

IN THE SUPERIOR COURT FOR THE COUNTY OF _____

_____,

Plaintiff,

v.

Civil Action File No.

_____,

Defendant.

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

- 1. AFFIANT'S NAME _____
- Affiant's Age _____
- Spouse's Name _____
- Spouse's Age _____
- Date of Marriage _____
- Date of Separation _____

Names and birth dates of children for whom support is to be determined in this action:

Name:	Year of Birth:	Resides with:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and birth dates of affiant's other children:

Name:	Year of Birth:	Resides with:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 2. SUMMARY OF AFFIANT'S INCOME AND NEEDS
 - (a) Gross monthly income (from item 3A) _____
 - (b) Net monthly income (from item 3B) _____
 - (c) Average monthly expenses (item 5A) _____
 - Monthly payments to creditors + _____
 - Total monthly expenses and payments to creditors (item 5C) _____

3A. **AFFIANT'S GROSS MONTHLY INCOME**
 (Complete this section or attach Child Support Schedule A)
 (All income must be entered based on monthly average regardless of date of receipt.)

Salary or Wages	<input type="text"/>
<small>ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS</small>	
Commissions, Fees,	<input type="text"/>
Income from self employment, partnership, close corporations and independent contracts (gross receipts minus ordinary and necessary expenses required to produce income)	<input type="text"/>
<small>ATTACH SHEET ITEMIZING YOUR CALCULATIONS</small>	
Rental Income (gross receipts minus ordinary and necessary expenses required to produce income)	<input type="text"/>
<small>ATTACH SHEET ITEMIZING YOUR CALCULATIONS</small>	
Bonuses	<input type="text"/>
Overtime Payments	<input type="text"/>
Severance Pay	<input type="text"/>
Recurring Income from Pensions or Retirement	<input type="text"/>
Interest and Dividends	<input type="text"/>
Trust Income	<input type="text"/>
Income from Annuities	<input type="text"/>
Capital Gains	<input type="text"/>
Social Security Disability or Retirement Benefits	<input type="text"/>
Workers' Compensation Benefits	<input type="text"/>
Unemployment Benefits	<input type="text"/>
Judgments from Personal Injury or Other Civil Cases	<input type="text"/>
Gifts (cash or other gifts that can be converted to cash)	<input type="text"/>
Prizes / Lottery Winnings	<input type="text"/>
Alimony and maintenance from persons not in this case	<input type="text"/>
Assets which are used for support of family	<input type="text"/>
Fringe Benefits (that significantly reduce living expenses)	<input type="text"/>

Any other income (do NOT include means-tested Public assistance, such as TANF or food stamps)

GROSS MONTHLY INCOME

3B. Affiant's Net Monthly Income from employment (deducting only state and federal taxes and FICA)

Affiant's pay period (i.e. weekly, monthly, etc.)

Number of exemptions claimed

4. **ASSETS**

(If you claim or agree that all or part of an asset is non-marital, indicate the non-marital portion under the appropriate spouse's column and state the amount and the basis: pre-marital, gift, inheritance, source of funds, etc.)

Description	Value	Separate Asset of Husband	Separate Asset of Wife	Basis of the Claim
Cash:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stocks, bonds:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CD's/Money Market Accounts:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank accounts (list each account):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Retirement Pensions, 401K, IRA, or Profit Sharing:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Money owed you:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax refund owed you:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Real Estate:				
home:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
debt owed:	<input type="text"/>			
other:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
debt owed:	<input type="text"/>			

Vehicles:				
Vehicle 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
debt owed:	<input type="text"/>			
Vehicle 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
debt owed:	<input type="text"/>			
Life Insurance (net cash value):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Furniture / furnishings:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jewelry:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Collectibles:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Assets:				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL ASSETS	<input type="text"/>			

5A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD

Mortgage or Rent Payments:	<input type="text"/>	Cable TV:	<input type="text"/>
Property Taxes:	<input type="text"/>	Misc. Household and Grocery Items:	<input type="text"/>
Homeowner / Renter Insurance:	<input type="text"/>	Meals Outside the Home:	<input type="text"/>
Electricity:	<input type="text"/>	Other:	<input type="text"/>
Water:	<input type="text"/>	AUTOMOBILE	
Garbage & Sewer:	<input type="text"/>	Gasoline and Oil:	<input type="text"/>
Telephone:		Repairs:	<input type="text"/>
residential line:	<input type="text"/>	Auto Tags and License:	<input type="text"/>
cellular telephone:	<input type="text"/>	Insurance:	<input type="text"/>
Gas:	<input type="text"/>	OTHER VEHICLES	
Repairs and Maintenance:	<input type="text"/>	(boats, trailers, RVs, etc.)	
		Gasoline and Oil:	<input type="text"/>

Lawn Care:

Pest Control:

CHILDREN'S EXPENSES

Child Care (total monthly cost):

School Tuition:

Tutoring:

Private Lessons (e.g. music, dance):

School Supplies / Expenses:

Lunch Money:

Other Educations Expenses (list):

Allowance:

Clothing:

Diapers:

Medical, Dental, Prescription (out-of-pocket / uncovered expenses):

Grooming, Hygiene:

Gifts from Children to Others:

Entertainment:

Activities (including extra-curricular, school, religious, cultural, etc.):

Summer Camps:

OTHER INSURANCE:

Health:

Children's Portion:

Repairs:

Tags and License:

Insurance:

AFFIANT'S OTHER EXPENSES

Dry Cleaning / Laundry:

Clothing:

Medical, Dental, Prescription (out-of-pocket / uncovered expenses):

Affiant's Gifts (special holidays):

Entertainment:

Recreational Expenses (e.g. fitness):

Vacations:

Travel Expenses for Visitation:

Publications:

Dues, Clubs:

Religioius and Charities:

Pet Expenses:

Alimony Paid to Former Spouse:

Child Support Paid for Other Children:

Date of Initial Order:

Other (attach sheet):

Dental:
 Children's Portion:

Vision:
 Children's Portion:

Life:
 Children's Portion:

Disability:

Other (specify):

TOTAL ABOVE EXPENSES _____

5B. PAYMENTS TO CREDITORS

To Whom:	Balance Due	Monthly Payment	(please select one)		
			Joint	Husband	Wife
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TOTAL MONTHLY PAYMENTS TO CREDITORS: _____

5C. TOTAL MONTHLY EXPENSES _____

This day of , .

 Notary Public

 Affiant