



7. Name of Employer: \_\_\_\_\_.
8. Length of time employed there: \_\_\_\_\_.
9. Position: \_\_\_\_\_.
10. Frequency of pay periods: \_\_\_\_\_.
11. Gross wages on most recent W-2 form: \_\_\_\_\_.
12. If hourly, state hourly rate: \_\_\_\_\_.
13. If salaried, state salary in weekly terms: \_\_\_\_\_.
14. If self-employed, you must attach hereto your most recent Federal and State income tax returns, plus a detailed income sheet which includes your present income and expenses.

INCOME

All income information hereafter **MUST** be stated in WEEKLY terms and all deductions **MUST** be based (not upon what is actually being withheld) but what should be withheld for your **ACTUAL** marital status plus total dependents of yourself and ONLY those children listed above in Paragraph #5 for which you receive the tax exemption.

15. Average current gross weekly wage: \_\_\_\_\_.
16. Marital status for withholding as calculated herein: \_\_\_\_\_.
17. Exemptions for withholding as calculated herein: \_\_\_\_\_.
18. Deductions:
 

1) Social Security		\$ _____
2) Federal Income Tax		\$ _____
3) State Income Tax		\$ _____
4) Medical Insurance		\$ _____
5) Union Dues		\$ _____

6) Other (List in detail)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL DEDUCTIONS: \$ \_\_\_\_\_

19. Average Current NET weekly wage for support calculation:

\$ \_\_\_\_\_.

20. Average current NET monthly wage:  
(Above Net times 52 divided by 12)

\$ \_\_\_\_\_.

NOTE: YOU MUST ATTACH A COPY OF YOUR FOUR (4) MOST RECENT  
PAYCHECK STUBS.

21. Income from other sources:

<u>Source</u>	<u>Amount</u>	<u>Frequency</u>
---------------	---------------	------------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. I (do/do not) have medical insurance at place of employment.

23. My spouse (does/does not) have medical insurance at place of  
employment.

ESTIMATED EXPENSES

24. Household:

Monthly                      Weekly

a. Rent or house payment \_\_\_\_\_

b. Repair & upkeep \_\_\_\_\_

c. Housekeeper & yardwork \_\_\_\_\_

d. Insurance and taxes (not including house payment)

e. Other (specify)

---

---

---

---

---

---

---

TOTAL

=====

25. Utilities:

a. Electricity

b. Gas

c. Water & sewer

d. Telephone

e. Trash removal

f. Cable T.V.

g. Other (specify)

---

---

---

---

Monthly

Weekly

---

---

---

---

---

---

---

---

---

---

TOTAL

=====

26. Food:

Monthly

Weekly

a. Food, milk, household supplies \_\_\_\_\_

b. School lunches & meal outside home \_\_\_\_\_

c. Other (specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL

-----

27. Clothing:

Monthly

Weekly

a. Clothing, self \_\_\_\_\_

b. Clothing, children \_\_\_\_\_

c. Laundry & dry cleaning \_\_\_\_\_

d. Other (specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL

-----

28. Medical care (after insurance reimbursement:)

	<u>Monthly</u>	<u>Weekly</u>
a. Self: Doctor & Dentist	_____	_____
b. Self: Drugs & Medical supplies	_____	_____
c. Children: Doctor & Dentist	_____	_____
d. Children: Drugs & Medical supplies	_____	_____
e. Medical and Dental insurance	_____	_____
f. Other (specify)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL	-----

29. Transportation:

	<u>Monthly</u>	<u>Weekly</u>
a. Car payment	_____	_____
b. Repair & maintenance	_____	_____
c. Insurance	_____	_____
d. Gas & oil	_____	_____
e. Bus fare/parking	_____	_____

f. Other (specify)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL -----

30. Miscellaneous:

	<u>Monthly</u>	<u>Weekly</u>
a. Babysitter/child care	_____	_____
b. School & school supplies	_____	_____
c. Church/contributions	_____	_____
d. Newspaper, magazines & books	_____	_____
e. Barber & beauty shop	_____	_____
f. Union/professional dues	_____	_____
g. Voluntary retirement contributions	_____	_____
h. Children's allowance	_____	_____
i. Recreation/entertainment	_____	_____
j. Family pets	_____	_____
k. Family gifts	_____	_____
l. Child support and maintenance to others	_____	_____

m. Other (specify)

_____	_____	_____
_____	_____	_____

TOTAL -----

TOTAL AVERAGE MONTHLY EXPENSES: \_\_\_\_\_

TOTAL AVERAGE WEEKLY EXPENSES: \_\_\_\_\_

DEBTS

NOTE: DO NOT include those listed under expenses.

31.

<u>Name of Creditor</u>	<u>Balance Owed</u>	<u>Date of Last Payment</u>	<u>Amount of Payment &amp; Frequency</u>	<u>Purpose</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL PAID MONTHLY ON SAID DEBTS: \_\_\_\_\_

ASSETS

32.	<u>Asset</u>	<u>Your Opinion of Market Value</u>	<u>Amount of Liens on this Property</u>	<u>Net Value</u>
a.	Checking acct.	\$ _____	_____	_____
b.	Savings/Share acct.:	\$ _____	_____	_____
c.	Stocks/Bonds:	\$ _____	_____	_____
d.	IRA:	\$ _____	_____	_____
e.	Pension/Profit Sharing	\$ _____	_____	_____
f.	Life Insurance Cash Value:	\$ _____	_____	_____
g.	Real Estate:			
	_____	\$ _____	_____	_____
	_____	\$ _____	_____	_____
h.	Household Goods in your possession:	\$ _____	_____	_____
i.	Autos:			
	_____	\$ _____	_____	_____
	_____	\$ _____	_____	_____
j.	Other: (describe)			
	_____	\$ _____	_____	_____
	_____	\$ _____	_____	_____
	_____	\$ _____	_____	_____
	_____	\$ _____	_____	_____

OTHER

33. Here set forth any additional facts which you believe are relevant to a true and accurate expression of your current financial circumstances:

A.

B.

C.

D.

E.

SUMMARY

Net Monthly Income  
from Salary/Wages: \$ \_\_\_\_\_

Plus Net Monthly  
Income from  
Other Sources \$ \_\_\_\_\_

TOTAL MONTHLY  
NET INCOME: \$ \_\_\_\_\_

Average Monthly  
Expenses: \$ \_\_\_\_\_

Plus Average  
Monthly Debt  
Retirement: \$ \_\_\_\_\_

TOTAL MONTHLY  
EXPENSES: \$ \_\_\_\_\_

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

\_\_\_\_\_  
(Signed)

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

NOTE: Financial Affidavits are to be filed contemporaneous with the filing of any motion or petition for pre-judgment relief, and with any motion or petition for post-judgment relief. In addition, the Affidavit is to be filed a part of the Final Pre-trial statement. Pre-trial statements, including the Financial Affidavit are to be filed not less than two (2) days prior to the scheduled hearing to permit the presiding judge to review the same in advance of the hearing.

SANCTIONS WILL BE IMPOSED FOR FAILURE TO COMPLY WITH THE RULES RELATIVE TO FINANCIAL AFFIDAVITS AND PRE-TRIAL PROCEEDINGS.

If full disclosure is made by all parties in preparing the affidavits and the pre-trial statements, then expensive discovery of financial matters will not be required.