

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).

Creditor	Present Payments		Creditor	Payments at the Time of the Prior Order	
	Balance Due	Monthly Payment		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.																							
<p>List of Present Assets</p> <p><input type="checkbox"/> If none, check here.</p> <table> <tr> <td>Describe</td> <td>Gross Value</td> <td>Indebtedness due thereon</td> </tr> <tr> <td> </td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table>			Describe	Gross Value	Indebtedness due thereon		\$ _____	\$ _____		\$ _____	\$ _____		\$ _____	\$ _____		\$ _____	\$ _____		\$ _____	\$ _____		\$ _____	\$ _____
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	\$ _____	\$ _____																					
<p>List of Assets as of Date of Last Court Order for Support</p> <p><input type="checkbox"/> If none, check here.</p> <table> <tr> <td>Describe</td> <td>Gross Value</td> <td>Indebtedness due thereon</td> </tr> <tr> <td> </td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table>			Describe	Gross Value	Indebtedness due thereon		\$ _____	\$ _____		\$ _____	\$ _____		\$ _____	\$ _____		\$ _____	\$ _____		\$ _____	\$ _____		\$ _____	\$ _____
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List all income received by MINOR CHILD(REN), including interest.																							
<p>Current Income</p> <p><input type="checkbox"/> If none, check here.</p> <table> <tr> <td>Source of Income</td> <td>Amount</td> </tr> <tr> <td> </td> <td>\$ _____</td> </tr> <tr> <td> </td> <td>\$ _____</td> </tr> </table>			Source of Income	Amount		\$ _____		\$ _____															
Source of Income	Amount																						
	\$ _____																						
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<p>Income at Time of Prior Order</p> <p><input type="checkbox"/> If none, check here.</p> <table> <tr> <td>Source of Income</td> <td>Amount</td> </tr> <tr> <td> </td> <td>\$ _____</td> </tr> <tr> <td> </td> <td>\$ _____</td> </tr> </table>			Source of Income	Amount		\$ _____		\$ _____															
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	\$ _____																						
	\$ _____																						
List all assets (bank accounts, vehicles, stock, trusts, bonds owned by minor child(ren)).																							
<p>Child(ren)'s Present Assets</p> <p><input type="checkbox"/> If none, check here.</p> <table> <tr> <td>Describe</td> <td>Value</td> </tr> <tr> <td> </td> <td>\$ _____</td> </tr> <tr> <td> </td> <td>\$ _____</td> </tr> </table>			Describe	Value		\$ _____		\$ _____															
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Describe	Value																						
	\$ _____																						
	\$ _____																						
List minor child(ren)'s education needs, emotional and/or physical conditions.																							
<p><input type="checkbox"/> If none, check here.</p> <p>Present Condition:</p> <table> <tr> <td>Child's Name</td> <td>Condition</td> </tr> <tr> <td> </td> <td>_____</td> </tr> <tr> <td> </td> <td>_____</td> </tr> </table>			Child's Name	Condition		_____		_____															
Child's Name	Condition																						

<p><input type="checkbox"/> If none, check here.</p> <p>Condition at Time of Prior Order:</p> <table> <tr> <td>Child's Name</td> <td>Condition</td> </tr> <tr> <td> </td> <td>_____</td> </tr> <tr> <td> </td> <td>_____</td> </tr> </table>			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.																							
<p><input type="checkbox"/> If none, check here.</p> <table> <tr> <td>Child's Name</td> <td>Opportunity/Need</td> <td>Cost</td> </tr> <tr> <td> </td> <td>_____</td> <td>\$ _____</td> </tr> </table>			Child's Name	Opportunity/Need	Cost		_____	\$ _____		_____	\$ _____		_____	\$ _____		_____	\$ _____						
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_____.
[Signature]

Notary Public