



10. (a) Are you or your present spouse entitled to receive court-ordered child support for any children now living with you? YES  NO  If "YES," complete the following and **ATTACH A COPY OF ALL SUCH CHILD SUPPORT ORDERS.**

<u>Name of Child</u>	<u>Age</u>	<u>Relation to You</u>	<u>Support Amount</u>

(b) Are those support payments being made? YES  NO

11. Are you required to pay a court-ordered child support obligation for a child of yours who is not listed in item 6 above? YES  NO  If "YES," complete the following and **ATTACH A COPY OF ALL SUCH CHILD SUPPORT ORDERS.**

<u>Name of Child</u>	<u>Age</u>	<u>Name of Recipient</u>	<u>Monthly Support Amount</u>

12. Are you ordered to pay or entitled to receive court-ordered spousal support? YES  NO  If "YES," complete the following and **ATTACH A COPY OF ALL SUCH SPOUSAL SUPPORT ORDERS.**

<u>Owed To</u>	<u>Paid By</u>	<u>Monthly Support Amount</u>
Owed Until: _____	(Date or Event): _____	

13. Are you incurring child care costs on behalf of the children listed in item 6 above? YES  NO  If "YES," complete the following and **attach documentation** verifying the information provided below:

<u>Name of Child</u>	<u>Day-care Provider and Address</u>	<u>Monthly (gross amount before application Cost of any tax credit or subsidy)</u>

14. Do you receive any subsidy for such care? If so, amount \$ \_\_\_\_\_ per month.

15. **MEDICAL AND DENTAL ELECTIONS**--The child support recipient may elect to require the support payor to name the child(ren) as the beneficiary on a health/dental insurance plan. If so elected, the child support may be adjusted by an amount equal to all or a portion of the cost to parent who provides the child's(ren's) portion of the health/dental insurance premium. Please choose:

- I wish to require health/dental insurance coverage by the other party and understand that a portion of the premium may be deducted from support.
- I do not wish to require health/dental insurance coverage by the other party.
- I provide health/dental insurance through my employer; see page 4, item 18, of this schedule, for information.

**ATTACHMENTS**

**REQUIRED**

**OPTIONAL**

- Last four (4) payroll stubs.
- Most recent federal and state income tax return.
- Copies of any and all relevant child/spousal support orders.
- Child care documentation if you want this considered.
- Medical/dental insurance documentation.

(Income, Deductions and Medical/Dental Insurance)

You must complete and submit the following attachments. Copies of recent: (1) federal and state income tax returns, (2) last four pay stubs, and (3) if self-employed, most recent profit and loss statement.

16. Your Monthly Gross Income:

A. From Employment: If paid weekly, multiply weekly income by 4.3 to arrive at a monthly gross income and insert below. If paid every two weeks, multiple two weeks' income by 2.15 and insert below):

<u>Description</u>	<u>Monthly Amount</u>
Gross Hourly Wage: _____	_____
Average Number of Hours Worked Per Week: _____	_____
Gross Monthly Income:	_____
Gross Monthly Tips/Commissions/Bonuses (identify):	_____
<b>SUBTOTAL: 16.A.</b>	

B. From Self-Employment: If you own an interest in a partnership or in a closely held corporation, attach last year's Schedule K-1, and/or corporation federal income tax return:

<u>Description</u>	<u>Monthly Amount</u>
Gross Receipts:	_____
Expense Reimbursements:	_____
Rental Income:	_____
Royalty Income:	_____
Less Ordinary/Necessary Expenses:	( _____ )
Plus Monthly Portion of Accelerated Component of any Depreciation	_____
Allowance or Investment Tax Credits:	_____
<b>SUBTOTAL: 16.B.</b>	

