

FINANCIAL AFFIDAVIT



These forms must not be used to engage in the unauthorized practice of law. The court is not responsible for (1) actions taken by the users of these forms or (2) users' reliance upon the instructions or information provided.

GENERAL INFORMATION & Frequently Asked Questions

When do I need to use this form?

This financial affidavit is required in any family law case that is about child support, spousal maintenance, and attorney's fees.

Do I need a lawyer's help?

There are times when more complex legal problems will come up, and you may want to get the advice of a lawyer. Individuals who qualify can speak with an attorney one-on-one for 30 minutes. This free service is provided by attorneys from the Pima County Bar Foundation, Southern Arizona Legal Aid, and Step Up To Justice. For more information about how you can schedule an appointment, contact the staff at the Law Library and Resource Center at (520) 724-8456 or lawlibrary@sc.pima.gov

This symbol is a warning. It can mean a few different things:



- The topic can be confusing and you may need to ask a lawyer for help
- You may need to make sure that something is done

Whenever you see this symbol, **make sure** you read the information carefully and understand it fully.

How does this form work?

If you have access to a computer, download the form and fill it in on the computer. It is a form that has been programmed to do some of the math for you. The last page of this form is a summary and all the information asked for on that page will auto-fill for you.

Will I need a calculator?

A calculator will be very helpful. There are sections that will require a bit of math especially if you are paid more than once a month. Most child support calculations are based on monthly amounts, so if you pay for child care, but the rate varies during school breaks and summer, you will have to do some math to find the average monthly cost. For example:

Taylor pays \$20.00 a week for afterschool care during the school year. During school breaks, the cost is \$100.00. Based on the school calendar, Taylor will pay \$100.00 a week for 12 weeks. Taylor must do some math to determine the **monthly** average cost of child care.

$\$100.00 \times 12 \text{ weeks} = \1200.00 $52 \text{ weeks in a year} - 12 \text{ weeks} = 40 \text{ weeks} \times \$20.00 = \$800$

$\$800 + \$1200 = \$2000.00$ a year in child care expenses

To find the monthly average, Taylor must divide $\$2000.00 / 12 \text{ months} = \166.67 per month

Which pages of the Financial Affidavit do I complete?

If your case is **ONLY** about child support and is **not** about spousal maintenance or attorney's fees, fill out only the **first 3 pages** and the **very last page**. The other pages can be left blank. Remember that the last page will automatically be filled in if you use the computer-based version instead of completing it by hand.

You **MUST** complete **ALL pages** if either party is asking for spousal maintenance or attorney's fees.

NOTE: If something changes and the information on the financial affidavit is no longer correct, you must complete a new affidavit and update the incorrect information.



Instructions for Completing the Financial Affidavit



Failing to provide the information that this form requires could result in sanctions against you. Sanctions can include dismissal of your claim, assignment of court costs and attorney fees, and a charge of contempt.

STEP 1: EVERYONE COMPLETES THE FIRST THREE PAGES OF THIS FORM.

Page 1

Caption:

If you are the person filing this, fill in your name, address, phone number, and email.

If your address is protected, write “protected address” in the address section. A separate form must be completed and filed to request a protected address.

Check the box to identify whether you are the Petitioner or Respondent.

Provide the names of the parties on the appropriate lines.

Write in the case number. Check the box to identify whether you are the Petitioner or Respondent.

Check the boxes that match the type of issues your case involves.

If known, write in the name of the Judge assigned to your case.

Information about Employment:

Answer the questions to best of your ability. There are two parts to this section. Complete the first section, if you currently have a job. If you do not have a job, skip this section and answer the questions under the section titled “If you are unemployed” at the top of page 2 of the form.

Page 2

Information about your monthly income:

This information is about your income on a **MONTHLY** basis **BEFORE DEDUCTIONS AND WITHHOLDINGS**. You will report the deductions and withholdings in a later section.

