

PLAINTIFF/PETITIONER 1'S INCOME		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name: _____		
Payroll Address: _____		
A. GROSS YEARLY INCOME FROM EMPLOYMENT		
Base Yearly Wages	\$ _____	
B. OTHER YEARLY INCOME		
Interest/Dividend Income	\$ _____	
Unemployment Compensation	\$ _____	
Worker's Compensation	\$ _____	
Social Security or Other Disability Benefits	\$ _____	
Gross Self-Employment Income	\$ _____	
Ordinary & Necessary Business Expenses	\$ _____	
C. OVERTIME, COMMISSION, AND BONUSES (Past 3 Year History; Year 3 is Most Recent)		
Year 1, 20____ \$ _____	Year 2, 20____ \$ _____	Year 3, 20____ \$ _____
TOTAL YEARLY INCOME FROM ALL SOURCES (A + B + Average of C)	\$ _____	

DEFENDANT/PETITIONER 2'S INCOME		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name: _____		
Payroll Address: _____		
A. GROSS YEARLY INCOME FROM EMPLOYMENT		
Base Yearly Wages	\$ _____	
B. OTHER YEARLY INCOME		
Interest/Dividend Income	\$ _____	
Unemployment Compensation	\$ _____	
Worker's Compensation	\$ _____	
Social Security or Other Disability Benefits	\$ _____	
Gross Self-Employment Income	\$ _____	
Ordinary & Necessary Business Expenses	\$ _____	
C. OVERTIME, COMMISSION, AND BONUSES (Past 3 Year History; Year 3 is Most Recent)		
Year 1, 20____ \$ _____	Year 2, 20____ \$ _____	Year 3, 20____ \$ _____
TOTAL YEARLY INCOME FROM ALL SOURCES (A + B + Average of C)	\$ _____	

OTHER ASSETS & LUMP SUM INCOME

1. Describe income sources listed in Section B (i.e. retirement/pension benefits, disability income, interests or dividend income, rentals, annuities, etc.) Attach additional pages if needed.

Name & Address of Source:	Identifying Description:	Income or Benefits:

2. List any lump sum income (bonus, gifts, inheritance, etc.) in excess of \$500, expected to be received within the next six (6) months, not otherwise listed in this affidavit. Attach additional pages if needed.

Source:	Value: \$
Source:	Value: \$

3. List all funds on deposit in any and all accounts in any bank, savings & loan, credit union, regulated investment company, mutual fund or other financial institution. Account includes any of the following: checking, certificate of deposit ('CD'), investment, savings, individual retirement account ('IRA'), stock option, etc. Attach additional pages if needed.

Name & Address of Institution	Last 4 Digits of Account #	Name(s) on Account	Balance

4. Real Estate

Address of Property	Name(s) on Deed	Present Value

MINOR AND/OR DEPENDENT CHILDREN OF THIS MARRIAGE

Child's Name:	Child's DOB:	Child Resides With:

INFORMATION REGARDING CHILDREN NOT OF THIS MARRIAGE

	Plaintiff/Petitioner 1	Defendant/Petitioner 2
Number of Minor Children Living with You NOT of this marriage, NOT stepchildren		
Child Support Received for Other Children	\$	\$
Child Support Paid for Other Children	\$	\$
Spousal Support Paid to a Former Spouse	\$	\$

CHILD CARE EXPENSES

Does either party pay employment or school-related child care expenses for the minor child(ren) of this marriage?		
Plaintiff/Petitioner 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Defendant/Petitioner 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

HEALTH INSURANCE Group Health Insurance Available for Dependent Children

Are your children currently enrolled in a low-income, government-assisted health care program (Medicaid/CareSource)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is either party enrolled in an individual (non-group or COBRA) health insurance plan?	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Neither
If neither party is enrolled, is health insurance available through a group (employer or other organization)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the available insurer cover primary services within 30 miles of the child's home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If either party is enrolled in a health insurance plan through a group or individual insurance plan:	
Employee Cost for Individual Plan \$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Employee Cost for Family Plan \$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Covered parties: <input type="checkbox"/> Yourself <input type="checkbox"/> Your Spouse <input type="checkbox"/> Minor Children from this Marriage <input type="checkbox"/> Other (# of Others _____)	
*If health insurance is provided, attach a copy of the front and back of the insurance card	

AFFIANT'S MONTHLY EXPENSES

List your ACTUAL expenses for your present household. If you expect changes in your expenses soon, attach a separate sheet with your ESTIMATED expenses. If you are living with your parents or someone is helping you with your living expenses, provide the

Person's Name: _____ The Amount of Support Provided: \$ _____

MONTHLY EXPENSES: HOUSING

1. Rent or Mortgage (including taxes and insurance)	\$ _____
2. Utilities:	
Gas & Electric (level billing or average per month)	\$ _____
Water & Sewer	\$ _____
Cell Phone (# of Phones on Plan _____)	\$ _____
Trash Collection	\$ _____
Other: _____	\$ _____
HOUSING TOTAL: \$ _____	

MONTHLY EXPENSES: OTHER

1. Grocery (include food, laundry & cleaning products, toiletries, etc.)	\$ _____
2. Gasoline & Oil	\$ _____
3. Car Repairs	\$ _____
4. Insurance (Life/Auto/Renter's)	\$ _____
5. Medical (not covered by insurance)	\$ _____
6. Clothing	\$ _____
7. Internet/Cable/TV Subscription	\$ _____
8. Other: _____	\$ _____
OTHER TOTAL: \$ _____	

MONTHLY DEBT PAYMENTS (Do not list expenses previously listed in Section A. Attach additional pages if needed.)

To Whom Paid (Write the name(s) account is under)	Purpose/Security (For car loans, write model & who drives it)	Monthly Payment	Total Balance Due
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____

MONTHLY DEBT PAYMENTS TOTAL: \$ _____

GRAND TOTAL MONTHLY EXPENSES: \$ _____

Affiant states that the information contained herein and attached hereto, is complete and accurate to the best of his/her information, knowledge, or belief under penalty of law.

- _____
 Signature of Affiant Plaintiff/Petitioner 1
 Signature of Affiant Defendant/Petitioner 2

Sworn to and subscribed in my presence this _____ day of _____,
_____.

Notary Public Signature

My Commission Expires: _____

Signature of Attorney for _____

Address

Address

Phone #

Supreme Court #