

IN THE COURT OF COMMON PLEAS

\_\_\_\_\_  
DIVISION  
\_\_\_\_\_  
COUNTY, OHIO

\_\_\_\_\_  
Plaintiff/Petitioner 1

Case No. \_\_\_\_\_

vs./and

Judge \_\_\_\_\_

\_\_\_\_\_  
Defendant/Petitioner 2

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

\_\_\_\_\_

\_\_\_\_\_