C. Other Sources of Income: (Please attach verification of any income available to you as listed below):

<u>Description</u>	<u>Monthly Amount</u>
Dividends:	_____
Interest Income:	_____
Trust Income:	_____
Contract Payments (less underlying debt):	_____
Annuity Income:	_____
Retirement Benefits--Pension/IRA/Keogh (nonsocial security):	_____
Social Security Income:	_____
Workers' Compensation Benefits Per Week Multiplied by 4.3 =	_____ per month
Unemployment Benefits Per Week Multiplied by 4.3 =	_____ per month
Disability Income:	_____
Gift or Prizes:	_____
Spousal Support:	_____
Expense Reimbursements and/or Per Diem Allowance (not listed in item B. above):	_____
ADC Benefits:	_____
FCAS (food stamps):	_____
Other (specify):	_____
_____	_____
<b>SUBTOTAL: 16.C.</b>	

D. Summary of Your Gross Income:

<u>Description</u>	<u>Monthly Amount</u>
Income from Employment (item 16.A. above):	_____
Self-Employment Income (item 16.B. above):	_____
Other Income (item 16.C. above):	_____

YOUR TOTAL MONTHLY GROSS INCOME: **ENTER HERE and on this Affidavit Page 1, line 9.A.** **16.D.** \_\_\_\_\_

17. Your Monthly Deductions from Gross Income:

A. Mandatory Deductions:

Number of exemptions claimed by you: \_\_\_\_\_

<u>Description</u>	<u>Monthly Amount</u>
State Income Taxes:	_____
Federal Income Taxes:	_____
Social Security (FICA):	_____
Workers' Compensation Insurance Premium:	_____
Wage Withholding, Wage Assignment or Garnishment:	_____
(Paid to: _____)	
Medical Insurance for the Parties' Joint Children if Additional Premium	
Total Premium _____--less cost of coverage for yourself +	
other dependents =	_____
<b>SUBTOTAL OF MANDATORY:</b>	<b>17.A.</b> _____

B. Optional Deductions:

<u>Description</u>	<u>Monthly Amount</u>
Retirement/Profit Sharing:	_____
Savings Plan:	_____
Credit Union:	_____
Other:	_____
<b>SUBTOTAL OF OPTIONAL:</b>	<b>17.B.</b> _____

C. Summary of Deductions:

Mandatory--from item 17.A. above: \_\_\_\_\_  
 Optional--from item 17.B. above: \_\_\_\_\_

**TOTAL MONTHLY DEDUCTIONS: 17.C.** \_\_\_\_\_

18. Information for Medical and Dental Insurance Coverage: (For children listed on page 1, item 6, of this Affidavit which is currently provided or available for the benefit of those children.):

I provide this (complete information below)

**HEALTH INSURANCE**

**DENTAL INSURANCE**

Other parent provides this (complete if known)

Name of Insurance Company:	_____	_____
Plan or Group Name:	_____	_____
Plan/Group Number:	_____	_____
Individual I.D. Number:	_____	_____
Address for Claims Submission:	_____	_____
Phone Number for Information:	_____	_____
Amount of Annual Deductible:	_____	_____
Gross Monthly Premium Actually Paid	_____	_____
by You (exclude amounts paid by		
your employer):	_____	_____
Monthly Premium to Cover Only You:	_____	_____
Dependent's Portion of Monthly Premium:	_____	_____

Are there dependents other than children on page 1,  
 item 6, of this Affidavit enrolled with plan? YES  NO   
 If Yes, total number of other dependents: \_\_\_\_\_

I hereby declare that the above statement and the attached schedules are true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Name

**SCHEDULE 1**  
(Monthly Expenses and Rebutting Factors)

You must complete this schedule and prepare and submit the attachments requested in this schedule if either party seeks spousal support or any change from the uniform child support guidelines. These are the total household expenses you must pay each month. Utility bills should be averaged over the year. Any other annual, quarterly, or other periodic payments should be converted to a monthly average. **DO NOT LIST ANY EXPENSE IF IT IS DEDUCTED FROM YOUR WAGES. ONLY INCLUDE DIRECT EXPENSES FOR JOINT CHILDREN IN SECTION 1.**

