

(county where filed)

_____, Case No. _____
(your full name or the name of the plaintiff in the (case number assigned by clerk of court)
original action) Plaintiff,
vs.

**FINANCIAL AFFIDAVIT
FOR CHILD SUPPORT**

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

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

1. This is an action for _____.
(type of case)

Choose one:

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

OR

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)

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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 per hour) (number of hours)

OR

\$_____ salary per month plus monthly bonuses of
(amount per month)

\$_____.
(average amount per month)

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):

\$_____ per hour for _____ hours per week.
(amount per hour) (number of hours)

OR

\$_____ salary per month plus monthly bonuses of
(amount per month)

\$_____.
(average 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)

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(choose one):

\$_____ per hour for _____ hours per week.
(amount per hour) (number of hours)

OR

\$_____ salary per month plus monthly bonuses of
(amount per month)
\$_____
(average amount of bonus)

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)

\$_____ per hour for _____ hours per week.
(amount per hour) (number of hours)

OR

\$_____ salary per month plus monthly bonuses of
(amount per month)
\$_____.
(average amount of bonus)

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.
(cost of coverage **for child(en) only**)

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8. Check the box that applies:

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

OR

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)

OR

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)

OR

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 \$ _____.
(average contribution)

OR

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

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10. I have other children I am supporting.

Number of children: _____.
(number of other children)

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

_____	_____
(name)	(year of birth)
_____	_____
(name)	(year of birth)
_____	_____
(name)	(year of birth)

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)

OR

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)	(year of birth)
_____	_____
(name)	(year of birth)
_____	_____
(name)	(year of birth)

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

If support is court-ordered:

(name of court)

(case number)

(amount of support)

OR

If support is not court-ordered and the child(ren) are living with
the other party:

(name of other parent)

(gross monthly income of other parent)

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 _____,
this _____ day of _____, 20____.

Notary commission expires: _____

Signature of Judge/Clerk of the Court/Notary Public

Title: _____ Serial Number (if any): _____