## DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

| 1. AFFIANT'S NAME:                 |  | Age                       |
|------------------------------------|--|---------------------------|
| Affiant's Social Security No. (    | last 4 digits)   |                           |
| Spouse's Name:                     |  | Age                       |
| Date of Marriage:                  | Date of Separation:  |                           |
| Names and birth dates of child     | ren of this marriage:  |                           |
| Name                               | Date of Birth  | Resides With              |
|                                    |  |                           |
|                                    |  |                           |
| 4                                  |  |                           |
|                                    |  |                           |
| Name Name                          | en of prior marriage/relationship resi  Date of Birth                        | ding with Amant:          |
| 2. SUMMARY OF AFFIANT'             | S INCOME AND NEEDS   |                           |
|                                    | ), (c) calculates automatically – begin w                                    | vith next section;        |
| (a) Gross monthly income (fro      | om Item 3A)  | \$ 0.00                   |
| (b) Net monthly income (from       | Item 3C)   | \$                        |
| (c) Average monthly expenses       | (Item 5A)  | \$ 0.00                   |
| Monthly payments to cred           | itors (Item 5B)  | + 0.00                    |
| Total monthly expenses an          | nd payments to creditors (Item 5C)   | \$ 0.00                   |
| (d) Amount of spousal/ child s     | support needed by Affiant  | \$                        |
| (e) Amount of child support in     | ndicated by Child Support Guidelines   | \$                        |
| 3. A. AFFIANT'S GROSS MON          | NTHLY INCOME   |                           |
| (All income must be entered        | based on monthly average regardless  | of date of receipt. Where |
| applicable, in come should be annu | ualized.)  |                           |
| Salary                             |  | \$                        |
|                                    | ces, overtime, tips and similar paymerage or time of employment is less that | A                         |
|                                    | such as self employment, partnership,  |                           |

| and necessary expenses required to produce income) ATTACH SHEET ITEMIZING THIS INCOME.  | \$ |  |
|---|----|--|
| Disability/unemployment/workers' compensation   | \$ |  |
| Pension, retirement or annuity payments   | \$ |  |
| Social Security benefits  | \$ |  |
| Other public benefits (specify)   | \$ |  |
| Spousal or child support from prior marriage  | \$ |  |
| Interest and dividends  | \$ |  |
| Rental income (gross receipts minus ordinary and necessary expenses required to produce income) ATTACH SHEET ITEMIZING THIS INCOME.   | \$ |  |
| Income royalties, trusts or estates   | \$ |  |
| Gains derived from dealing in property (not including non-recurring gains)  | \$ |  |
| Other income of a recurring nature (specify source)   | \$ |  |
| B. List and describe all benefits of employment, e.g., automobile and /or   |    |  |
| auto allowance, insurance (auto, life, disability, etc.), deferred compensation, employer contribution to retirement or stock, club memberships and reimbursed expenses (to the extent they reduce personal living expenses) ATTACH SHEET IF NECESSARY. |    |  |
| employer contribution to retirement or stock, club memberships and reimbursed expenses (to the extent they reduce personal living expenses) ATTACH SHEE   |    |  |
| employer contribution to retirement or stock, club memberships and reimbursed expenses (to the extent they reduce personal living expenses) ATTACH SHEE   |    |  |

## 4. ASSETS

(If you can claim or agree that all or part of an asset is non-marital, indicate the non-marital portion under the appropriate spouse's column. The total value of each asset must be listed in the "value" column. "Value" means what you feel the item of property would be worth if it were offered for sale.)

