

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1. AFFIANT'S NAME: _____ AGE: _____
Spouse's Name: _____ AGE: _____
Date of Marriage: _____ Date of Separation: _____

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

<u>NAMES</u>	<u>DATE OF BIRTH</u>	<u>RESIDES WITH</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and birth dates of Affiant's other children:

<u>NAMES</u>	<u>DATE OF BIRTH</u>	<u>RESIDES WITH</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

- a) Gross monthly income (from Item 3A) \$ DO NOT CALCULATE
- b) Net monthly income (from Item 3B) \$ DO NOT CALCULATE
- c) Average monthly expenses (from Item 5A) \$ DO NOT CALCULATE
- d) Monthly payments to creditors (from Item 5B) \$ DO NOT CALCULATE
- e) Total monthly expenses and payments for creditors
(from Item 5B) \$ DO NOT CALCULATE

3A. AFFIANT'S GROSS MONTHLY INCOME

(All income must be entered based on monthly average regardless of date of receipt)

Salary or Wages (Attach copies of 2 most recent wage statements) \$ _____

Commissions, Fees, Tips \$ _____

Income from self-employment, partnership, close corporations and independent contracts (gross receipts less ordinary and necessary expenses required to produce income) \$ _____

ATTACH SHEET ITEMIZING CALCULATIONS

Rental income (gross receipts minus ordinary and necessary expenses required to produce income) \$ _____

ATTACH SHEET ITEMIZING CALCULATIONS

Bonuses \$ _____

Overtime payments \$ _____

Severance pay \$ _____

Recurring income from pension or retirement plans \$ _____

Interest and dividends \$ _____

Trust income \$ _____

Income from Annuities \$ _____

Capital Gains \$ _____

Social Security Disability or Retirement Benefits \$ _____

Workers' Compensation Benefits \$ _____

Unemployment Benefits \$ _____

Judgments from Personal Injury or other Civil Cases \$ _____

Gifts (cash or other gifts that can be converted to cash) \$ _____

Prizes/Lottery Winnings \$ _____

Alimony and Maintenance from persons not in this case \$ _____

Assets which are used for support of family \$ _____

Fringe Benefits (if significantly reduce living expenses) \$ _____

Any other Income (do NOT include means-tested Public Assistance, such as TANF or food stamps) \$ _____

GROSS MONTHLY INCOME: \$ _____

3B. Net monthly income from employment (deducting only State and Federal taxes, Social Security & Medicare withholdings) \$ _____

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

Number of exemptions on IRS form W-4 or tax return _____

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.

<u>DESCRIPTION</u>	<u>VALUE</u>	<u>SEPARATE ASSET</u>		<u>BASIS OF CLAIM</u>
		<u>HUSBAND</u>	<u>WIFE</u>	
Cash				
Stocks/Bonds				
CDs/Money Market Accts.				
Bank Accounts (list each account)				
Retirement, Pensions				
401(k), IRA or Profit Sharing				
Money owed you				
Tax Refund owed you				
<u>Real Estate</u>				
Home				
Debt owed				
Other				
Debt owed				
<u>Automobiles</u>				

<u>DESCRIPTION</u>	<u>VALUE</u>	<u>SEPARATE ASSET</u>		<u>BASIS OF CLAIM</u>
		<u>HUSBAND</u>	<u>WIFE</u>	
Vehicle 1				
Debt owed				
Vehicle 2				
Debt owed				
Life Insurance (Net cash value)				
Furniture				
Jewelry				
Collectibles				
Other Assets (List individually)				
TOTAL ASSETS:				

5A ITEMIZED MONTHLY EXPENSES

HOUSEHOLD

<u>Mortgage or rent payments</u>	<u>\$</u>
<u>Property taxes</u>	<u>\$</u>
<u>Homeowner/Renter Insurance</u>	<u>\$</u>
<u>Condo, maintenance fees, homeowners association fees</u>	<u>\$</u>
<u>Electricity</u>	<u>\$</u>
<u>Water & Sewer</u>	<u>\$</u>
<u>Garbage</u>	<u>\$</u>
<u>Telephone – land line</u>	<u>\$</u>
<u>Telephone – cellular phone</u>	<u>\$</u>
<u>Internet access</u>	<u>\$</u>

Natural/LP Gas	\$
Repairs & maintenance	\$
Lawn care	\$
Pool care	\$
Pest control	\$
Cable/satellite television	\$
Miscellaneous household and grocery items	\$
Meals outside home	\$
Burglar alarm	\$
Domestic help	\$
Other (Specify)	\$

AUTOMOBILE

Gasoline and oil	\$
Repairs	\$
Tags and license	\$
Insurance	\$
Other (specify)	\$

OTHER VEHICLES (

Gasoline and oil	\$
Repairs	\$
Tags and license	\$
Insurance	\$
Other (specify)	\$

OTHER EXPENSES

Dry cleaning and laundry	\$
Grooming	\$
Clothing	\$
Medical/dental (out of pocket/uncovered expenses)	\$
Prescription (out of pocket/uncovered expenses)	\$
Affiant's gifts (special holidays)	\$
Entertainment	\$

Recreational expenses (e.g. fitness, golf, tennis)	\$
Vacations	\$
Travel expenses for visitation	\$
Publications	\$
Club membership dues and expenses	\$
Religious and charities	\$
Pet expenses (grooming, veterinarian, food)	\$
Postage and stationery	\$
Alimony paid to former spouse	\$
Child support for other children	\$
Date of initial Order: _____	
Other (specify)	\$

CHILDREN'S EXPENSES

Regular child care (monthly cost)	\$
Special care (non-school periods)	\$
School tuition	\$
Tutoring	\$
Private lessons (e.g. music, dance)	\$
School supplies/expenses	\$
Lunch money	\$
Other Educational Expenses (list)	\$

Allowances	\$
Clothing	\$
Diapers	\$
Medical/dental (out of pocket/uncovered expenses)	\$
Psychiatric/psychological/counseling	\$
Prescriptions	\$
Grooming	\$
Gifts – from children to others	\$
Entertainment	\$

Summer camp \$ _____
Sports and extracurricular activities \$ _____
 (school, religious, cultural)
Other (specify) \$ _____

INSURANCE

Health Insurance premiums \$ _____
 Children's portion \$ _____
Dental Insurance premiums \$ _____
 Children's portion \$ _____
Vision Insurance premiums \$ _____
 Children's portion \$ _____
Life Insurance premium \$ _____
 Relationship of beneficiary: _____
Disability \$ _____
Retirement/401-K contributions \$ _____
Other (specify) \$ _____

TOTAL ABOVE EXPENSES \$ _____

5B. PAYMENTS TO CREDITORS

TO WHOM	BALANCE DUE	HUSBAND/WIFE/JOINT	MONTHLY PAYMENT
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
TOTAL:			\$