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

_____
Plaintiff/Petitioner 1

vs./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 of the relationship. It is also used to determine child support. **If more space is needed, add additional pages.**

HEALTH INSURANCE AFFIDAVIT

Affidavit of _____
(Print Name)

	Plaintiff/Petitioner 1		**Defendant/Petitioner 2**	
Is/are your child(ren) currently enrolled in a government-provided program (i.e. Healthy Start/ Medicaid)?	☐ Yes	☐ 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 child(ren) 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, does/do he/she/they 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 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	_____		_____	

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 _____)
) SS
COUNTY OF _____)

Sworn to or affirmed before me by _____this _____day of _____,_____.

_____
Signature of Notary Public

_____
Printed Name of Notary Public

Commission Expiration Date: _____

(Affix seal here)