

FINANCIAL AFFIDAVIT

INSTRUCTIONS: This affidavit will help you present detailed information for use in determining the correct amount of child support to be ordered based on the North Dakota Child Support Guidelines (N.D. Admin. Code ch. 75-02-04.1). **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 provided in the Comment section at the end.**

Completing this form fully and accurately will allow you to present information that the court will use to determine your ability to pay child support under the guidelines.

Attach all requested documents and additional pages and return to the Regional Child Support Enforcement Unit at _____

1. PERSONAL BACKGROUND

Name: _____ SSN: _____

Date of Birth: _____

Education (list degrees held): _____

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

<u>Child's name</u>	<u>Date of birth</u>
_____	_____
_____	_____
_____	_____

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, along with that person's relationship to the child:

<u>Child's name</u>	<u>Date of birth</u>	<u>Lives with (name/relationship)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently incarcerated (physically confined to a prison, jail, or other correctional facility)?

_____ Yes _____ No

If yes, name and address of jail, correctional facility, or prison where you are confined: _____

Prisoner Identification Number: _____

Date that your current period of incarceration began (include any time that you were continuously confined while awaiting trial or sentencing): _____

Estimated release date: _____

Are you on work release? _____ Yes _____ No
If yes, date that work release began: _____

(Provide the details of your work release employment in Section 6.
Do not skip Sections 2 through 5.)

2. TAX EXEMPTIONS FOR CHILDREN AND CHILD TAX CREDIT

List all 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).

<u>Child's name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____

Do you claim the exemption for any of your biological or adopted children based on a court order?
_____ Yes _____ No

If yes, please list the names of the children for whom the exemption is claimed based on the court order:

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

If yes, please list the names of the children for whom the exemption is alternated based on the court order:

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

3. PRIMARY RESIDENTIAL RESPONSIBILITY (CUSTODY)

Do you and the other parent in this child support matter have split primary residential responsibility for your children? (Split primary residential responsibility means that you and the other parent have more than one child in common and you and the other parent each have primary residential responsibility for at least one child.)

Yes No

Do you and the other parent in this child support matter have equal residential responsibility for your children? (Equal residential responsibility means each parent, by court order, has residential responsibility for the children for an equal amount of time as determined by the court.)

Yes No

4. PARENTING TIME (VISITATION)

Does a court order specify when you have parenting time with your children?

Yes No

If yes, based on the court order, is the number of nights any of your children spend with you:

More than 60 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 parenting time nights per child, per year:

<u>Child's name</u>	<u>Total number of court-ordered parenting time nights per year</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. CHILDREN'S BENEFITS

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:

<u>Child's name</u>	<u>Type of benefit</u>	<u>Monthly amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. EMPLOYMENT

Attach a copy of your most recent federal income tax return, including copies of all W-2s, 1099s, and schedules. Also, attach a copy of a year-end or final pay stub from each employer who gave you a W-2 form to attach to your most recent federal income tax return. For the current year, attach copies of your most recent pay stubs from all employers to show your year-to-date income from each employer (this includes your leave and earnings statement, if you are in the military). If you claim any employment-related expenses for special equipment, clothing, or lodging in this section, you must provide proof of those expenses if you want them to be considered. Note: If you have more than one employer, please 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 telephone number: _____

Date you started working for this employer: _____

Occupation: _____

Brief job description: _____

Rate of pay (complete the option that best describes your situation)

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

Did you work any overtime hours during the past 24 months?

_____ Yes _____ No

If yes, provide the number of overtime (OT) hours worked in each of the past 24 months:

mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____

Rate of pay for overtime hours: \$ _____

Do you expect to continue to have overtime hours during the next 12 months?

_____ Yes _____ No; because _____

Commissions and tips

Commissions: \$ _____ per _____

Tips: \$ _____ per _____

Bonuses

Did you receive any bonuses during the past three (3) calendar years?

_____ Yes _____ No

If yes, provide the amount of bonuses received in each of the past three (3) calendar years and the reason for the bonuses:

Year _____ Amount \$ _____ Reason: _____
 Year _____ Amount \$ _____ Reason: _____
 Year _____ Amount \$ _____ Reason: _____

Do you expect to receive a bonus during the current calendar year?
 _____ Yes No; because: _____

Employee benefits

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

<u>Benefit provided</u>	<u>Annual value</u>
_____	_____
_____	_____
_____	_____
_____	_____

In-kind Income

Describe any in-kind income provided to you by your employer and the annual value of the in-kind 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 usual charge. Examples include housing allowance or the use of living quarters or being provided with transportation, groceries, or utilities.)