| Description                 | Value      |    | Separate Asset of Husband |    | Separate Asset of Wife |
|-----------------------------|------------|----|---------------------------|----|------------------------|
| Cash                        | \$         | \$ |                           | \$ |                        |
| Stocks, bonds               | \$         | \$ |                           | \$ |                        |
| CD's/Money Market           | \$         | \$ |                           | \$ |                        |
| Real Estate: home/other     | \$         | \$ |                           | \$ |                        |
| Automobiles                 | \$         | \$ |                           | \$ |                        |
| Money owed you              | \$         | \$ |                           | \$ |                        |
| Retirement/IRA              | \$         | \$ |                           | \$ |                        |
| Furniture/furnishings       | \$         | \$ |                           | \$ |                        |
| Jewelry                     | \$         | \$ |                           | \$ |                        |
| Life Insurance (cash value) | \$         | \$ |                           | \$ |                        |
| Collectibles                | \$         | \$ |                           | \$ |                        |
| Bank accounts               | \$         | \$ |                           | \$ |                        |
| (list each account)         |            | İ  |                           |    |                        |
| Other assets:               |            |    |                           |    |                        |
|                             |            |    |                           |    |                        |
|                             |            | İ  |                           | İ  |                        |
|                             |            | İ  |                           | İ  |                        |
|                             |            |    |                           |    |                        |
| TOTAL ASSETS                | \$<br>0.00 | \$ | 0.00                      | \$ | 0.00                   |

## 5B. PAYMENT TO CREDITORS (Out of sequence for formatting purposes)

| To Whom     | <b>Balance Due</b>         | <b>Monthly Payments</b> |
|-------------|----------------------------|-------------------------|
|             | \$                         | \$                      |
|             | \$                         | \$                      |
|             | \$                         | \$                      |
|             | \$                         | \$                      |
|             | \$                         | \$                      |
|             | \$                         | \$                      |
|             | s                          | \$                      |
|             | \$                         | \$                      |
|             | \$                         | \$                      |
|             | \$                         | \$                      |
|             | \$                         | \$                      |
|             | \$                         | \$                      |
| Total Balan | ce Due: \$ 0.00            |                         |
| Total Mon   | thly Payments to Creditors | \$ 0.00                 |
| C. TOTAL    | L MONTHLY EXPENSES         | \$ 0.00                 |

## 5 A. AVERAGE MONTHLY EXPENSES (Re-calculate weekly/annual expenses to a monthly average)

|       | HOUSEHOLD  |      | OTHER INSURANCE                    | <u>.</u> |          |
|-------|--|------|------------------------------------|----------|----------|
|       | Mortgage or rent payments  | \$   | Health                             | \$       |          |
|       | Property taxes   | \$   | Life                               | \$       |          |
|       | Insurance  | \$   | Disability                         | \$       |          |
|       | Electricity  | \$   | Other                              | \$       |          |
|       | Water  | \$   | AFFIANT'S OTHER EXPENSES           | S        |          |
|       | Garbage& Sewer   | \$   | Dry cleaning and laundry           | \$       |          |
|       | Telephone  | \$   | Clothing                           | \$       |          |
|       | Gas  | \$   | Medical/Dental                     | \$       |          |
|       | Repairs & Maintenance  | \$   | Prescriptions                      | \$       |          |
|       | Lawn care  | \$   | Affiant's gifts (special holidays) | \$       |          |
|       | Pest Control   | \$   | Entertainment                      | \$       |          |
|       | Cable TV   | \$   | Vacations                          | \$       |          |
|       | Misc. household/grocery items  | \$   | Publications                       | \$       | $\neg$   |
|       | Meals outside home   | \$   | Dues, Clubs                        | \$       |          |
|       | Other  | S    | Religious, Charities               | \$       | =        |
|       |  |      | Miscellaneous (attach sheet)       | \$       | _        |
|       | AUTOMOBILE   |      | Other (attach sheet)               | \$       | =        |
|       | Gasoline and oil   | \$   | Alimony paid to former spouse      | \$       | =        |
|       | Repairs  | \$   | Child support paid to another      | \$       | $\dashv$ |
|       | Auto tags and license  | \$   |                                    |          |          |
|       | Insurance  | \$   | i                                  |          |          |
|       | CHILDREN'S EXPENSES  Child care School tuition School Supplies/expenses Lunch money Allowance Clothing Diapers Medical, dental, prescription Grooming/hygiene Gifts Entertainment Activities | \$   | TOTAL ABOVE EXPENSES               | \$       | 0.00     |
|       | day of   | , 20 |                                    |          |          |
| Notar | y Public   |      | Affiant                            |          |          |