

**IN THE COURT OF COMMON PLEAS
ASHTABULA COUNTY, OHIO**

Plaintiff/Petitioner	Case No.
	Judge
v./and	Magistrate

Defendant/Petitioner

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

(Print Your Name)

Mother

Father

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

Mother

Father

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	Yes	No
	Number		Number	
Other individuals?	Yes	No	Yes	No
	Number		Number	

Name of group (employer or organization) that provides health insurance

Address

Phone number

OATH

(Do not sign until notary is present.)

I, (print name) _____, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document 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

Sworn before me and signed in my presence this _____ day of _____, _____.

Notary Public
My Commission Expires: _____