

STATE OF OHIO  
GEAUGA COUNTY

DATE:

OBLIGEE

-vs-

CASE NO:  
ORDER NO:

OBLIGOR

**AFFIDAVIT**

I, \_\_\_\_\_, first being duly sworn depose and say :

THAT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

SWORN TO BEFORE ME AND SIGNED IN MY PRESENCE this \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

Return to  
Geauga County Child Support  
PO Box 309  
Chardon OH 44024