<u>In-kind income received</u>	<u>Annual value</u>
_____	_____
_____	_____
_____	_____
_____	_____

Union dues: \$ _____ per month Name of union: _____
 Are union dues required as a condition of employment? _____ Yes _____ No

List each professional/occupational license you hold: _____
 Is the license required as a condition of employment? _____ Yes _____ No
 Annual professional/occupational license fee: \$ _____
 Is this fee paid or reimbursed by your employer? _____ 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, describe these items, your annual out-of-pocket expenses for them, and the amount, if any, that you are reimbursed for them:

<u>Item</u>	<u>Annual out-of-pocket expenses</u>	<u>Amount reimbursed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 the current calendar year to date: _____

Military Service

Are you currently in the military? _____ Yes _____ No

If yes, branch of service: _____

Rank: _____

Years of service: _____

Duty station (base and state or foreign country): _____

List any monthly payments and allowances that have not already been included above:

Type of payment or allowance	Monthly amount
_____	_____
_____	_____
_____	_____
_____	_____

7. HEALTH INSURANCE AND MEDICAL EXPENSES

Do you have access to health insurance coverage for your children?
_____ Yes _____ No

If coverage is or would be available, please provide the following information:

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

If yes, indicate what type of plan you are currently enrolled in:

- _____ Single
- _____ Single + dependent
- _____ Family

If you are currently enrolled in the plan, please provide the names of persons, including yourself, covered under the plan and the effective date of the coverage:

<u>Name of insured</u>	<u>Effective date</u>
_____	_____
_____	_____
_____	_____
_____	_____

Name of insurance company: _____

Address of insurance company: _____

Telephone number of insurance company (if multiple numbers, please provide the "member services" number): _____

Group number: _____

Policy number: _____

Name of policyholder: _____

If you are not currently eligible for coverage, on what date will you become eligible? _____

Your cost for health insurance is/would be (complete **all** options that are/would be available):

Single plan: \$ _____ per _____

Single + dependent plan: \$ _____ per _____

Family plan: \$ _____ per _____

Child-only plan: \$ _____ per _____

Annual amount of out-of-pocket medical expenses you pay for the children for whom support is being determined in this child support matter:

<u>Child's name</u>	<u>Annual amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

Is it reasonably likely that these medical expenses will continue?

_____ Yes _____ No

If yes, please explain what these expenses are for: _____

You must provide proof of these expenses if you want them to be considered.

8. UNEMPLOYMENT INFORMATION

If you are currently unemployed, please provide the following information about your last employment. Also, attach a copy of your most recent federal income tax return, including all W-2s, 1099s, and schedules, and a copy of your final pay stub from your last employer. If you are receiving or have received unemployment compensation, please attach a copy of your benefits award letter or other documentation showing the amount received.

Reason for unemployment: _____

Date you became unemployed: _____

Name and address of last employer: _____

Occupation: _____

Brief job description: _____

Wages for last employment

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 month during the final 24 months of your last employment: _____

Rate of pay for overtime hours: \$ _____

Commissions and tips for last employment

Commissions: \$ _____ per _____

Tips: \$ _____ per _____

Bonuses

Please provide information regarding the amount of and reason for any bonuses you received during the final 24 months of your last employment: _____

Did you receive severance pay when you became unemployed? _____ Yes _____ No
If yes, amount received: \$ _____

Are you now receiving or did you receive unemployment compensation?
_____ Yes _____ No

If yes, weekly compensation amount: \$ _____
Date unemployment compensation began: _____
Date unemployment compensation ended/will end: _____

9. SELF-EMPLOYMENT INCOME

If you are self-employed, please attach copies of your personal and business federal income tax returns, including all schedules, for the last five years. These include, as applicable, IRS forms 1040, 1065, 1120, and 1120S. If you do not have income tax returns, please provide copies of profit and loss statements for this time period instead. Note: If you have more than one self-employment activity, please answer the questions in this section based on your primary self-employment activity. Then attach additional pages to provide the same kind of information for each of your other self-employment activities.