1. Write the amount you are paid BEFORE DEDUCTIONS OR WITHHOLDINGS and how often you receive a paycheck. For example, once a month, every two weeks, or twice a month.
2. Calculate your income on a monthly basis from all sources. If a category does not apply to you, simply leave it blank or write "0" and if you receive income from some other source not listed please provide the amount you receive and the source in the space labeled "other." Notice this section allows you to separate out pay received for overtime, shift differentials, and employer paid expenses. Add all lines together and put the total on the "TOTAL MONTHLY INCOME" line. (REMEMBER if you fill this form out online, it will do the math for you.)

EXAMPLE: Jessi gets paid \$960 (before deductions) every two weeks(26 paychecks a year)

$\$960 \times 26 \text{ paychecks} = \$24,960 \text{ a year (before deductions)}$

$\$24,960 / 12 \text{ months} = \$2,080 \text{ (monthly average income)}$

Page 3

Monthly Deductions Calculator

This is where you list the total deductions and withholdings from your paycheck PER MONTH. You will have to do math again to determine the MONTHLY total if you are paid more than once a month.

EXAMPLE, Jessi is paid every two weeks. \$100 is taken out of the paycheck for federal taxes each paycheck.

To find how much Jessi pays per month in taxes you must take the total from one check, multiply it by 26 checks received in a year then divide that total by 12 months to get the monthly average.

$\$100 \text{ (taken out for federal taxes)} \times 26 \text{ paychecks a year} = \$2,600 \text{ a year paid in in federal taxes.}$

$\$2,600 / 12 \text{ months} = \$216.67 \text{ a month paid in federal taxes.}$

Repeat this math for each section that is withheld from your check.

Add all the items together and put the total on "TOTAL MONTHLY DEDUCTIONS" line.

Subtract "TOTAL MONTHLY INCOME" line and "TOTAL MONTHLY DEDUCTIONS" and write the amount on the "TOTAL NET MONTHLY INCOME" line. (REMEMBER if you fill this form out online, it will do the math for you.)

Information about minor/dependent children:

This section is asking for additional information regarding the dependent children in your household. Please answer each question with a "yes" or "no." Question number 4 is asking about children you DO NOT have in common and are NOT part of the current case.

STEP 2: IF YOUR CASE IS ONLY ABOUT CHILD SUPPORT, SKIP TO THE LAST PAGE. IF EITHER PARTY IS ASKING FOR SPOUSAL MAINTENANCE OR ATTORNEY’S FEES, THEN YOU MUST COMPLETE ALL REMAINING PAGES.

Pages 4-7

Spousal Maintenance and/or Attorney Fees:

Recurring Monthly Expenses pages 4-7

These amounts are monthly, so if you pay any of these bills on a quarterly or bi-monthly basis, you must calculate the monthly average. For example, if your pest control and trash service are paid quarterly which is four times a year, you must multiply the amount you pay by four and divide the total by 12 to determine a monthly average.

$\$100 \text{ each quarter} \times 4 \text{ payments a year} = \$400 \text{ paid each year}$

$\$400 / 12 \text{ months} = \33.33 a month

Add the lines together and write the MONTHLY Total on each “TOTAL” line. (REMEMBER if you fill this form out online, it will do the math for you.)

If there is an expense you do not CURRENTLY have but expect to have soon, CHECK THE BOX NEXT TO THAT EXPENSE. This alerts the judge that this expense is subject to change and is an estimate.

HINT: These pages provide a VERY DETAILED accounting for monthly expenses. If you have an expense not covered in these categories use the “other” area to add the expense. Do NOT list a debt more than once. For example, if you listed your car loan in the “Vehicle” section, DO NOT list it again in the “Debt and Obligations” section.

Page 8

Summary of Income and Expenses

This page provides a summary of the information you gave in detail on the previous pages.



