

FINANCIAL AFFIDAVIT

This affidavit will help you present information to the court for use in determining the correct amount of child support based on the North Dakota Child Support Guidelines. **Please complete this form and sign it in front of a Notary Public. If you need more space, please attach additional pages. Additional information can also be added in the Comment section at the end. Attach all requested documents and additional pages and return to:**

1. PERSONAL BACKGROUND

Name: _____

Address: _____

City/State/Zip: _____

List the names and dates of birth of your biological or adopted children who live with you:

Child's name	Date of Birth

List the names and dates of birth of your biological or adopted children who do not live with you and the name of the person with whom each child lives:

Child's Name	Date of Birth	Lives With:

List the children you claim as exemptions on your federal income tax return. If any of these children are not your biological or adopted children, please indicate the relationship (for example, stepchild).

Child's name	Relationship

Do you alternate claiming the exemption for any of your biological or adopted children with the other parent of those children? _____ Yes _____ No

If yes, list the names of the children for whom the exemption is alternated:

Child's name

Are any of your biological or adopted children for whom you claim an exemption qualifying children for purposes of the child tax credit? _____ Yes _____ No

If yes, list the names of the children who are qualifying children for purposes of the child tax credit:

Child's name

Do you and the other parent in this child support matter have split custody of your children?
 (Split custody means that you and the other parent have more than one child in common and you and the other parent each have custody of at least one child.) _____ Yes _____ No

Do you and the other parent in this child support matter have equal physical custody of your children? (Equal physical custody means each parent, by court order, has physical custody of the children exactly fifty percent of the time.) _____ Yes _____ No

Does a court order specify when you have visitation with your children?
 _____ Yes _____ No **If yes, according to the court order, is the number of nights any of your children spend with you:**

More than 69 of 90 consecutive nights? _____ Yes _____ No

More than an annual total of 164 nights? _____ Yes _____ No

If you answered yes to either of the last two questions, please provide the total number of court-ordered visitation night per child, per year:

Child's name	Total number of visitation nights per year

Do the children in this child support matter receive any governmental or other benefits on your account? (Examples include dependent's benefits from the Social Security Administration based on your disability or retirement.) _____ Yes _____ No

If yes, list the names of the children, the type of benefit they are receiving, and the monthly amount of such benefit.

Child's Name	Type of benefit	Monthly Amount

2. EMPLOYMENT

If you are working full-time (at least 40 hours per week) for at least one employer, earning at least minimum wage (\$5.15 per hour), and have not changed jobs resulting in a reduction of income within the past three years, please attach a copy of your most recent federal income tax return. Include copies of all W-2 forms, 1099 forms, and schedules. Also, include copies of pay stubs showing your year-to-date income.

If you are only working part-time for one or more employers, earning less than minimum wage, or have changed jobs resulting in a reduction of income within the past three years, please attach copies of your last three federal income tax returns. Include copies of all W-2 forms, 1099 forms, and schedules. Also, include copies of your pay stubs showing year-to-date income from each employer.

For confidentiality reasons, black out all social security numbers and financial account numbers that appear on the tax forms and pay stubs you are attaching.

If you do have more than one employer, answer the questions in this section based on your primary job. Then attach additional pages to provide the same kind of information for each of your other jobs.

Employer Name: _____

Employer Address: _____

Employer City, State, Zip: _____

Date you started working for this employer: _____

Occupation: _____

Hourly	\$	Per hour		Hours per week
Monthly	\$	Per month		
Annually	\$	per year		

Number of pay periods (check one)	
	Weekly
	24 per year (paid twice per month)
	26 per year (paid every two weeks)
	Monthly
	Other

Overtime:

Average number of overtime hours worked per week during the past 12 months: _____

Rate of pay for overtime hours: \$ _____

Commission and tips:

Commissions: \$ _____ per _____

Tips: \$ _____ per _____

Bonuses:

Please provide information about the type and amount of any bonuses you have received in the past 12 months: _____

Employee benefits:

Describe the benefits provided to you by your employer and the annual value of such benefit (examples may include paid vacation and sick leave, health insurance, employer retirement contributions, etc.)

Benefit provide	Annual value
Total Value	

In-kind Income:

Describe any in-kind income provided to you by your employer and the annual value of such income. (In-kind income means you are allowed to use your employer's property or you are being provided with services at no charge or less than the customary charge. Examples include the use of living quarters, and being provided with transportation, groceries, or utilities.)

In-kind income received	Annual value
Total Value	

Union dues:

\$ _____ per month

Name of Union: _____

Are union dues required as a condition of employment? _____ Yes _____ No

List any professional/occupational licenses you hold: _____

Annual professional/occupational license fee: \$ _____

Is this fee paid or reimbursed by your employer? _____ Yes _____ No

Is this license required as a condition of employment? _____ Yes _____ No

Are you required, as a condition of employment to contribute to a retirement plan?