1. Direct monthly expenses for children of this relationship which you pay:

	<u>AMOUNT</u>
A. School Expenses:	
School Lunches:	_____
Books, Tuition:	_____
Activities:	_____
Other (Specify):	_____
B. Food (other than school lunches):	_____
C. Day Care:	_____
D. Clothing:	_____
E. Medical Insurance--Premium Payments:	_____
F. Unreimbursed Health Costs:	_____
G. Unreimbursed Dental Costs:	_____
H. Baby-Sitting (not work-related):	_____
I. Lessons:	_____
J. Grooming Needs:	_____
K. Hobbies, Recreation:	_____
L. Entertainment:	_____
M. Allowances:	_____
N. Transportation:	
Gasoline, Oil:	_____
Insurance for Driving-Age Child:	_____
O. Miscellaneous (Specify): _____	_____

TOTAL DIRECT EXPENSES OF CHILDREN: **ENTER HERE and on Uniform Support Affidavit page 1, line 9.B.** 1. \_\_\_\_\_  
(ADD 1.A. thru 1.O.)

	<u>Source</u>	<u>Amount</u>	<u>Name</u>
Average Monthly Amount of Child's Income:	_____	_____	_____

2. **FIXED COSTS** Monthly Amount

A. RESIDENCE:	
Mortgage or Rent:	_____
Property Taxes:	_____
(if not included in mortgage)	
Second Mortgage:	_____
Other:	_____
B. UTILITIES:	
Electricity:	_____
Heat (other than electricity):	_____
Water:	_____
Garbage:	_____
Telephone:	_____
Other:	_____
C. TRANSPORTATION:	
Car Payments:	_____
Gas & Oil:	_____
Maintenance & Repairs:	_____
Other (Specify):	_____
D. INSURANCE:	
Life:	_____
Automobile:	_____
Medical/Dental:	_____
Residence:	_____
E. FOOD AND HOUSEHOLD ITEMS:	_____
(exclude food expenses for joint children covered in Schedule 1, part 1, above)	

F. CLOTHING: \_\_\_\_\_  
Grooming/Personal Needs: \_\_\_\_\_

G. MEDICINE AND PHARMACEUTICAL--Unreimbursed medical/dental costs: \_\_\_\_\_

H. COURT/DCS-ORDERED SUPPORT PAYMENTS: \_\_\_\_\_

**TOTAL FIXED COSTS (A-H):** 2. \_\_\_\_\_

3. CONSUMER OBLIGATIONS:

<u>NAME OF CREDITOR</u>	<u>BALANCE DUE</u>	<u>MONTHLY PAYMENTS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL MONTHLY PAYMENTS ON CONSUMER OBLIGATIONS:** 3. \_\_\_\_\_

4. DISCRETIONARY EXPENSES:

- A. Entertainment: \_\_\_\_\_
  - B. Vacations: \_\_\_\_\_
  - C. Gifts: \_\_\_\_\_
  - D. Religious Contributions: \_\_\_\_\_
  - E. Dues and Subscriptions: \_\_\_\_\_
  - F. Club Memberships & Dues: \_\_\_\_\_
- TOTAL DISCRETIONARY EXPENSES:** 4. \_\_\_\_\_

5. ADDITIONAL EXPENSES:

\_\_\_\_\_

\_\_\_\_\_

**TOTAL ADDITIONAL EXPENSES:** 5. \_\_\_\_\_

6. TOTAL EXPENSES EXCLUDING DIRECT EXPENSES OF CHILD  
(Add 2, 3, 4, and 5): **ENTER HERE and on Uniform Support Affidavit,  
page 1, line 9.C.** 6. \_\_\_\_\_

7. Other factors that affect my income and expenses or that should be considered to rebut the presumptive child support calculations: (attach supporting documentation whenever possible).