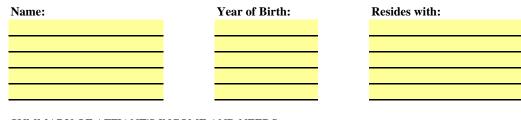


#### DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

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:				



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 ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS

Commisions, Fees,

Income from self employment, partnership, close corporations and independent contracts (gross receipts minus ordinary and necessary expenses required to produce income)

ATTACH SHEET ITEMIZING YOUR CALCULATIONS

Rental Income (gross receipts minus ordinary and necessary expenses required to produce income) ATTACH SHEET ITEMIZING YOUR CALCULATIONS

Bonuses

**Overtime Payments** 

Severance Pay

Recurring Income from Pensions or Retirement

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 (that significantly reduce living expenses)

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:				
Stocks, bonds:				
CD's/Money Market Accounts:				
Bank accounts (list each account):				
Retirement Pensions, 401K, IRA, or Profit Sharing:				
Money owed you:				
Tax refund owed you:				
Real Estate: home:				
debt owed:				
other:				
debt owed:				

Vehicles:		
Vehicle 1:		
debt owed:		
Vehicle 2:		
debt owed:		
Life Insurance (net cash value):		
Furniture / furnishings:		
Jewelry:		
Collectibles:		
Other Assets:		

### TOTAL ASSETS

# 5A. AVERAGE MONTHLY EXPENSES

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

Lawn Care:	Repairs:	
Pest Control:	Tags and License:	
	Insurance:	
CHILDREN'S EXPENSES	AFFIANT'S OTHER EXPE	NSES
Child Care (total monthly cost):	Dry Cleaning / Laundry:	
School Tuition:	Clothing:	
Tutoring:	Medical, Dental, Prescription (out-of-pocket / uncovered	
Private Lessons (e.g. music, dance):	expenses):	
School Supplies / Expenses:	Affiant's Gifts (special holidays):	
Lunch Money:	Entertainment:	
Other Educations Expenses (list):	Recreational Expenses (e.g. fitness):	
	 Vacations:	
Allowance:	Travel Expenses for Visitation:	
Clothing:	Publications:	
Diapers:	Dues, Clubs:	
Medical, Dental, Prescription	Religious and Charities:	
(out-of-pocket / uncovered expenses):	Pet Expenses:	
Grooming, Hygiene:	Alimony Paid to Former Spouse:	
Gifts from Children to Others:	Child Support Paid for Other	
Entertainment:	Children:	
Activities (including extra- curricular, school, religious,	Date of Initial Order: Other (attach sheet):	
cultural, etc.):		
Summer Camps:		
OTHER INSURANCE: Health: Children's Portion:		

Dental:		
	Children's Portion:	
Vision:		
	Children's Portion:	
Life:		
	Children's Portion:	
Disability	y:	
Other (sp	ecify):	

## TOTAL ABOVE EXPENSES

## 5B. PAYMENTS TO CREDITORS

