COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
CUYAHOGA COUNTY, OHIO

___________________________ Plaintiff	:	
___________________________ Date of Birth	:	Case Number: ___________________________
___________________________ Address	:	
___________________________ City, State, Zip Code	:	Judge: ___________________________
Marital Residence: ☐Yes ☐No	:	
vs	:	**MOTION FOR TEMPORARY SUPPORT WITH AFFIDAVIT AND NOTICE**
___________________________ Defendant	:	Filed by:___________________ (Your Name)
___________________________ Date of Birth	:	☐**WIFE** ☐**HUSBAND**
___________________________ Address	:	Date of Marriage:___________________
___________________________ City, State, Zip Code	:	Date of Separation: ___________________
Marital Residence: ☐Yes ☐ No		

☐Plaintiff ☐Defendant (print your name) ___________________________ files this Motion and Affidavit under Rule 75(N) of the Ohio Rules of Civil Procedure to request the following temporary support orders in the amounts stated:

Check all that apply: ____	Child support	$______________	Per month
____	Spousal support (alimony)	$______________	Per month
____	Payment of these debts and/or expenses:		
	________________________ $__________		
	________________________ $__________		
	________________________ $__________		
	________________________ $__________		
	________________________ $__________		
	Total debts and/or expenses	$______________	Per month
	TOTAL AMOUNT REQUESTED	$______________	Per month

☐Plaintiff ☐Defendant (print your name) ___________________________, having been duly sworn states that he/she has been advised that this affidavit will be used for the following purposes: (1) to disclose completely affiant's income and expenses; (2) to assist in determining orders of child support and spousal support, and payment of debts and expenses when applicable or any changes thereto; and (3) to provide for the issuance of an appropriate support withholding and deduction notice or other order.

NOTICE TO OTHER PARTY

☐Plaintiff ☐Defendant is hereby notified of the filing of this Motion for Temporary Support with Affidavit and Notice.
☐Plaintiff ☐Defendant is hereby directed to complete a Counter Affidavit and, within 14 days after receiving this notice, file the Counter Affidavit with the Clerk of Courts, basement of the County Courthouse, 1 W. Lakeside Ave. Cleveland, Ohio 44113 Room 35. If he/she fails to do so, the Affidavit supporting this motion will be taken as true. A Counter Affidavit is available at www.domestic.cuyahogacounty.us and in the Court's Help Center in Room 114A of Cuyahoga County Courthouse, 1 W. Lakeside Ave. Cleveland, Ohio 44113.

Initial: ________

Revised 11/2020

I. Information Required for Support Calculation:

A. Minor or Dependent Children of this Marriage

(Include adopted children and any child of the parties who is over 18 and still attending high school or is mentally or physically disabled)

Child's Name	Date of Birth	Age	Residing with

ARE THERE ANY OTHER SUPPORT ORDERS ESTABLISHED FOR THESE CHILDREN? ☐YES ☐NO
IF YES, ATTACH COPY OF ORDER AND PROVIDE THE FOLLOWING INFORMATION: DATE OF ORDER:_________ AMOUNT: $____________

CASE NUMBER: ________________ SETS NUMBER: ___________________ COURT (or agency) NAME: ______________________________

B. Other Minor Children Living in My Household.

Child's Name	Child's Relationship to You	Date of Birth	Age	Court Ordered Support Received
				$
				$
				$

C. Other Minor Children of Mine, NOT Living in My Household.

Child's Name	Residing with	Date of Birth	Age	Court Ordered Support Paid
				$
				$
				$

II. Child Support Guideline Adjustment:

	Husband/Father (all figures per year)		Wife/Mother (all figures per year)	
Total court ordered child support you pay for other children	$		$	
Total court ordered spousal support you pay to former spouse(s)	$		$	
Number of **your** other dependent children living with you from another marriage or relationship				
Court ordered child support you receive for the dependent child(ren) you indicated on line above	$		$	
Childcare expenses you pay for child(ren) of this marriage (employment or educational related)	$		$	
Local income taxes paid or rate of tax where you live or work	$	%	$	%
Self-employment tax (5.6% of A.G.I.)	$		$	
Health insurance premium for children (family plan cost minus individual plan cost)	$		$	

III. Annual Income [as defined in Ohio Revised Code §3119.01(B)(5)]:

A. Gross Annual Income from Employment (If not known, please estimate and write "EST" after each estimated figure.)

Gross Annual Employment Income ►	**Husband/Father**		**Wife/Mother**	
	$	☐Salary ☐Wages	$	☐Salary ☐Wages
Name(s) of Employer(s)				
Payroll Address(es)				
City, State, Zip				
Check the number of paychecks per year	☐12 ☐24 ☐26 ☐52		☐12 ☐24 ☐26 ☐52	
Year-to-date Gross Income	$	Through date of:	$	Through date of:
Prior Year's Tax Refund	$		$	
Benefits from Employment (Company Car, Club Memberships, Stock Options, etc.)				
1.	$		$	
2.	$		$	
3.	$		$	
Total Annual Value of Benefits:	$		$	

