

FINANCIAL AFFIDAVIT FOR CHILD SUPPORT

IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA
(county where filed)

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

Case No. _____
(case number assigned by clerk of court)

VS.

FINANCIAL AFFIDAVIT FOR CHILD SUPPORT

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

STATE OF NEBRASKA)
)
COUNTY OF _____) ss:
(county where signed)

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 child(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 \$_____. My income
(amount of income from all sources)

is based on (choose one):

<p><input type="checkbox"/> \$_____ per hour for _____ hours per week. (amount per hour) (number of hours)</p> <p style="text-align: center;"><u>OR</u></p> <p><input type="checkbox"/> \$_____ salary per month plus monthly bonuses of (amount per month)</p> <p>\$_____. (average amount per month)</p>

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):

<p><input type="checkbox"/> \$_____ per hour for _____ hours per week. (amount per hour) (number of hours)</p> <p style="text-align: center;"><u>OR</u></p> <p><input type="checkbox"/> \$_____ salary per month plus monthly bonuses of (amount per month)</p> <p>\$_____. (average amount per month)</p>

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)

(choose one):

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\$ _____ 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 _____,
(name of employer)

where the other party's gross income per month was \$ _____,
(amount of income from all sources)

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 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:

<p><input type="checkbox"/> I contribute to a mandatory retirement plan. The minimum amount required as a contribution is \$_____. <small>(minimum contribution required)</small></p> <p><u>OR</u></p> <p><input type="checkbox"/> I do not contribute to a mandatory retirement plan.</p> <p><u>OR</u></p> <p><input type="checkbox"/> I do not have a mandatory retirement plan, but I contribute to a voluntary retirement plan. My monthly contribution is \$_____. <small>(average contribution)</small></p> <p><u>OR</u></p> <p><input type="checkbox"/> I do not contribute to a voluntary retirement plan.</p>

9. Check the box that applies:

<p><input type="checkbox"/> The other party contributes to a mandatory retirement plan. The minimum amount required as a contribution is \$_____. <small>(minimum contribution required)</small></p> <p><u>OR</u></p> <p><input type="checkbox"/> The other party does not contribute to a mandatory retirement plan.</p> <p><u>OR</u></p> <p><input type="checkbox"/> 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 \$_____. <small>(average contribution)</small></p> <p><u>OR</u></p> <p><input type="checkbox"/> The other party does not contribute to a voluntary retirement plan.</p>
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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:

<p><input type="checkbox"/> If support is court-ordered:</p> <p>_____</p> <p>(name of court)</p> <p>_____</p> <p>(case number)</p> <p>_____</p> <p>(amount of support)</p> <p style="text-align: center;"><u>OR</u></p> <p>If support is not court-ordered and the child(ren) are living with you:</p> <p>_____</p> <p>(name of other parent)</p> <p>_____</p> <p>(gross monthly income of other parent)</p>

11. The other party has other children to support.

Number of children: _____.
(number of other party's other children)

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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) 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)

Signature **(Must be signed in front of a Notary Public)** _____ Date _____

Full Name (Plaintiff) _____

Full Street Address/P.O. Box _____

City/State/ZIP Code _____

Phone _____ E-mail Address _____

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20__.

Notary Public