Please read the next set of directions carefully. First, find the category that fits your situation best. Second, follow that set of instructions for completing this last page

I COMPLETED THIS ENTIRE FORM USING MY COMPUTER

If you downloaded the form to your computer and have been using it as a fillable PDF, you will notice that this final page has already loaded the totals for you. The “**Monthly Expenses**” part of the form will only show zero amounts if your case only involves child support. The expenses listed on this final page are only necessary if

your case is about spousal maintenance or attorney's fees. The only thing left to do is to sign and date the page. Skip forward to the filing instructions. This page is complete.

I COMPLETED THIS ENTIRE FORM BY HAND

If you printed this form out and have been working through it by hand, you will need to copy the totals from the sections listed below.

Monthly Expenses

If either party in your case is asking for spousal maintenance and/or attorney's fees, then you will need to find and copy the monthly expenses listed on this page. **If your case is not about spousal maintenance and/or attorney's fees, every box will be zero. The monthly expenses listed in this section do not affect child support so they do not need to be reported.**

1. Child Support—go to page 3, INFORMATION ABOUT MINOR DEPENDENT CHILDREN number 4[b] (If you are **court ordered** to pay child support for a child not in common with the other party then you should have written the ordered amount on that line.)
2. Housing Costs—go to page 4 and the “HOUSING COSTS” section. Copy the total you wrote for this section.
3. Utilities—go to page 4 and the “UTILITIES” section. Copy the total you wrote for this section.
4. Children's Costs—go to page 5 and the “CHILDREN'S (NON-MEDICAL) COSTS” section. Copy the total you wrote for this section.
5. Transportation & Vehicles—go to the bottom of page 5 and the “TRANSPORTATION AND VEHICLES” section. Copy the total you wrote for this section.
6. Food/Household Supplies—go to page 6 and the “FOOD AND HOUSEHOLD SUPPLIES” section. Copy the total you wrote for this section.
7. Miscellaneous Expenses—go to page 6 and the “MISCELLANEOUS EXPENSES” section. Copy the total you wrote for this section.
8. Health/Dental/Vision—go to the bottom of page 6 and the “HEALTH/DENTAL/VISION EXPENSES NOT PAID BY INSURANCE” section. Copy the total you wrote for this section.
9. Insurance Costs—go to page 7 and the “INSURANCE COSTS NOT DEDUCTED FROM PAY” section. Copy the total you wrote for this section.
10. Debts and Obligations—go to page 7 and the “DEBTS AND OBLIGATIONS” section. Copy the total you wrote for this section.

Gross Monthly Income

Go to the bottom of page 2 and copy the amount you wrote on the “TOTAL MONTHLY INCOME” line.

1. Federal Taxes—go to page 3 and copy what you put for “Federal Taxes”
2. State Taxes—go to page 3 and copy what you put for “State Taxes”
3. FICA—go to page 3 and copy what you put for Medicare/Social Security
4. Life Insurance—go to page 3 and copy what you put for “Life Insurance”
5. Retirement Mandatory—go to page 3 and copy what you put for “Retirement Benefit-Mandatory”
6. Retirement Voluntary—go to page 3 and copy what you put for “Retirement Benefit-Voluntary”
7. Medical Insurance—go to page 3 and copy what you put for “Medical Insurance”
8. Other—go to page 3 and copy all the “Other” categories you filled out.

Net Monthly Income

Subtract each deduction from the amount you wrote on the “**Gross Monthly Income**” line. Write the total on the “Net Monthly Income” line.

For example, Taylor’s Gross Monthly Income that was copied from page 2 is \$2,600. Her monthly deductions that she copied from page 3 were \$200 in federal taxes, \$100 in state taxes, \$100 in FICA withholding, and \$150 for medical insurance.

Deductions: $\$200 + \$100 + \$100 + \$150 = \$550$ withheld a month

$\$2600$ gross monthly income - $\$550$ in deductions/withholding = $\$2050.00$ Net Monthly Income.

Sign and date the page.

STEP 3: FILE THE FINANCIAL AFFIDAVIT. PROVIDE A COPY TO THE OTHER PARTY ALONG WITH COPIES OF ALL SUPPORTING DOCUMENTS LISTED ON THE BOTTOM OF PAGE 8 OF THE FORM.

