IN	THE	COURT	OF	COMMON	PLEAS

DIVISION COUNTY, OHIO

Plaintiff/Petitioner 1

vs./and

Case No	
Judge	

Magistrate \_\_\_\_\_

Defendant/Petitioner 2

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.

## HEALTH INSURANCE AFFIDAVIT

Affidavit of \_\_\_\_\_

	Plaintiff/Pe	titioner 1	Defendant/Petitioner 2
Is/are your child(ren) currently enrolled in a low-income program (i.e. Healthy Start/ Medicaid)?	Yes	No No	Yes No
Is/are your child(ren) enrolled in an individual (non-group or COBRA) health insurance plan?	Yes	No	Yes No
Is/are your children enrolled in a plan found through the exchange/Affordable HealthCare Marketplace?	Yes	No	Yes No
Is/are your child(ren) enrolled in a health insurance plan through a group (employer or other organization)?	Yes	No	Yes No
If your child(ren) is/are not enrolled, do/does he/she/they have health insurance available through a group (employer or other organization)?	Yes	No No	Yes No
Does the available insurance cover primary care services within 30 miles of the children's home?	Yes	No	Yes No
Under the available insurance, what is the annual premium you pay for family coverage?	\$		\$
Name of group (employer or organization) that provides health insurance			
Address			
Phone Number			
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## OATH OR AFFIRMATION

(Do not sign until Notary Public is present)

I, (print name)\_\_\_\_\_, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

	Your Signature
STATE OF )	
OUNTY OF )	
Sworn to or affirmed before me by	thisday of,

Signature of Notary Public

Printed Name of Notary Public

Commission Expiration Date: \_\_\_\_\_

(Affix seal here)

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