts. Do not leave any category blank. For each item, if none, put "NONE." If you don't know exact figures for any item, give your best estimate, and put "EST." If more space is needed to explain, please attach an additional page with the explanation and identify which question you are answering.

Type	Name of Creditor/Purpose of Debt	Account Name	Name(s) on Account	Total Debt Due	Monthly Payment
<b>A. Secured Debt (Mortgages, Car, etc.)</b>					
1.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
2.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
3.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
4.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
5.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
<b>B. Unsecured Debt, including credit cards</b>					
1.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
2.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
3.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$

	<input type="checkbox"/> _____ Your Name		
	<input type="checkbox"/> _____ Spouse's Name		
4.	<input type="checkbox"/> Joint	\$ _____	\$ _____
	<input type="checkbox"/> _____ Your Name		
	<input type="checkbox"/> _____ Spouse's Name		
5.	<input type="checkbox"/> Joint	\$ _____	\$ _____

**TOTAL SECTION IV: DEBT** \$ \_\_\_\_\_

## V. BANKRUPTCY

Filed by:

- ☐ \_\_\_\_\_  
Your Name
- ☐ \_\_\_\_\_  
Spouse's Name
- ☐ Both

Date of Filing:  
Case Number

Date of Discharge  
or Relief from Stay

Type of Case  
(Ch. 7, 11, 12, 13)

Current Monthly  
Payments

1.	<input type="checkbox"/> _____ Your Name				
	<input type="checkbox"/> _____ Spouse's Name				
	<input type="checkbox"/> Both				\$ _____
2.	<input type="checkbox"/> _____ Your Name				
	<input type="checkbox"/> _____ Spouse's Name				
	<input type="checkbox"/> Both				\$ _____

**TOTAL SECTION V: BANKRUPTCY** \$ \_\_\_\_\_

## OATH

(Do Not Sign Until Notary is Present)

I, (print name) \_\_\_\_\_ 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: \_\_\_\_\_