After completing the form, you **must** give it to the clerk for it to be filed. **Do not attach** the other financial documents listed on the bottom of page 8 of the Financial Affidavit. After you file the Financial Affidavit, give a copy of the Financial Affidavit to the other party with copies of the documents listed.



Family law court files are public records. That means that if you give copies of your pay stubs, income tax returns, etc., to the clerk of the court to be filed, **all** of that paperwork will be available for the public to see. **DO NOT ATTACH** financial documents to the *FINANCIAL AFFIDAVIT*.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Petitioner Attorney for Petitioner ABN: _____, PAN: _____

Respondent Attorney for Respondent ABN: _____, PAN: _____

ARIZONA SUPERIOR COURT, PIMA COUNTY

<p>_____ Petitioner,</p> <p style="text-align: center;">and</p> <p>_____ Respondent</p>	<p>Case No. _____</p> <p><input type="checkbox"/> PETITIONER'S <input type="checkbox"/> RESPONDENT'S</p> <p style="text-align: center;">FINANCIAL AFFIDAVIT FOR</p> <p><input type="checkbox"/> Child Support <input type="checkbox"/> Spousal Maintenance <input type="checkbox"/> Attorney's Fees and Costs</p> <p>Assigned to _____</p>
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INFORMATION ABOUT EMPLOYMENT

If you are employed:

1. Primary Job:

Where do you work? _____

What is your occupation/job description? _____

Are you a part-time or full-time employee? Part-Time Full-time

What is your annual salary or hourly rate? _____

How many hours do you work per week? _____

How often are you paid (e.g., weekly, every two weeks, twice a month)? _____

2. Second Job:

Where do you work? _____

What is your occupation/job description? _____

Are you a part-time or full-time employee? Part-Time Full-time

What is your annual salary or hourly rate? _____

How many hours do you work per week? _____

How often are you paid (e.g., weekly, every two weeks, twice a month)? _____

If you are unemployed:

1. Explain why you are unemployed: _____

2. When did you last work? _____
3. What did you do? _____
4. How much were you paid? \$ _____

INFORMATION ABOUT YOUR MONTHLY INCOME

What is your income **PER MONTH** before deductions or withholdings (e.g., taxes, health insurance, retirement)? List **all** income you receive from any source even if you do not believe it should be included in a child support calculation and/or considered for spousal maintenance.

1. What is the amount of your paycheck before any deductions?
(a) Primary Job: \$ _____ How often are you paid? _____
(b) Second Job: \$ _____ How often are you paid? _____
2. To calculate your monthly income, multiply the amount of your income before deductions by the number of pay periods you have in a calendar year. For example, if you're paid every week, multiply the amount in (1)(a) and/or (1)(b) by 52. If you're paid every other week, multiply the amount in (1)(a) and/or (1)(b) by 26. If you're paid twice a month (e.g. 1st & 15th), multiply the amount in (1)(a) and/or (1)(b) by 24. Then divide the total amount by 12 (months) and enter the result below.
3. Monthly Income Calculator:

Income From Primary Job	\$ _____	Adoption Subsidy	\$ _____
Income From Second Job	\$ _____	Unemployment Income	\$ _____
Commissions/Bonus	\$ _____	Royalties	\$ _____
Overtime	\$ _____	Rent From 3rd Party	\$ _____
Dividends/Interest	\$ _____	Worker's Comp	\$ _____
TANF/State Assistance	\$ _____	Disability (VA/SSI/SSD)	\$ _____
Cash Tips	\$ _____	Retirement Income	\$ _____
Shift Differential	\$ _____	Social Security	\$ _____
Reoccurring 3rd Party Gifts	\$ _____	Investment Income	\$ _____
Expenses paid by Employer	\$ _____	Other _____	\$ _____
Spousal Maintenance	\$ _____	Other _____	\$ _____
Net Rental Income (*)	\$ _____	Other _____	\$ _____

TOTAL MONTHLY INCOME: \$ _____

(*) Net Rental Income means how much profit is made from rental income after the payment of necessary expenses such as a mortgage or property taxes.