Structure of business entity:

- _____ 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: _____

Business address: _____

Business telephone number: _____

Taxpayer identification number(s): _____

Type of business:

- _____ Farming/ranching
- _____ Service
- _____ Retail sales
- _____ Wholesale sales
- _____ Manufacturing
- _____ Other; please describe: _____

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. OTHER INCOME

If you are receiving worker's compensation, social security payments, veterans' benefits, military retirement payments, railroad retirement board payments, or any other disability or retirement payments, please attach a copy of your benefits award letter or other documentation showing the amount received.

Are you now receiving or did you receive worker's compensation wage replacement payments?

_____ Yes _____ No

If yes, weekly payment amount: \$_____

Date payments began: _____

Date payments ended/will end: _____

Are you receiving social security disability payments (this does not mean Supplemental Security Income (SSI))?

_____ Yes _____ No

If yes, monthly payment amount: \$_____

Date payments began: _____

Are you receiving social security retirement payments?

_____ Yes _____ No

If yes, monthly payment amount: \$_____

Date payments began: _____

Are you receiving social security survivor's payments?

_____ Yes _____ No

If yes, monthly payment amount: \$_____

Date payments began: _____

Are you receiving SSI payments? (Note: SSI payments are not treated as income under the guidelines.)

_____ Yes _____ No

Are you receiving veterans' pension or disability benefits?

_____ Yes _____ No

If yes, monthly payment amount: \$ _____

Date payments began: _____

If disability benefits, percent disabled: _____%

Are you receiving military retirement payments?

_____ Yes _____ No

If yes, monthly payment amount: \$ _____

Date payments began: _____

Are you receiving total and permanent disability payments from the railroad retirement board?

_____ Yes _____ No

If yes, monthly payment amount: \$ _____

Date payments began: _____

Are you receiving occupational disability payments from the railroad retirement board?

_____ Yes _____ No

If yes, monthly payment amount: \$ _____

Date payments began: _____

Are you receiving retirement payments from the railroad retirement board?

_____ Yes _____ No

If yes, monthly payment amount: \$ _____

Date payments began: _____

Are you receiving any other disability, retirement, or pension payments not included above?

_____ Yes _____ No

If yes, source of payments: _____

Monthly payment amount: \$ _____

Date payments began: _____

Dividends and interest	\$ _____	per _____
Annuities income	\$ _____	per _____
Trust income	\$ _____	per _____
Currently deferred income	\$ _____	per _____

Receipt of previously deferred income \$ _____ per _____

Was this treated as income to you
at the time it was deferred?

___ Yes; amount previously counted: \$ _____

___ No

Gifts and prizes (exceeding \$1,000/year) \$ _____ per _____

Refundable tax credits \$ _____

Gains \$ _____

Describe transaction resulting in gains: _____

Spousal support (alimony) payments received \$ _____ per _____

Rental income \$ _____ per _____

Income from royalties \$ _____ per _____

Other (specify) _____ \$ _____ per _____

11. COMMENTS

Please use this section to provide any other information that you feel would help the
Regional Child Support Enforcement Unit to understand your situation or to supplement
answers given above: _____

12. CHECKLIST OF ATTACHED DOCUMENTS

Please put a check mark next to the documents that are attached to this form:

_____ Business and personal federal income tax returns for the last five years (if self-
employed).

_____ Business profit and loss statements for the last five years (if self-employed).

_____ Most recent federal income tax return, including W-2s, 1099s, and schedules.

_____ Year-end or final paystub from each employer who gave you a W-2 form.

_____ Year-to-date paystub from each employer for the current year.

_____ Leave and earnings statement for the current year (if in the military).

_____ Unemployment compensation benefits award letter.

_____ Worker's compensation benefits award letter.

_____ Social security benefits award letter (for disability, retirement, or survivor's
payments).

_____ SSI benefits award letter.

_____ Veterans' pension or disability benefits award letter.

_____ Military retirement award letter.

_____ Railroad retirement board benefits award letter.

_____ Proof of expenses for employment-related special equipment, clothing, or
lodging.

_____ Proof of out-of-pocket medical expenses paid for the children for whom support
is being determined in this child support matter.

13. SIGNATURE

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

Date: _____

Signature: _____

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

_____ County, North Dakota