Initial: ________

B. Annual Overtime, Commissions and Bonuses (If not known, please estimate and write "EST" after each estimated figure.)

				Husband/Father		Wife/Mother	
				Base Income	Overtime, Commissions & Bonuses	Base Income	Overtime, Commissions & Bonuses
LAST YEAR:				$	$	$	$
2 YEARS AGO:				$	$	$	$
3 YEARS AGO:				$	$	$	$
THIS YEAR THROUGH ►	Month	Day	Year	$	$	$	$

C. Gross Annual Self-Employment Income (If not known, please estimate and write "EST" after each estimated figure.)
Use gross annual figures for most recent full year. See Ohio Revised Code §3119.01(C)(13)

Gross Annual Business Receipts	$	Company Name	
Ordinary & Necessary Business Expenses	- $	Company Address	
Net Annual Business Income	= $	Nature of Business:	

D. Other Annual Income: Other income includes commissions (other than from employment), royalties, tips, rents, dividends, severance pay, interest, trust income, annuities, social security benefits (including retirement, disability and survivor benefits that are not need based), workers' compensation, unemployment insurance, spousal support actually received, recurring capital gains, etc. Also include military pay (including base pay, BAQ, BAS, specialty pay, variable housing allowance, training pay, combat pay, hazardous duty pay, etc). Need Based Assistance includes benefits received from a government-administered means-tested program such as Ohio works first, food stamps, SSI, disability financial assistance, etc. For complete definition of income see Ohio Revised Code Section 3119.01(C)(7). If exact amounts are not known, please estimate and write "EST" after each estimated figure.

If more space is needed, attach extra pages. See additional pages: ☐YES

Husband/Father				Wife/Mother			
Other Income (Describe)		Need Based Assistance		Other Income (Describe)		Need Based Assistance	
	$		$		$		$
	$		$		$		$
	$		$		$		$
	$		$		$		$
Total Other Income	$	Total Need Based Assistance	$	Total Other Income	$	Total Need Based Assistance	$

E. Available Monthly Income

Husband/Father				Wife/Mother			
Average Monthly Deductions		Total Gross Annual Income	$	Average Monthly Deductions		Total Gross Annual Income	$
Fed/State/Local Taxes	$			Fed/State/Local Taxes	$		
Social Security Medicare	$	Total Average Gross Monthly Income	Divide Gross Annual By 12 $	Social Security Medicare	$	Total Average Gross Monthly Income	Divide Gross Annual By 12 $
Health Insurance	$			Health Insurance	$		
Union Dues	$	Average Monthly Deductions	Minus $	Union Dues	$	Average Monthly Deductions	Minus $
Pensions	$			Pensions	$		
IRAs/401(k)s	$	Available Monthly Income	Equals $	IRAs/401(k)s	$	Available Monthly Income	Equals $
Support Orders	$			Support Orders	$		
Other:	$			Other:	$		
Total Average Deductions	$			Total Average Deductions	$		

IV. Affiant's Monthly Living Expenses: On pages 4 and 5 please list the **ACTUAL** expenses for your present household. Give estimated expenses if you do not have exact figures, and check the appropriate box if you give an estimated expense.

Initial: ________

A. MONTHLY HOUSING EXPENSES	Check box to right of each ESTIMATED expense
RENT OR FIRST MORTGAGE (circle one)	$ ☐
REAL ESTATE TAXES (if not included above)	$ ☐
REAL ESTATE/HOMEOWNERS INSURANCE (if not included above)	$ ☐
SECOND MORTGAGE or EQUITY LINE, if any	$ ☐
UTILITIES:	
• Electric (level billing or average/month)	$ ☐
• Gas (if billed separately)	$ ☐
• Fuel Oil/Propane	$ ☐
• Water and Sewer	$ ☐
• Telephone (basic monthly charge & average long distance)	$ ☐
• Cable Television	$ ☐
CLEANING, MAINTENANCE, REPAIR	
• Cleaning Service	$ ☐
• Maintenance and home repairs Expenses	$ ☐
LAWN SERVICE AND SNOW REMOVAL	$ ☐
OTHER (specify):	$ ☐
TOTAL HOUSING (A)	$

B. OTHER MONTHLY LIVING EXPENSES	Check box to right of each ESTIMATED expense
FOOD, ETC.:	
• Groceries (include food, paper and cleaning products, toiletries, etc.)	$ ☐
• Restaurant	$ ☐
TRANSPORTATION, ETC.	
• Vehicle Loans and/or Leases	$ ☐
• Vehicle Maintenance	$ ☐
• Gasoline	$ ☐
• Parking, Public Transportation	$ ☐
CLOTHING, ETC.	
• Clothes (other than for children)	$ ☐
• Dry Cleaning, Laundry	$ ☐
PERSONAL GROOMING	
	$ ☐
	$ ☐
CELL PHONE	$ ☐
OTHER (Specify):	$ ☐
	$ ☐
TOTAL OTHER LIVING EXPENSES (B)	$