4. Monthly Deductions Calculator

What are the total deductions from your income **PER MONTH**? Refer to your pay statement(s) to calculate what is withdrawn from your pay by your employer per pay period and then multiply that amount by the number of pay periods you have in a calendar year.

For example, if you're paid every week, multiply the amount by 52. If you're paid every other week, multiply the amount by 26. If you're paid twice a month (e.g., 1st & 15th), multiply the amount by 24. Then divide the total amount by 12 (months) and enter the result below.

Federal Taxes	\$ _____
State Taxes	\$ _____
FICA (Medicare and/or Social Security)	\$ _____
Life Insurance (Self, Supplemental, Spouse)	\$ _____
Retirement Benefit - Mandatory (pension)	\$ _____
Retirement Benefit - Voluntary (e.g., 401(K))	\$ _____
Medical Insurance (Health, Dental, Vision)	\$ _____
HSA/FSA Deduction	\$ _____
Other: _____	\$ _____
Total Monthly Deductions: \$ _____	

TOTAL NET MONTHLY INCOME: \$ _____

INFORMATION ABOUT MINOR AND/OR DEPENDENT CHILDREN

1. Does this case involve a request to establish or modify child support? Yes No

If YES, you must complete a Child Support Worksheet.

2. Is there a child in common with the other parent who is 18 years or older, but who has not yet graduated from high school or earned a GED? Yes No

3. Is there a child in common to the parties who is permanently unable to provide care for themselves or live independently? Yes No

4. Do you have any other biological or adopted minor children? Yes No

If YES, provide the following information:

[a] List the child(ren)'s name(s) and age(s): _____

[b] Are you **court ordered** to pay child support for a child listed in 2[a]? Yes No

If YES, how much child support are you **court ordered** to pay? \$ _____

SPOUSAL MAINTENANCE AND/OR ATTORNEY FEES

Complete this section only if at least one party wants to receive spousal maintenance or an award of attorney's fees and costs.

RECURRING MONTHLY EXPENSES

- Use a monthly average for items that vary from month to month or are paid annually.
- If you do not have an expense right now, but expect to have it soon, include the expense and check the box next to the amount.

HOUSING COSTS

- | | | |
|--|---------|--------------------------|
| 1. First Mortgage | \$_____ | <input type="checkbox"/> |
| 2. Second Mortgage / HELOC | \$_____ | <input type="checkbox"/> |
| 3. Rent | \$_____ | <input type="checkbox"/> |
| 4. Homeowner's Association | \$_____ | <input type="checkbox"/> |
| 5. Fire/Police Protection | \$_____ | <input type="checkbox"/> |
| 6. Maintenance/Repairs/Pool/Pest Control | \$_____ | <input type="checkbox"/> |
| 7. Renter's Insurance | \$_____ | <input type="checkbox"/> |
| 8. Property Taxes (not included in mortgage) | \$_____ | <input type="checkbox"/> |
| 9. Homeowner's Insurance (not incl. in mortgage) | \$_____ | <input type="checkbox"/> |
| 10. Alarm System | \$_____ | <input type="checkbox"/> |
| 11. Other: _____ | \$_____ | <input type="checkbox"/> |
| 12. Other: _____ | \$_____ | <input type="checkbox"/> |
| TOTAL: \$_____ | | |