_____ Yes _____ No

If yes, monthly amount of required contribution: \$ _____

Employee Expenses:

Do you have out-of-pocket expenses for special equipment or clothing required as a condition of your employment? _____ Yes _____ No

If yes, are you reimbursed for these expenses? _____ Yes _____ No

If no, what are your annual out-of-pocket expenses for these items? \$ _____

Do you have out-of-pocket expenses for lodging when you must travel as a condition of your employment? _____ Yes _____ No

If yes, are you reimbursed for these lodging expenses _____ Yes _____ No

If no, please provide the number of overnights in the last calendar year: _____

and this year to date: _____

3. HEALTH INSURANCE AND MEDICAL EXPENSES

Do you have access to dependant health insurance coverage? _____ Yes _____ No

If yes, please provide the following information:

Are you enrolled in the health insurance plan? _____ Yes _____ No

If you are enrolled in the plan, please provide the names of persons, including yourself, covered under the plan: _____

Name of policyholder: _____

Cost for health insurance is (complete all options that are available):

Single plan	\$	per	
Single + dependant plan	\$	per	
Family plan	\$	per	

Annual amount of out-of-pocket medical expenses you pay for the children in this child support matter to the extent those expenses are likely to continue:

Child's Name	Annual amount
	\$
	\$
	\$
	\$
Total amount	

4. UNEMPLOYMENT

If you are currently unemployed, please provide the following information about your last employment. Also, please attach copies of your last three federal income tax returns. Include copies of all W-2 forms, 1099 forms, and schedules. For confidentiality reasons, black out all social security numbers and financial account numbers that appear on the tax forms you are attaching.

Reason for unemployment: _____

Date you became unemployed: _____

Name of last employer: _____

Employer Address: _____

Employer City, State, Zip: _____

Occupation: _____

Wages for last employment (complete the option that best described your situation)

Hourly	\$	Per hour		Hours per week
Monthly	\$	Per month		
Annually	\$	per year		

Number of pay periods for last employment (check one)	
	Weekly
	24 per year (paid twice per month)
	26 per year (paid every two weeks)
	Monthly
	Other

Overtime:

Average number of overtime hours worked per week during the final past 12 months of your last employment \$ _____

Rate of pay for overtime hours: \$ _____

Commission and tips for last employment:

Commissions: \$ _____ per _____

Tips: \$ _____ per _____

Bonuses:

Please provide information about the type and amount of any bonuses you received during the final 12 months of your last employment: _____

Did you receive severance pay when you became unemployed? ___ Yes ___ No

If yes, amount received: \$ _____

5. SELF-EMPLOYMENT

If you are self-employed, please attach copies of your personal and business federal income tax returns for the past five years. These include IRS forms 1040, 1065, 1120, and 1120S, as well as all related schedules. **For confidentiality reasons, black out all social security numbers and financial account numbers that appear on the tax forms you are attaching.**

If you have more than one self-employment activity, answer the questions in this section based on your primary activity. Then attach additional pages to provide the same kind of information for each of your other activities.

	STRUCTURE OF BUSINESS ENTITY	PERCENTAGE
	Sole proprietorship	
	Partnership; percent ownership interest:	
	Limited liability company; percent ownership interest:	
	S Corporation; percent ownership interest	
	C Corporation; percent ownership interest	

Name of business entity: _____

Address: _____

City/State/Zip: _____

	TYPE OF BUSINESS
	Farming/Ranching
	Service
	Retail Sales
	Wholesale Sales
	Other (please described)

Description of business activity (e.g., type of service provided, type of item(s) sold, etc.)

How long has this business been in existence? _____ Years _____ Months

Names of household members who work in this business, the wage/salary paid to the household member, and household member's job duties:

<u>Household member's name</u>	<u>Wage/Salary</u>	<u>Job Duties</u>

6. OTHER INCOME

Workers' compensation Benefits	\$	per	
Social security disability	\$	per	
Social security retirement	\$	per	
Dividends and interest	\$	per	
Railroad retirement	\$	per	
Veterans' benefits	\$	per	
Other pension or retirement benefits	\$	per	
Trust income	\$	per	
Unemployment compensation	\$	per	
Gifts and prizes of more than \$1,000/year	\$	per	
Refundable tax credits	\$		
Gains	\$		
Spousal support (alimony) payments received	\$	per	
Military subsistence payments received	\$	per	
Rental income	\$	per	
Other (specify)	\$	per	

7. COMMENTS

Please use this section to provide any other information that you feel would help the court understand the situation: _____

8. SIGNATURE

I state, under penalty of perjury, that the information contain in, and attached to, this Financial Affidavit, is true and correct to the best of my knowledge.

Date: _____

Signature: _____

State of _____

County of _____

Subscribed and sworn to before on _____, 20____.

(Seal)

_____ **Notary Public**

My commission expires: _____