

**FINANCIAL AFFIDAVIT FOR CHILD SUPPORT**

IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY, NEBRASKA  
(county where Complaint filed)

\_\_\_\_\_,  
(your full name)  
Plaintiff,

**Case No. CI** \_\_\_\_\_  
(case number assigned by Clerk of Court)

vs.

**FINANCIAL AFFIDAVIT FOR CHILD SUPPORT**

\_\_\_\_\_,  
(spouse's full name)  
Defendant.

STATE OF NEBRASKA

ss.

COUNTY OF \_\_\_\_\_  
(county where signed)

I, \_\_\_\_\_, am under oath and I state that  
(first, middle and last name)  
the following information is true:

- 1. I filed this action for divorce.

Choose one:

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

**OR**

There is currently an order for the support of the minor child(ren) of me and my spouse 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;"><b><u>OR</u></b></p> <p><input type="checkbox"/> \$_____ salary per month plus monthly bonuses of (amount per month)</p> <p>\$_____. (average amount per month)</p>
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3. My spouse is employed at \_\_\_\_\_.  
(name of employer)

My spouse'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;"><b><u>OR</u></b></p> <p><input type="checkbox"/> \$_____ salary per month plus monthly bonuses of (amount per month)</p> <p>\$_____. (average amount per month)</p>
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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 my spouse is capable of earning more income than is currently being earned. I base this on past employment at \_\_\_\_\_,  
(name of employer)

where my spouse'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 (circle 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. My spouse does/does not (circle one) have health insurance available for the child(ren) through employment at a cost of \$ \_\_\_\_\_ per month.  
(cost of coverage for childr(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:

[ ] My spouse contributes to a mandatory retirement plan. The minimum amount required as a contribution is \$\_\_\_\_\_.  
(minimum contribution required)

**OR**

[ ] My spouse does not contribute to a mandatory retirement plan.

**OR**

[ ] My spouse does not have a mandatory retirement plan, but my spouse contributes to a voluntary retirement plan. My spouse's

monthly contribution is \$\_\_\_\_\_.  
(average contribution)

**OR**

[ ] My spouse 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)

Children's names and years 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>(method of support)</p> <p>_____</p> <p>(name of court)</p> <p>_____</p> <p>(case number)</p> <p>_____</p> <p>(amount of support)</p> <p><b><u>OR</u></b></p> <p><input type="checkbox"/> If support is not court-ordered:</p> <p>_____</p> <p>(method of support)</p> <p>_____</p> <p>(name of other parent)</p> <p>_____</p> <p>(gross monthly income of other parent)</p>
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11. My spouse has other children to support.

Number of children: \_\_\_\_\_.  
(number of spouse's other children)

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Children's names and years of birth:

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

For the other children my spouse is supporting, check the box [ ] that applies:

[ ] If support is court-ordered:

\_\_\_\_\_

(method of support)

\_\_\_\_\_

(name of court)

\_\_\_\_\_

(case number)

\_\_\_\_\_

(amount of support)

**OR**

[ ] If support is not court-ordered:

\_\_\_\_\_

(method of support)

\_\_\_\_\_

(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

State of \_\_\_\_\_ )

) ss.

County of \_\_\_\_\_ )

The foregoing instrument was acknowledged before me by \_\_\_\_\_, this  
(Name of person certifying above)

\_\_\_\_\_  
Day                      Month                      Year                      Notary Public (signature of person taking acknowledgment)

\_\_\_\_\_  
(title or rank)                      (serial number, if any)                      My commission expires: \_\_\_\_\_