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

		:	
	Petitioner/Plaintiff,	: JUDGE RANDALL D. FULLER	
vs.		: Case No	
		:	
	Petitioner/Defendant.	:	

## PARENTING SUPPLEMENTAL INFORMATION AFFIDAVIT

Child's Name:	Child's Name:			
DOB:	DOB:			
School Attended:	School Attended:			
Child's Name:	Child's Name:			
DOB:	DOB:			
School Attended:	School Attended:			
Petitioner/Plaintiff's Residence School District:	Petitioner/Defendant's Residence School District:			
Other children of Petitioner/Plaintiff who reside with the party:	Other children of Petitioner/Defendant who reside with the party:			
Other children for whom Petitioner/Plaintiff pays child support:	Other children for whom Petitioner/Defendant pays child support:			
Amount paid:	Amount paid:			

Work-related Day Care Paid by	Work-related Day Care Paid by		
Petitioner/Plaintiff	Petitioner/Defendant		
Day Care Provider:	Day Care Provider:		
Cost (per week/month)	Cost (per week/month)		
Cost of Health Insurance Coverage Paid For by	Cost of Health Insurance Coverage Paid For by		
Petitioner/Plaintiff	Petitioner/Defendant		
Family Coverage Cost:	Family Coverage Cost:		
Single Employee Cost:	Single Employee Cost:		

(Do not sign until	notary is preser	nt.)				
I, (print name)		, swear or affirm that I have read this				
document and, to the best of my knowledge and be true, accurate, and complete. I understand that if I	·					
	You	ır Signature				
Sworn before me and signed in my presence this	day	of		,		
	Not	ary Public				
	My	Commission Exp	oires:			