



DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1. AFFIANT'S NAME: Age

Affiant's Social Security No. (last 4 digits)

Spouse's Name: Age

Date of Marriage: Date of Separation:

Names and birth dates of children of this marriage:

<u>Name</u>	<u>Date of Birth</u>	<u>Resides With</u>
-------------	----------------------	---------------------

Names and birth dates of children of prior marriage/relationship residing with Affiant:

<u>Name</u>	<u>Date of Birth</u>
-------------	----------------------

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

Note: Summary data for 2(a), (b), (c) calculates automatically – begin with next section;
Enter data for 2(d) and 2(e) manually

- | | |
|---|----|
| (a) Gross monthly income (from Item 3A) | \$ |
| (b) Net monthly income (from Item 3C) | \$ |
| (c) Average monthly expenses (Item 5A) | \$ |
| Monthly payments to creditors (Item 5B) | + |
| Total monthly expenses and payments to creditors (Item 5C) | \$ |
| (d) Amount of spousal/ child support needed by Affiant | \$ |
| (e) Amount of child support indicated by Child Support Guidelines | \$ |

3. A. AFFIANT'S GROSS MONTHLY INCOME

(All income must be entered based on monthly average regardless of date of receipt. Where applicable, in come should be annualized.)

Salary	\$
Bonuses, commissions, allowances, overtime, tips and similar payments (based on past 12-month average or time of employment is less than 1 year)	
ATTACH SHEET ITEMIZING THIS INCOME.	\$

Business income from sources such as self employment, partnership, close

corporations and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) ATTACH SHEET ITEMIZING THIS INCOME. \$

Disability/unemployment/workers' compensation \$

Pension, retirement or annuity payments \$

Social Security benefits \$

Other public benefits (specify) \$

Spousal or child support from prior marriage \$

Interest and dividends \$

Rental income (gross receipts minus ordinary and necessary expenses required to produce income) ATTACH SHEET ITEMIZING THIS INCOME. \$

Income royalties, trusts or estates \$

Gains derived from dealing in property (not including non-recurring gains) \$

Other income of a recurring nature (specify source) \$

GROSS MONTHLY INCOME \$

B. List and describe all benefits of employment, e.g., automobile and /or auto allowance, insurance (auto, life, disability, etc.), deferred compensation, employer contribution to retirement or stock, club memberships and reimbursed expenses (to the extent they reduce personal living expenses) ATTACH SHEET, IF NECESSARY.

C. 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

5 A. AVERAGE MONTHLY EXPENSES (Re-calculate weekly/annual expenses to a monthly average)

HOUSEHOLD

Mortgage or rent payments \$
 Property taxes \$
 Insurance \$
 Electricity \$
 Water \$
 Garbage & Sewer \$
 Telephone \$
 Gas \$
 Repairs & Maintenance \$
 Lawn care \$
 Pest Control \$
 Cable TV \$
 Misc. household/grocery items \$
 Meals outside home \$
 Other \$

AUTOMOBILE

Gasoline and oil \$
 Repairs \$
 Auto tags and license \$
 Insurance \$

CHILDREN'S EXPENSES

Child care \$
 School tuition \$
 School Supplies/expenses \$
 Lunch money \$
 Allowance \$
 Clothing \$
 Diapers \$
 Medical, dental, prescription \$
 Grooming/hygiene \$
 Gifts \$
 Entertainment \$
 Activities \$

OTHER INSURANCE

Health \$
 Life \$
 Disability \$
 Other (specify) \$

AFFIANT'S OTHER EXPENSES

Dry cleaning and laundry \$
 Clothing \$
 Medical/Dental \$
 Prescriptions \$
 Affiant's gifts (special holidays) \$
 Entertainment \$
 Vacations \$
 Publications \$ \$
 Dues, Clubs \$
 Religious, Charities \$
 Miscellaneous (attach sheet) \$
 Other (attach sheet) \$
 Alimony paid to former spouse \$
 Child support paid to another \$

TOTAL ABOVE EXPENSES \$

This ____ day of _____, 20____.

 Notary Public

 Affiant