IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
WAYNE COUNTY, OHIO

In the Matter of :
:
_________________________________ : Case No. ______________________
(Child's Name) :
:
DOB: ____________________________ :

EMPLOYMENT, HEALTHCARE, AND TAX INFORMATION AFFIDAVIT

The undersigned provides the following information in furtherance of R.C. 3119.30 and related requirements:

EMPLOYMENT

Parent 1:

Parent Name: ____

Name of Employer(s): ____

Approximate Monthly Gross Income: _______________________________

Parent 2:

Parent Name: ____

Name of Employer(s): ____

Approximate Monthly Gross Income: _______________________________

HEALTHCARE

____ (if checked) The child is currently enrolled in a low-income program (i.e. Healthy Start/Medicaid).

____ (if checked) The child is enrolled in an individual (non-group or COBRA) health insurance plan.

____ (if checked) The child is enrolled in a plan found through the exchange/Affordable Healthcare Marketplace.

____ (if checked) The child is enrolled in a health insurance plan through a group (employer or other organization).

____ (if checked) The available insurance cover primary care services within 30 miles of the child's home.

Under the available insurance, the current annual premium I pay for family coverage is: $___________________________

(*Check one*)

____ A copy of the child's current health insurance card(s) is enclosed.

____ I am unable to obtain a copy of the child's current health insurance card for the following reason: ____

____

TAX DEPENDENCY

For federal income tax purposes, the child is presently claimed as a dependent by the following individual: ____

By signing below, I represent the above information is truthful and complete to the best of my knowledge.

____
Affiant Signature

In ___________________________ County, Ohio, the above was sworn to and subscribed in my presence this ______ day of ________________, ______.

____
Notary Public