

COURTS OF ARIZONA - Superior Court Pima County 110 W. Congress, Tucson, AZ 85701
 PH: (520) 740-4240 TDD: (520) 740-8887

_____ Petitioner vs. _____ Respondent	CASE NUMBER: _____	<p align="center">Financial Affidavit</p> () As of date of order sought to be modified () Current
---	--------------------	---

State of Arizona) ss:
 County of Pima)

Address: _____

being first duly sworn, makes the following answers and statements of fact as material evidence:

NECESSARY MONTHLY EXPENSES

For yourself & minor child(ren) living with you

Housing	\$ _____
Repair/Upkeep	\$ _____
Utilities	
Electricity	\$ _____
Gas	\$ _____
Water	\$ _____
Phone	\$ _____
Garbage	\$ _____
Food & Household Supplies	\$ _____
Work/School Lunch	\$ _____
Medical, Dental, Drugs, Supplies	\$ _____
Insurance (not deducted from pay)	\$ _____
Clothing	\$ _____
Laundry/Dry Cleaning	\$ _____
Child care/Sitter	\$ _____
Support paid for spouse and/or minor children of previous marriage	\$ _____
Transportation	
Car Repair & Maint.	\$ _____
Car Insurance	\$ _____
Gas/Oil	\$ _____
License	\$ _____
Bus/Taxi Fares	\$ _____
Other (explain)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Monthly Expenses	\$ _____

MONTHLY PAYMENTS

Creditor	Balance	Payment
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL MONTHLY PAYMENTS		\$ _____
TOTAL MO. EXPENSES/PAYMENTS		\$ _____
		\$ _____

INCOME

Gross Paycheck		\$ _____
Less: Federal Taxes	\$ _____	
State Taxes	\$ _____	
FICA	\$ _____	
Credit Union	\$ _____	
Insurance	\$ _____	
Union Dues	\$ _____	
Savings/etc	\$ _____	
Other	\$ _____	
Total Deductions		\$ _____
Net Paycheck		\$ _____

Net Monthly Pay (check one)

Weekly (x4.3)	_____	Twice Mo (x2)	_____
Monthly	_____	Every 2 wks (x2.16)	_____
Total Monthly Income			\$ _____

OTHER MONTHLY INCOME

Pension/Retirement	\$ _____
Social Security/SSI	\$ _____
GA/AFDC	\$ _____
Received for minor child(ren) not of this marriage under your care	\$ _____
Other:	\$ _____
TOTAL OTHER INCOME	\$ _____
TOTAL MO. INCOME - ALL SOURCES	\$ _____

Name of present employer:
Address of present employer:
Occupation:

Phone Number:

Name of prior employer:
Address of prior employer:
Prior Occupation:

Start Date:
Phone Number:
Monthly Pay: \$
End Date:
Do you expect to work?

If not employed, why?:
If so, when?

Anticipated Occupation:

Name(s) and age(s) of minor children residing with you:

Are you or your spouse pregnant? Estimated delivery date:
Physical defect or organic disease suffered by you or your minor child(ren):

List all bank accounts, including checking, savings, credit union, certificates of deposit, in your name, in both spouses, or in which you have an interest.

<u>Bank/Branch</u>	<u>Type of Account</u>	<u>Account No.</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

List all stocks, bonds, shares of cash in your name, in the name of both spouses, or in which you have an interest.

Spousal Maintenance per Month: You have requested: \$ _____
OR: You feel you are able to pay: \$ _____

Child Support per Month: You have requested: \$ _____
OR: You feel you are able to pay: \$ _____

Temporary Attorney Fees: You have requested: \$ _____
OR: You feel you are able to pay: \$ _____

Attorney Fees paid to date: \$ _____
Court costs paid to date: \$ _____

List all debts not included in monthly payments schedule on page 1:

Petitioner/Respondent _____

SUBSCRIBED AND SWORN / AFFIRMED TO, before me, this date: _____
Notary Public: _____
My Commission Expires: _____

Attorney's Computer No: _____