

SCHEDULE V. MODIFICATION OF PRIOR SUPPORT ORDER

[Schedule I. (Affidavit of Income) must be filed with this Schedule]

Case No. D _____

State of Ohio, County of Lucas, ss, _____

_____, being first duly sworn, says that (s)he is one of the parties hereto, and is moving the Court to modify the present support order from \$ _____ per ☐ week; ☐ month; to the sum of \$ _____ or, the amount suggested by the **Child Support****Guidelines** per ☐ week; ☐ month; that this affidavit may be used for any and all of the following purposes (1) to make a disclosure of affiant's expenses; (2) to assist in determining and making a support order.INSTRUCTIONS: Include expenses for yourself and for MINOR children of **this** marriage only (you should include expenses for a disabled child of this marriage over 18 also.)**PRESENT MONTHLY EXPENSES**

Yourself

Minor Children

A. Food:

Groceries _____

Restaurant _____

School Lunch _____

B. Housing:

First Mortgage _____

Second Mortgage _____

Loan _____

Rent _____

Taxes _____

Insurance _____

Maintenance _____

Lawn Care _____

Cleaning _____

C. Utilities:

Electric _____

Gas _____

Fuel Oil _____

Sewer/Water _____

Telephone _____

Cell Phone _____

Garbage _____

D. Medical:

(out-of-pocket)

Doctor _____

Dentist _____

Drugs _____

Counseling _____

Optical _____

Orthodontist _____

E. Transportation:

Car Loan _____

Car Loan _____

Car Insurance _____

Gasoline _____

Maintenance _____

Parking _____

Public Transit _____

School Bus _____

Car Lease _____

F. Clothing:

Regular _____

Special _____

MONTHLY EXPENSES AT THE TIME OF THE LAST SUPPORT ORDER

Yourself

Minor Children

A. Food:

Groceries _____

Restaurant _____

School Lunch _____

B. Housing:

First Mortgage _____

Second Mortgage _____

Loan _____

Rent _____

Taxes _____

Insurance _____

Maintenance _____

Lawn Care _____

Cleaning _____

C. Utilities:

Electric _____

Gas _____

Fuel Oil _____

Sewer/Water _____

Telephone _____

Cell Phone _____

Garbage _____

D. Medical:

(out-of-pocket)

Doctor _____

Dentist _____

Drugs _____

Counseling _____

Optical _____

Orthodontist _____

E. Transportation:

Car Loan _____

Car Loan _____

Car Insurance _____

Gasoline _____

Maintenance _____

Parking _____

Public Transit _____

School Bus _____

Car Lease _____

F. Clothing:

Regular _____

Special _____

PRESENT MONTHLY EXPENSES

	Yourself	Minor Children
G. Insurance:		
Life	_____	_____
Health	_____	_____
Disability	_____	_____
Pers. Prop.	_____	_____
H. Enrichment:		
Entertain	_____	_____
Lessons	_____	_____
Sports	_____	_____
Clubs	_____	_____
Hobbies	_____	_____
Vacation	_____	_____
Magazines	_____	_____
I. Education:		
Tuition	_____	_____
Books	_____	_____
Fees	_____	_____
Tutor	_____	_____
Activities	_____	_____
College Loan	_____	_____
J. Misc/Personal:		
Child Care/Child #1	_____	Age _____
Child Care/Child #2	_____	Age _____
Child Care/Child #3	_____	Age _____
Child Care/Child #4	_____	Age _____
Child Care/Child #5	_____	Age _____
Gifts	_____	
Cable	_____	
Newspaper	_____	
Barber/Beautician	_____	
Toiletries	_____	
Donations	_____	
Laundry	_____	
Allowance	_____	
Veterinarian	_____	
Other	_____	
TOTAL ALL COLUMNS	\$ _____	\$ _____

