

COMPLETING THE FINANCIAL AFFIDAVIT FOR CHILD SUPPORT

Use this form to give information to the court about your income and the income of the other party.

See self-help page for more information.

Things to know.

Plaintiff – When you are the person who is filing a case for a divorce or paternity, you are the plaintiff. If a case has already been filed, and this is being used for a modification, or for enforcement of the order, put the name of the person who was listed as the plaintiff in the original case.

Defendant – When you are the person who is filing a case for divorce or paternity, the other party is the defendant. If a case has already been filed, and this is being used for a modification or for enforcement of the order, put the name of the person who was listed as the defendant in the original case.

Case number – If this is a new case, the clerk of the court will give you a case number when you file the petition. If this is a case that has already been filed, use the case number that is on the original case. You must include the case number on any papers you file.

How to figure your income – NOTE: gross income is before any taxes or other deductions are taken out.

1. **Annual income** –

- a. If you are paid hourly, multiply your hourly rate by the number of hours you work each week. Then multiply the total by 52 weeks.
ex: \$15/hour and 40 hours/week = $\$15 \times 40 = \600 . $\$600 \times 52 = \$31,200$.
- b. If you are paid a weekly salary, multiply your weekly salary by 52.
ex: \$600/week = $\$600 \times 52 = \$31,200$.
- c. If you are paid a salary every other week, multiply your salary by 26.
ex: \$1,200/every other week = $\$1,200 \times 26 = \$31,200$.
- d. If you are paid a salary two times each month (for instance, on the 1st and 15th of each month), multiply your salary by 24.
ex: \$1,300/two time a month = $\$1,300 \times 24 = \$31,200$.
- e. If you are paid a salary one time each month, multiply your salary by 12.
ex: \$2,600/month = $\$2,600 \times 12 = \$31,200$.

2. **Monthly income** – is the **annual income**, divided by 12.

ex: \$31,200 a year = $\$31,200 \div 12 = \$2,600$ a month.

Choose the county from the drop-down list.

Enter the name of the plaintiff.

Enter the name of the defendant.

Enter your full name.

Enter the case number.

Enter what type of case this is for.

Check one box. If you check the second box, list the name of the court, the case number, the amount of child support, and for how many children the support is for.

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

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

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

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 _____.
(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(en) of the other party and me through:

(name of court)

(case number)

(amount of support)

(number of children)

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Check one box.
If you check the first box, enter the amount per hour and the number of hours per week. If you check the second box, enter your salary and bonuses, if any.

Check one box.
If you check the first box, enter the amount per hour and the number of hours per week. If you check the second box, enter the other party's salary and bonuses, if any.

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)

Enter the name of your employer and your current gross monthly income. Use the examples on page 1 to figure the monthly income.

Enter the name of the other party's employer and their current gross monthly income.

If you think you are capable of earning more money than what you are now, enter the information about a past employer that you are basing that off of. (continued on the next page)

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If you think the other party is capable of earning more money than what they currently are, enter the information about a past employer that you are basing that off of.

Check the box that completes the sentence. If you check the first box, enter the amount taken out of your earnings each month.

(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(ren) only)

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(continued from previous page)
Check one box. If you check the first box, enter the amount per hour and the number of hours per week. If you check the second box, enter what your salary was, and bonuses, if any.

Check one box. If you check the first box, enter the amount per hour and the number of hours per week. If you check the second box, enter what the other party's salary was, and bonuses, if any.

Check the box that completes the sentence. If you check the first box, enter the amount taken out of the other party's earnings each month.

Check the box that applies.
If you check the first or third box, enter the amount that you contribute to a retirement account.

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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Check the box that applies.
If you check the first or third box, enter the amount the other party contributes to a retirement account.

If you are supporting other children, enter the number of children, their names, and their years of birth.

Check one box.
If the first box is checked, enter the name of the court, the case number, and the amount of support.
If the second box is checked, enter the name of the other parent and what that other parent's gross monthly income is.

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:

<input type="text"/> (name)	<input type="text"/> (year of birth)
<input type="text"/> (name)	<input type="text"/> (year of birth)
<input type="text"/> (name)	<input type="text"/> (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:

<input type="text"/> (name)	<input type="text"/> (year of birth)
<input type="text"/> (name)	<input type="text"/> (year of birth)
<input type="text"/> (name)	<input type="text"/> (year of birth)

Continued on next page ...

If the other party is supporting other children, enter the number of children, their names, and their years of birth.

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For children the other party is supporting, check one box. If the first box is checked, enter the name of the court, the case number, and the amount of support. If the second box is checked, enter the name of the other parent and what that other parent's gross monthly income is.

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): _____

DO NOT Sign and date the form until a notary is there to witness. Enter your printed name, your address, telephone number, and your email address.

The notary will complete this section **WHEN** they witness you signing the form.