## IN THE COURT OF COMMON PLEAS DOMESTIC RELATIONS DIVISION AUGLAIZE COUNTY, OHIO

			,		
		Cas	e No.		
Plaintiff/Petitioner 1	Judge MARK E. SPEES				
vs./and		Judi	ge MARK E.	SPEE3	
Defendant/Petitioner 2					
<u>Instructions</u> : Check local court rules to determine when this form must be filed. This affidavit is used to disclose health insurance coverage that is available for children of the relationship. It is also used to determine child support. If more space is needed, add additional pages.					
HEALTH INSU	JRANC	E AFFIDA\	/IT		
Affidavit of	(Print	Name)		_	
	(, ,,,,,	Plaintiff/Pe	titioner 1	Defendant/Petitioner 2	
Is/are your child(ren) currently enrolled in a governm provided program (i.e. Healthy Start/ Medicaid)?	nent-	Yes	No	Yes No	
Is/are your child(ren) enrolled in an individual (non-gror COBRA) health insurance plan?	roup	Yes	No No	Yes No	
Is/are your child(ren) enrolled in a plan found through exchange/Affordable HealthCare Marketplace?	n the	Yes	No	Yes No	
Is/are your child(ren) enrolled in a health insura plan through a group (employer or other organization)		Yes	No	Yes No	
If your child(ren) is/are not enrolled, does/do he/she/t have health insurance available through a gr (employer or other organization)?		Yes	No	Yes No	
Does the available insurance cover primary care servi within 30 miles of the children's home?	vices	Yes	No	Yes No	
Under the available insurance, what is the annual premyou pay for family coverage?	nium	\$		\$	
Name of group (employer or organization) that provides health insurance					
Address					

Supreme Court of Ohio Uniform Domestic Relations Form – Affidavit 4 HEALTH INSURANCE AFFIDAVIT Approved under Ohio Civil Rule 84 Amended: June 1, 2021

Phone Number

## **OATH OR AFFIRMATION**

(Do not sign until Notary Public is present)

I, (print name) knowledge and belief, the facts and in that if I do not tell the truth, I may be			re read this Affidavit and, to the best of my re true, accurate, and complete. I understand
			Your Signature
STATE OF	_)		
COUNTY OF	) SS _)		
Sworn to or affirmed before me by _		_this	day of,
			Signature of Notary Public
			Drinted Name of Natory Dublic
			Printed Name of Notary Public  Commission Expiration Date:
			(Affix seal here)