

F.C.A. §§ 413-1, 424-a; Art. 5-B
D.R.L. §§ 236-B, 240

Docket #: _____ File #: _____

Income and Expenses Statement

This form is used to give the court information about your financial situation.

- Complete both pages of this form. Sign it only if you're in front of a notary.
- Bring the following to your next court date:

<input type="checkbox"/> This form	<input type="checkbox"/> Copy of your W-2s and/or 1099 statements
<input type="checkbox"/> Copy of your two (2) most recent pay stubs	<input type="checkbox"/> Bring all documents to prove the amount of other income and/or debt and loans
<input type="checkbox"/> Copy of your most recent tax returns, federal and state or IRS letter that shows that you do not have to file taxes	<input type="checkbox"/> Proof of health insurance coverage (insurance card)
	<input type="checkbox"/> Proof of public assistance

Name: _____ Date of Birth: _____

<u>Child's Name</u>	<u>Child's Date of Birth</u>	<u>Child Lives With</u>

Are you paying additional child support orders? Yes No
 How much? \$ _____ To whom? _____

Income: Are you self-employed? Yes No
 Employer: _____ Hours worked per week: _____
 Address: _____

Gross weekly salary or wage: \$ _____
 Income from other sources: \$ _____
 (public assistance, rent, part-time job, tips, dividends, etc.)
 Income from other household members: \$ _____

Health Insurance Coverage

My insurance coverage is through my job privately purchased Medicaid
 I don't have health insurance coverage.

My coverage includes Medical Dental Vision Prescription All
 Insurance Plan Name: _____ Policy #: _____

I pay/contribute \$ _____ weekly every two weeks monthly
 for a Family Plan.
 for an Individual Plan. A Family Plan would cost \$ _____ weekly every two weeks monthly

The child(ren)'s health insurance is covered by my plan the other parent's plan
 Child Health Plus Medicaid Private Insurance: _____

Assets

Savings Account: Bank name: _____ Balance: \$ _____

Checking Account: Bank name: _____ Balance: \$ _____

Automobile: Year: _____ Make: _____ Value: \$ _____
Model: _____

House/Apt Owned: Address: _____
Market value: \$ _____ Mortgage: \$ _____

Other assets: Details: _____ Value: \$ _____

(other real estate, car, bonds, trailer, etc.) Details: _____ Value: \$ _____

(Include additional page of other assets, if needed.)

Expenses: The following expenses are monthly weekly.

Rent or mortgage: \$ _____ Health insurance: \$ _____

Utilities Other insurance

Gas: \$ _____ Life: \$ _____
Phone/TV/internet: \$ _____ Auto: \$ _____
Electric: \$ _____ Home/Fire: \$ _____
Other: _____ \$ _____ Other: _____ \$ _____

Child care: \$ _____ Transportation

School tuition and expenses: \$ _____ Auto payment: \$ _____

Food: \$ _____ Gasoline: \$ _____

Clothing: \$ _____ Public transportation: \$ _____

Medical/Dental/Prescription: \$ _____ Other: _____ \$ _____

How many people are in your household? Me + _____ others

Loans and Debt: Only list the loans and debts you are actually paying.

Owed to: _____ For: _____

Balance: \$ _____ Payment: \$ _____ monthly weekly

Owed to: _____ For: _____

Balance: \$ _____ Payment: \$ _____ monthly weekly

(Include additional page of other loans and debt, if needed.)

STOP! Take this document to a Notary Public BEFORE signing it.

I swear that the above information is true and correct as of (date) _____.

Signature

Sworn to before me
on _____

Notary Public / (Deputy) Clerk of the Court