

II. INCOME INFORMATION

(NOTE: Self-Employed persons shall complete Page 2-a of this Form.)

7. Employer's Name and address:

Wife:

Husband:

Employee ID#, if any:

Position:

Shift hours worked:

Length of employment:

Pay period:

Amount of hourly rate or
other manner of payment:

Gross pay per pay period:

Net pay per pay period:

Deductions per pay other than
those required by law for taxes,
social security, etc.

Annual Gross Income:

Monthly net income:

8. Other sources of income and amount:

Wife:

Husband:

Attach copies of a recent pay stub and also W-2's for the most recent year available.

II (a) . SELF- EMPLOYMENT INCOME INFORMATION:

7(a). Name and address of place of self-employment:

Wife:

Husband:

Title:

Length of self-employment:

Pay Period:

Nature of Compensation:

(Fixed salary,
commissions,
salary/commissions, etc.)

Gross Pay Per Pay Period:

Net Pay Per Pay Period:

Annual Gross Income:

Annual Net Income:

Monthly Gross Income:

Monthly Net Income:

8(a). Other Sources of Income, Frequency of Receipt and Amount:

COPIES OF THE FOLLOWING SHALL BE ATTACHED TO THIS FORM, IF AVAILABLE:

Most recent pay stub; monthly gross income figures for the past six (6) months; monthly itemized expenses for the past six (6) months; income and itemized expenses for the prior calendar year, with verification thereof, or, complete copy of Federal Tax Return for the prior calendar year.

III. ASSETS

9. Real Estate - [Marital residence \(other real estate listed on page 3-a\):](#)

Address:

Brief description:

Date and price of acquisition:

Current value:

Balance Due on Mortgage/Mortgages:

10. Motor Vehicles:

<u>Year and Make of Vehicle</u>	<u>Whose Possession</u>	<u>Title In Name of</u>	<u>Value</u>
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11. Other Tangible Personal Property:

12. Checking Accounts:

<u>Name of Bank</u>	<u>Name(s) on account</u>	<u>Approximate / Estimated Balance</u>
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13. Savings Accounts:

<u>Name of Bank</u>	<u>Name(s) on account</u>	<u>Approximate / Estimated Balance</u>
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14. Other banking assets, certificates of deposit, etc.

9. Real Estate: Other Real Estate / Investment Properties:

[a\) Address:](#)

[Brief description:](#)

Date and price of acquisition:

Current value:

Balance due on mortgage(s):

Rental income:

b) Address:

Brief description:

Date and price of acquisition:

Current value:

Balance due on mortgage(s):

Rental income:

c) Address:

Brief description:

Date and price of acquisition:

Current value:

Balance due on mortgage(s):

Rental income:

d) Address:

Brief description:

Date and price of acquisition:

Current value:

Balance due on mortgage(s):

Rental income:

15. Stocks and bonds:

16. Other investment assets:

17. Debtors:

18. Life insurance:

19. Retirement assets: Profit sharing, pension, IRA, 401(k), etc.:

<u>Type of asset</u>	<u>Whose Name</u>	<u>Benefit</u>	<u>Value</u>
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20. Health insurance: Briefly describe the type of coverage, who is covered, and the cost of any health, dental, optical, prescription drug, etc. insurance.

21. Other employment benefits:

22. Other: Briefly describe any possible inheritances, assets of the child(ren), etc., or provide any other information that you feel is relevant to the court with respect to property:

IV. DEBTS and EXPENSES

23. Complete for each debt of the parties:

<u>Creditor's Name</u>	<u>Purpose of Debt Or Collateral</u>	<u>Balance</u>	<u>Monthly Payment</u>	<u>Being Paid By</u>
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24. Expenses (Do not list any debt payments covered above, list amounts on a monthly basis):

	<u>Wife:</u>	<u>Husband:</u>
Rent / Mortgage		
Real estate taxes		
Real estate insurance		
Gas, fuel oil (heat)		
Electric		
Water, sewer		
Phone - base rate & long distance		
Cable TV		
Garbage collection		
Auto operating expense		

Auto maintenance
Auto insurance
Food and groceries / meals out
Clothing
Dry cleaning, laundry
Medical expenses
Life insurance
Professional fees
Travel – business and family
Entertainment
Personal
Household / Supplies
Gifts
Other

TOTAL DEBTS and EXPENSES:

V. CHILD SUPPORT CALCULATION INFORMATION

25. Alimony paid to a former spouse:

Paid by Wife: Paid by Husband:

26. Child Support Paid for Other Children:

Paid by Wife: Paid by Husband:

27. Number of Other Children of the Party Living With the Party:

Wife: Husband:

28. Amount of Support Received for Said Children

Wife: Husband:

29. Cost of Health Insurance That Covers the Children Involved in This Case:

Wife: Husband:

30. Amount of Work-Related Child Care Spent:

Wife: Husband:

31. Amount of Tax Credit for Work-Related Child Care:

Wife: Husband:

AFFIANT –

Sworn to and subscribed by before me this day of , 20__.

Notary Public

VI. CHILD SUPPORT CALCULATION: (SEE ATTACHED)

(Complete Parts 32 and 33, or 32, 33 and 34 as applicable)

Wife:

Husband:

Gross Annual Income:

Less Child Support Paid:

Less Support for Other Dependents:

Less Health Insurance:

Less Alimony Paid:

Adjusted Annual Income:

Total Combined Adjusted Annual Incomes:

32. Support for child(ren) in Wife's Custody:

Basic Child Support Obligation (from table):

Plus Child Care Expenses Net of Tax Credit:

Total Support Obligation:

Husband's Percentage:

Husband's Share Per Year
(Multiply Above Two Lines):

Husband's Share Per Year Per Child:

Husband's Share Per Week Per Child:

33. Support for Child(ren) in Husband's Custody:

Basic Child Support Obligation (from table):

Plus Child Care Expenses Net of Tax Credit:

Total Support Obligation:

Wife's Percentage:

Wife's Share Per Year (multiply above two lines):

Wife's Share Per Year Per Child:

Wife's Share Per Week Per Child:

34. Split Custody Calculation:

Husband's Share of Support Per Year (from above):

Wife's Share of Support Per Year (from above):

Net Support to be Paid Per Year By:

Net Support to be Paid Per Year Per Child:

Net Support to be Paid Per Week Per Child: