AFFIDAVIT WITH RESPECT TO CHILD SUPPORT

INSTRUCTIONS:

PLEASE PRINT IN INK OR TYPE. COMPLETE EACH QUESTION WITH A CHECK MARK OR AN **X** IN THE BOX PROVIDED OR ENTER THE INFORMATION REQUESTED. IF YOU HAVE NO KNOWLEDGE OF THE INFORMATION REQUESTED, ENTER "DON'T KNOW." **DO NOT** LEAVE ANY QUESTIONS UNANSWERED, EXCEPT AS INSTRUCTED. IF ANY INFORMATION CHANGES AFTER THE AFFIDAVIT IS COMPLETE, NOTIFY THE CHILD SUPPORT ENFORCEMENT (CSE) UNIT OF THE CHANGES. ATTACH REQUESTED DOCUMENTS OR PROOF.

YOUR PERSONAL DATA

Name (First, Middle, Last):
Social Security Number: Date of Birth:
Address:
City, State Zip:
Phone Number:

Provision of your social security number is mandatory pursuant to 42 U.S.C. 666(a)(13). Social security numbers are used by the Division of Child Support Enforcement to locate individuals for the purposes of establishing paternity, establishing support obligations, modifying and enforcing child support obligations and distribution of child support payments. If you do not have a social security number, the Division will not deny your request for assistance.

YOUR PRIMARY EMPLOYMENT

☐ **Attached are IRS Tax returns for the last 3 years.**
☐ Attached are pay statements for the last three months.
☐ If self-employed, attached are personal and business income tax returns, including all schedules and forms (especially Form K-1, Form 1065, Form 1120S, or Form 1120C) for the last three tax years.
☐ If self-employed, attached are income and expense balance sheets for each month since last business tax return filed.

☐ ☐
Current/Previous [Employer] [Business]:

Address:
City, State Zip:
Phone Number:
Date Employment (Business) began:
Current Position began on:
Hours worked each week: Hourly wage $ Salary $
How often do you get paid? ☐ weekly ☐ every 2 weeks ☐ twice a month ☐ monthly

Monthly Gross Income: $_____

Bonus: $_____ Frequency: _____

Tips: $_____ Frequency: _____

Commission: $_____ Frequency: _____

Overtime is $_____ per hour. Frequency (weekly, monthly, every 2 weeks): _____

☐ Overtime is not available. ☐ Overtime is required.

Year to date Total Gross Income: $_____

If unemployed, what date did you last work? _____

I am unemployed due to ☐ disability ☐ involuntary layoff at work ☐ other. Please Explain: _____

Are you receiving unemployment compensation? Check one: ☐ Yes ☐ No

- If you are unemployed due to disability, please attach documentation of your disability and/or disability insurance or Social Security benefit.
- If you are receiving unemployment compensation, please attach documentation of the weekly benefit.

☐ I am a full time student. Expected graduation date: _____ (Attach proof of status).

☐ I am incarcerated. Attach proof of expected release date and/or parole date.

DOC Number: _____

My inmate average monthly account balance is $ _____

INCOME FROM OTHER SOURCES

Information which may affect my monthly income status. Check all that apply.

SOURCE	MONTHLY AMOUNT	EFFECTIVE DATE
Maintenance (Spousal Support)	$	
Interest, Dividends	$	
Pension Income (Retirement)	$	
Rental Income	$	
Social Security Disability	$	
Social Security Retirement	$	
Social Security Survivors	$	
Supplemental Security Income	$	
Aid to the Needy and Disabled	$	
Public Assistance (TANF)	$	
Unemployment Compensation	$	
Veterans Benefits	$	
Workers Compensation	$	
Private Disability Insurance	$	
Other:	$	

PARENTING TIME

The child(ren) born or adopted of this marriage/relationship reside primarily with ☐ me ☐ the other parent. Number of overnights with me _____ the other parent _____

DAYCARE

Is/Are the child(ren) born or adopted of this marriage/relationship in daycare while one or both parents work? ☐ yes ☐ no

The charge for such daycare is $_____ per ☐ hour ☐ week ☐ month.

If hourly, the child(ren) are in daycare _____ hours per week.

The average monthly cost for daycare is $ _____

Work-related daycare expenses are paid by ☐ me ☐ the other parent ☐ both ☐ other person.

I personally pay	$ _____	or	_____ %
The other parent pays	$ _____	or	_____ %
Other person pays	$ _____	or	_____ %
Daycare assistance	$ _____	or	_____ %

Education related daycare expenses are $ _____ per hour _____ per week.

Education related daycare expenses are paid by ☐ me ☐ the other parent ☐ both ☐ other person.

I personally pay	$ _____	or	_____ %
The other parent pays	$ _____	or	_____ %
Other person pays	$ _____	or	_____ %
Daycare assistance	$ _____	or	_____ %

☐ Attached is proof of current daycare enrollment.

☐ Attached is proof of payment of daycare for the school year and summer months.

☐ Attached is a summary of yearly daycare expenses.

HEALTH INSURANCE INFORMATION
Includes: Medical, Dental and Vision

Health insurance ☐ is ☐ is not maintained for the child(ren) born or adopted of this marriage/relationship.

I pay $_____ as a monthly cost to cover only the child(ren) of this action on my health insurance.

Name of Insurance Company: _____

Address: _____

_____

Telephone Number: _____

Group Number: _____

Policy Number: _____

Name(s) of all Individual(s) covered: _____

_____

_____

Effective Date of Coverage: _____

If the child(ren) are not covered the monthly cost to add the child(ren) of this action would be $_____.

OTHER DEDUCTIONS

The child(ren) born/adopted during this marriage/relationship have uninsured health expenses in excess of $250.00 per year. ☐ yes ☐ no
The cost of such expense on a routine basis per single illness or condition is $_____ per month.
Explain:_____
_____
Attach documentation.
The child(ren) have extraordinary needs, which require payment on a monthly basis. Explain the needs and itemize the cost of them on a monthly basis: _____
_____
_____
Attach documentation.

OTHER SUPPORT ORDERS

I pay Maintenance (spousal support) to a former spouse in the amount of $_____ per month (Attach a copy of the order and proof of payments)
I pay child support for a child(ren) not of this marriage/relationship, in the amount of $_____ (Attach copy of order and proof of payment).
I am legally responsible for child(ren) not of this relationship who currently reside with me.
☐ yes ☐ no
If yes, list the child(ren) name(s) and date of birth and attach birth certificate(s) and proof of residence (i.e., school records).

NAME (First, Middle, Last)	Date of birth

IF YOU FAIL TO HAVE THIS FORM NOTARIZED AND/OR FAILTO PROVIDE DOCUMENTATION, YOUR CASE PROCESSING COULD BE DELAYED.

I declare under penalty of perjury that I have completed this affidavit and the statements contained herein are true and correct.

_____

Name Date

Sworn to before me in the County of _____, State of _____, this _____ day of _____, _____.

My Commission expires: _____.

_____

Notary Public

[SEAL]