COURT OF COMMON PLEAS
_____ COUNTY, OHIO

_____
Plaintiff/Petitioner 1

v./and

_____
Defendant/Petitioner 2

Case No. _____

Judge _____

Magistrate _____

Instructions: Check local court rules to determine when this form must be filed.
This affidavit is used to disclose health insurance coverage that is available for children. It is also used to determine child support. It must be filed if there are minor children of the relationship. **If more space is needed, add additional pages.**

STATEMENT OF HEALTH INSURANCE

This statement is made by _____
(Print Your Name)

	_____ **Your Name**	_____ **Spouse's Name**
Are your child(ren) currently enrolled in a low-income government-assisted health care program (Healthy Start/Medicaid)?	☐ Yes ☐ No	☐ Yes ☐ No
Are you enrolled in an individual (non-group or COBRA) health insurance plan?	☐ Yes ☐ No	☐ Yes ☐ No
Are you enrolled in a health insurance plan through a group (employer or other organization)?	☐ Yes ☐ No	☐ Yes ☐ No
If you are not enrolled, do you have health insurance available through a group (employer or other organization)?	☐ Yes ☐ No	☐ Yes ☐ No
Does the available insurance cover primary care services within 30 miles of the child(ren)'s home?	☐ Yes ☐ No	☐ Yes ☐ No

	_____ Your Name	**_____ Spouse's Name**
Under the available insurance, what would be the annual premium for a plan covering you and the child(ren) of this relationship (not including a spouse)?	$ _____	$ _____
Under the available insurance, what would be the annual premium for a plan covering you alone (not including children or spouse)?	$ _____	$ _____
If you are enrolled in a health insurance plan through a group (employer or other organization) or individual insurance plan, which of the following people is/are covered:		
Yourself?	☐ Yes ☐ No	☐ Yes ☐ No
Your spouse?	☐ Yes ☐ No	☐ Yes ☐ No
Minor child(ren) of this relationship?	☐ Yes ☐ No Number _____	☐ Yes ☐ No Number _____
Other individuals?	☐ Yes ☐ No Number _____	☐ Yes ☐ No Number _____
Name of group (employer or organization) that provides health insurance	_____	_____
Address	_____	_____
	_____	_____
Phone number	_____	_____

The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.

_____
Your Signature