(county where filed)

(your full name or the name of the plaintiff in the original action) Plaintiff, VS.

(other party's full name or the name of the defendant in the original action) Defendant.

Case No.

(case number assigned by clerk of court)

FINANCIAL AFFIDAVIT FOR CHILD SUPPORT

I, _____, am under oath and I state that (first, middle and last names) the following information is true:

1. This is an action for

Choose one:

(type of case)

There is no existing order for support for the minor childr(en) born to the other party and me.

<u>OR</u>

There is currently an order for the support of the minor child(ren) of the other party and me through:

(name of court)

(case number)

(amount of support)

(number of children)

Continued on next page

2. I am employed at

(name of employer) My current **gross** monthly income is \$______ (amount of income from all sources)

My income is based on (choose one):

\$	per hour for	hours per week.
(amount pe	er hour) (number	of hours)
R		
- \$	salary per mo	nth plus monthly bonuses of
(amount p	per month)	I

3. The other party is employed at _______. (name of employer) The other party's current **gross** monthly income is \$______. (amount of income from all sources) This income is based on (choose one):

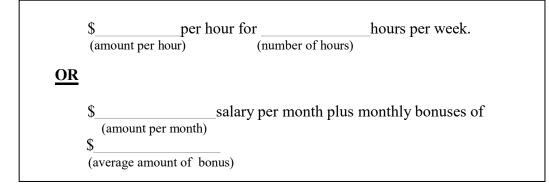
(amount per hour)	(number of hours)	
\$	salary per month plu	is monthly bonuses o
(amount per month) \$		

4. I believe I am capable of earning more income than is currently being earned. I base this on past employment at

	(name of employer)
_	where my gross income per month was
\$, based on
	(amount of income from all sources)

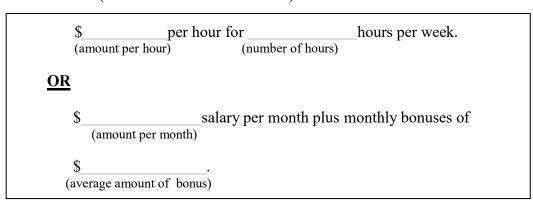
Continued on next page ...

(choose one):



5. I believe the other party is capable of earning more income than is currently being earned. I base this on past employment at

_____, where the other party's gross income (name of employer) per month was \$_____, based on (choose one): (amount of income from all sources)



- 6. I do / do not (mark one) have health insurance available for the child(ren) through my employment at a cost of \$_____ per month. (cost of coverage for child(ren) only)
- 7. The other party does / does not (mark one) have health insurance available for the child(ren) through employment at a cost of \$______ per month.

Continued on next page ...

8. Check the box that applies:

I contribute to a mandatory retirement plan. The minimum amount required as a contribution is \$

(minimum contribution required)

<u>OR</u>

I do not contribute to a mandatory retirement plan.

OR

I do not have a mandatory retirement plan, but I contribute to a voluntary retirement plan. My monthly contribution is

(average contribution)

<u>OR</u>

\$

I do not contribute to a voluntary retirement plan.

9. Check the box that applies:

The other party contributes to a mandatory retirement plan. The minimum amount required as a contribution is \$

(minimum contribution required)

<u>OR</u>

The other party does not contribute to a mandatory retirement plan.

OR

The other party does not have a mandatory retirement plan, but the other party contributes to a voluntary retirement plan. The other party's monthly contribution is \$

<u>OR</u>

(average contribution)

The other party does not contribute to a voluntary retirement plan.

Continued on next page ...

For the other child(ren) I am supporting, check the box that applies:

	If support is court-ordered:		
	(name of court)		
	(case number)		
	(amount of support)		
<u>OR</u>			
	If support is not court-ordered and the child(ren) are living with you:		
	(name of other parent)		
	(gross monthly income of other parent)		

11. The other party has other children to support. Number of children:

(number of other party's other children)

Child(ren)'s name(s) and year(s) of birth:

(name)

(name)

(name)

(year of birth)

(year of birth)

(year of birth)

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For the other child(ren) the other party is supporting, check the box that applies:

	(name of court)
	(case number)
	(amount of support)
If support is the other par	not court-ordered and the child(ren) are living with ty:

SIGN IN FRONT OF NOTARY PUBLIC

I hereby swear, or affirm, under penalty of perjury, that the above information is true.

Signature:	Date:			
Printed Name:				
Street Address/P.O. Box:				
City/State/ZIP Code:				
Telephone Number:				
Email address:				
State of)			
) ss.			
County of)			
This document was acknowledged before me by,				
thisday of	, 20			
	Notary commission expires:			
Signature of Judge/Clerk of the Court/Notary Public				
Title:	Serial Number (if any):			