C. MONTHLY CHILD RELATED EXPENSES	Check box to right of each ESTIMATED expense
Work/Educational Related Childcare	$ ☐
Clothing	$ ☐
School Supplies	$ ☐
Children's Allowances	$ ☐
Extracurricular Activities, Lessons	$ ☐
School Lunches	$ ☐
Other:	$ ☐
TOTAL CHILD RELATED EXPENSES (C)	$ ☐

D. MONTHLY INSURANCE PREMIUMS	Check box to right of each ESTIMATED expense
Life	$ ☐
Auto	$ ☐
Health	$ ☐
Disability	$ ☐
Renters/Personal Property	$ ☐
Other (specify):	$ ☐
TOTAL INSURANCE PREMIUMS (D)	$

E. MONTHLY EDUCATIONAL EXPENSES	Check box to right of each ESTIMATED expense	
Description	You	Children
Tuition	$ ☐	$ ☐
Books, Fees, etc.	$ ☐	$ ☐
College Loan Repayment	$ ☐	$ ☐
Other:	$ ☐	$ ☐
Total Education Expenses for Each Column	$	$
TOTAL EDUCATION (E) (Add Both Columns)	$	

F. MONTHLY HEALTH CARE EXPENSES (Not covered by insurance)	Check box to right of each ESTIMATED expense	
Description	You	Children
Physicians	$ ☐	$ ☐
Dentists	$ ☐	$ ☐
Optometrists/Opticians	$ ☐	$ ☐
Prescriptions	$ ☐	$ ☐
Other (specify):	$ ☐	$ ☐
Total Health Care Expenses for Each Column.	$	$
TOTAL HEALTH CARE EXPENSES (F) (Add Both Columns)	$	

Initial: ________

G. MISCELLANEOUS MONTHLY EXPENSES (Your Expenses Only) Include children's expenses in section C or E on page 4	Check box to right of each ESTIMATED expense
Entertainment	$ ☐
Lessons, Health Clubs, Hobbies, Etc.	$ ☐
Books, Newspapers, Magazines and Other Subscriptions	$ ☐
Donations	$ ☐
Gifts	$ ☐
Vacations	$ ☐
Other (specify):	$ ☐
	$ ☐
	$ ☐
	$ ☐
TOTAL MISCELLANEOUS (G)	$

There are ________ adults and ________ children now living in my home.

I am assisted in my living expenses by:

____

Amount of Contribution per Month: $_________________
DO NOT INCLUDE NEED BASED PUBLIC ASSISTANCE

H . MONTHLY DEBT PAYMENTS NOT PREVIOUSLY LISTED Identify by Creditor	Last 4 digits of account #	Check box to right of each ESTIMATED expense
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
		$ ☐
TOTAL DEBT PAYMENTS (H)		$

GRAND TOTAL OF MONTHLY EXPENSES **(SUM OF A thru H)**
It is very important that you add each section and place a total in this box ► **$**

IV. Bankruptcy:

Filed by	Date of Filing	Case Number	Date of discharge or relief from stay	Type of case (Ch. 7, 11, 12, 13)	Current monthly payments
1.					$
2.					$

Initial: ________

OATH / AFFIRMATION

I, (print name) ________________________________, hereby swear or affirm that the information set forth in this Affidavit is true, complete, and accurate, and that I have not willfully withheld any substantial asset, debt, income or expense. I understand that failure to fully complete this affidavit may result in monetary sanctions against me as set forth in R.C. 3105.171(E)(5). Falsification of this document may also subject me to criminal penalties for perjury (R.C. 2921.11) or a finding of contempt.

____
Affiant

Sworn to and subscribed before me this ________ day of _______________________, 20________.

____
Notary Public

NOTICE: The Court may issue a temporary support order without a hearing upon submission of this affidavit and the counter affidavit of the other party. Please review Local Rule 23 for additional information about the Court's procedure for handling Motions for Temporary Support.

CERTIFICATE OF SERVICE

The Motion for Temporary Support with Affidavit and Notice was sent by ☐ certified ☐ ordinary mail to:

____
(Name of Attorney or Party)

____
(Address)

____
(City/State/Zip)

on ____
(Date sent)

____
PRINT NAME

____
SIGNATURE

____
ADDRESS

____
CITY, STATE, ZIP CODE

____
MOBILE TELEPHONE NUMBER

____
EMAIL ADDRESS

____
Signature of Attorney for ☐Plaintiff ☐Defendant

____
Attorney's Name and Registration Number

____
Address

____
City/State/Zip

____
Telephone Number