MONTHLY EXPENSES AT THE TIME OF THE LAST SUPPORT ORDER

	Yourself	Minor Children
G. Insurance:		
Life	_____	_____
Health	_____	_____
Disability	_____	_____
Pers. Prop.	_____	_____
H. Enrichment:		
Entertain	_____	_____
Lessons	_____	_____
Sports	_____	_____
Clubs	_____	_____
Hobbies	_____	_____
Vacation	_____	_____
Magazines	_____	_____
I. Education:		
Tuition	_____	_____
Books	_____	_____
Fees	_____	_____
Tutor	_____	_____
Activities	_____	_____
College Loan	_____	_____
J. Misc/Personal:		
Child Care/Child #1	_____	Age _____
Child Care/Child #2	_____	Age _____
Child Care/Child #3	_____	Age _____
Child Care/Child #4	_____	Age _____
Child Care/Child #5	_____	Age _____
Gifts	_____	
Cable	_____	
Newspaper	_____	
Barber/Beautician	_____	
Toiletries	_____	
Donations	_____	
Laundry	_____	
Allowance	_____	
Veterinarian	_____	
Other	_____	
TOTAL ALL COLUMNS	\$ _____	\$ _____

INSTALLMENT PAYMENTS (DO NOT INCLUDE CREDITOR FOR EXPENSE LISTED ABOVE).

Present Payments			Payments at the Time of the Prior Order		
Creditor	Balance Due	Monthly Payment	Creditor	Balance Due	Monthly Payment
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
TOTAL MONTHLY PAYMENTS		\$ _____	TOTAL MONTHLY PAYMENTS		\$ _____

Name(s) and age(s) of the minor child(ren) of the marriage to your former spouse who live with you.

☐ If none, check here.

_____	DOB _____	_____	DOB _____
_____	DOB _____	_____	DOB _____

Present marital status:

☐ Married ☐ Single☐ Yes: ☐ No. If married, does your spouse live with you?

Name(s) and age(s) of step-children living in your household:

_____	DOB _____	_____	DOB _____
_____	DOB _____	_____	DOB _____

Amount of Child Support/Spousal Support received by your present spouse.

☐ If none, check here. \$ _____ per _____

Amount of Child Support/Spousal Support your present spouse is entitled to receive by Court order.

\$ _____ per _____

Total number of persons living in your household, including yourself _____

List all financial resources you presently own, include home, car, bank accounts, pension, stocks, etc.					
List of Present Assets <input type="checkbox"/> If none, check here.			List of Assets as of Date of Last Court Order for Support <input type="checkbox"/> If none, check here.		
Describe	Gross Value	Indebtedness due thereon	Describe	Gross Value	Indebtedness due thereon
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____

List all income received by MINOR CHILD(REN), including interest.			
Current Income <input type="checkbox"/> If none, check here.		Income at Time of Prior Order <input type="checkbox"/> If none, check here.	
Source of Income	Amount	Source of Income	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

List all assets (bank accounts, vehicles, stock, trusts, bonds owned by minor child(ren)).			
Child(ren)'s Present Assets <input type="checkbox"/> If none, check here.		Child(ren)'s Assets at Time of Prior Order <input type="checkbox"/> If none, check here.	
Describe	Value	Describe	Value
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

List minor child(ren)'s education needs, emotional and/or physical conditions.			
<input type="checkbox"/> If none, check here. Present Condition:		<input type="checkbox"/> If none, check here. Condition at Time of Prior Order:	
Child's Name	Condition	Child's Name	Condition
_____	_____	_____	_____
_____	_____	_____	_____

List any educational needs and educational opportunities which would have been available to the minor child(ren) had the circumstances requiring a Court order for support not arisen.		
<input type="checkbox"/> If none, check here.		
Child's Name	Opportunity/Need	Cost
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

State the standard of living the child(ren) would have enjoyed had the marriage continued. ☐ About the same; ☐ Improved; ☐ Declined.

Said Affiant further states that the information contained herein is complete and accurate under penalty of law; that the information provided is required by law pursuant to O.R.C. 3105.18 and 3109.05; that (s)he CERTIFIES THAT (S)HE HAS CAUSED A COPY HEREOF TO BE MAILED OR DELIVERED TO THE OTHER PARTY AT THE TIME OF FILING THE SAME WITH THE COURT.

Sworn to before me and subscribed in my presence, this _____ day of _____, 20____.

Notary Public