



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

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

## OTHER ASSETS & LUMP SUM INCOME

1. Describe income sources listed in Section B (i.e. 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.

<b>Source:</b>	<b>Value: \$</b>
<b>Source:</b>	<b>Value: \$</b>

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, retirement/pension accounts, IRA's, stock options, 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

<b>MINOR AND/OR DEPENDENT CHILDREN OF THIS MARRIAGE</b>		
<b>Child's Name:</b>	<b>Child's DOB:</b>	<b>Child Resides With:</b>

<b>INFORMATION REGARDING CHILDREN NOT OF THIS MARRIAGE</b>		
	<b>Plaintiff/Petitioner 1</b>	<b>Defendant/Petitioner 2</b>
Number of Other Biological or Adopted Minor Children NOT of this marriage, NOT stepchildren		
Spousal Support Paid to a Former Spouse	\$	\$

<b>CHILD CARE EXPENSES</b>	
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

<b>HEALTH INSURANCE Group Health Insurance Available for Dependent Children</b>	
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
<b>If a party is enrolled in a health insurance plan through a group or individual insurance plan:</b>	
Name of Party Providing Health Insurance: _____	
Employee Cost for Insurance: \$_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Type of Coverage: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____	
<b>*If health insurance is provided, attach a copy of the front and back of the insurance card</b>	

## 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:** \_\_\_\_\_

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\_\_\_\_\_  
**Signature of Attorney for** \_\_\_\_\_

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone #**

\_\_\_\_\_  
**Supreme Court #**