UTILITIES

- | | | |
|---|---------|--------------------------|
| 1. Water/Sewer | \$_____ | <input type="checkbox"/> |
| 2. Garbage/Recycle | \$_____ | <input type="checkbox"/> |
| 3. Electricity | \$_____ | <input type="checkbox"/> |
| 4. Gas/Propane | \$_____ | <input type="checkbox"/> |
| 5. Home Telephone | \$_____ | <input type="checkbox"/> |
| 6. Mobile Phone, Tablet, Notebook etc. | \$_____ | <input type="checkbox"/> |
| 7. Internet/Cable/Dish/Satellite | \$_____ | <input type="checkbox"/> |
| 8. Video/Music Subscription (e.g. Netflix/Sirius) | \$_____ | <input type="checkbox"/> |
| 9. Solar Panels / Power | \$_____ | <input type="checkbox"/> |
| 10. Other: _____ | \$_____ | <input type="checkbox"/> |
| 11. Other: _____ | \$_____ | <input type="checkbox"/> |
| TOTAL: \$_____ | | |

CHILDREN'S (NON-MEDICAL) COSTS (Includes child(ren) not in common with the other parent.)

- 1. Clothing / School Uniforms \$ _____
 - 2. Allowance(s) \$ _____
 - 3. Children's School Lunches \$ _____
 - 4. Tuition and/or Administration Fees \$ _____
 - 5. School Supplies and Textbooks \$ _____
 - 6. Activity Fees/Costs \$ _____
 - 7. Tutoring \$ _____
 - 8. Child Care (Not in Common with other party) \$ _____
 - 9. Other: _____ \$ _____
 - 10. Other: _____ \$ _____
- TOTAL: \$ _____

TRANSPORTATION AND VEHICLES

- 1. Vehicle: _____
 - Lease/Loan Payment \$ _____
 - Insurance (monthly average) \$ _____
 - Registration and License (monthly average) \$ _____
 - Gasoline \$ _____
 - Repair/Maintenance \$ _____

 - 2. Vehicle: _____
 - Lease/Loan Payment \$ _____
 - Insurance (monthly average) \$ _____
 - Registration and License (monthly average) \$ _____
 - Gasoline \$ _____
 - Repair/Maintenance \$ _____

 - 3. Vehicle: _____
 - Lease/Loan Payment \$ _____
 - Insurance (monthly average) \$ _____
 - Registration and License (monthly average) \$ _____
 - Gasoline \$ _____
 - Repair/Maintenance \$ _____

 - 4. Monthly Parking Fees \$ _____
 - 5. Other: _____ \$ _____
 - 6. Other: _____ \$ _____
 - 7. Other: _____ \$ _____
- TOTAL: \$ _____

FOOD AND HOUSEHOLD SUPPLIES

- 1. Food \$ _____
 - 2. Meals Outside Home \$ _____
 - 3. Household Supplies / Laundry \$ _____
 - 4. Dry Cleaning \$ _____
 - 5. Computer/Printer Costs \$ _____
 - 6. Personal Care (soap, shampoo, razors) \$ _____
 - 7. Other: _____ \$ _____
 - 8. Other: _____ \$ _____
- TOTAL: \$ _____

MISCELLANEOUS EXPENSES

- 1. Spousal Maintenance to Prior Spouse \$ _____
 - 2. Contributions to Church / Charity \$ _____
 - 3. Gym/Clubs/Personal Trainer \$ _____
 - 4. Residential Cleaning Service \$ _____
 - 5. Pet Food/Veterinarian/License/Grooming \$ _____
 - 6. Gifts to Relatives/Friends (birthday/holidays) \$ _____
 - 7. Hair Care/Manicure/Pedicure \$ _____
 - 8. Professional License \$ _____
 - 9. Education for Yourself (tuition, etc) \$ _____
 - 10. Union Dues (Not deducted from Pay) \$ _____
 - 11. Recreation/Hobbies/Sports \$ _____
 - 12. Clothing for Self (Work/Personal) \$ _____
 - 13. Vacation/Travel \$ _____
 - 14. Newspaper/Books/Magazines/Kindle \$ _____
 - 15. Other: _____ \$ _____
 - 16. Other: _____ \$ _____
 - 17. Other: _____ \$ _____
 - 18. Other: _____ \$ _____
 - 19. Other: _____ \$ _____
- TOTAL: \$ _____

HEALTH / DENTAL / VISION EXPENSES NOT PAID BY INSURANCE

- 1. Medical co-pays / Prescription Medications \$ _____
 - 2. Over-the-Counter Medications / Medical supplies \$ _____
 - 3. Counseling/Therapy (self and/or children) \$ _____
 - 4. Dental / Orthodontia (e.g. fillings, braces) \$ _____
 - 5. Contact Lenses / Glasses (self and/or children) \$ _____
 - 6. Other: _____ \$ _____
 - 7. Other: _____ \$ _____
- TOTAL: \$ _____

INSURANCE COSTS NOT DEDUCTED FROM PAY

- 1. Health Insurance \$ _____
 - 2. Dental Insurance \$ _____
 - 3. Vision Insurance \$ _____
 - 4. Pet Insurance \$ _____
 - 5. Umbrella Insurance \$ _____
 - 6. Life Insurance \$ _____
- TOTAL: \$ _____

DEBTS AND OBLIGATIONS

List the debts you are currently paying or will be expected to pay from your own income. If a debt has already been listed above, such as a car or mortgage payment, **do not** include the amount of the monthly payment in the list below or it will be counted twice.

	<u>Name of Creditor</u>	<u>Balance Owed</u>	<u>Monthly Payment</u>
1.	_____	\$ _____	\$ _____ <input type="checkbox"/>
2.	_____	\$ _____	\$ _____ <input type="checkbox"/>
3.	_____	\$ _____	\$ _____ <input type="checkbox"/>
4.	_____	\$ _____	\$ _____ <input type="checkbox"/>
5.	_____	\$ _____	\$ _____ <input type="checkbox"/>
6.	_____	\$ _____	\$ _____ <input type="checkbox"/>
7.	_____	\$ _____	\$ _____ <input type="checkbox"/>
8.	_____	\$ _____	\$ _____ <input type="checkbox"/>
9.	_____	\$ _____	\$ _____ <input type="checkbox"/>
10.	_____	\$ _____	\$ _____ <input type="checkbox"/>
11.	_____	\$ _____	\$ _____ <input type="checkbox"/>
12.	_____	\$ _____	\$ _____ <input type="checkbox"/>
		TOTAL:	\$ _____

ATTORNEY'S FEES AND COURT COSTS

- 1. How much in attorney's fees have you paid to date? \$ _____
- 2. How much money do you have in an attorney's trust account? \$ _____
- 3. How much in Court costs have you paid to date? \$ _____

SUMMARY OF INCOME & EXPENSES

<u>Monthly Expenses</u>		<u>Monthly Income</u>	
Child Support	\$ _____	Gross Monthly Income:	\$ _____
Housing Costs	\$ _____	Federal Taxes	\$ _____
Utilities	\$ _____	State Taxes	\$ _____
Children’s Costs	\$ _____	FICA	\$ _____
Transportation & Vehicles	\$ _____	Life Insurance	\$ _____
Food/Household Supplies	\$ _____	Retirement - Mandatory	\$ _____
Miscellaneous Expenses	\$ _____	Retirement - Voluntary	\$ _____
Health/Dental/Vision	\$ _____	Medical Insurance	\$ _____
Insurance Costs	\$ _____	Other: _____	\$ _____
Debts and Obligations	\$ _____	Other: _____	\$ _____
Total Monthly Expenses:	\$ _____	Other: _____	\$ _____
		Other: _____	\$ _____
		Net Monthly Income:	\$ _____

AFFIRMATION OF PARTY

I have read the following document and know that the facts and financial information stated below are true and correct. I also understand that, if I fail to provide the required information or give misinformation, the judge may order sanctions against me to include an assessment of fees and costs. I agree to provide a copy of this document to the other party and to file the original with the Clerk of the Court.

Date

Signature

NOTICE: Provide copies of your two most recent pay statements, most recent W-2(s) and/or 1099(s), your most recent federal income tax return, proof of your health insurance costs for a child (if any), and proof of childcare costs (if any) to the other party, but do not file those documents with the Clerk of the Court.