



Docket #: _____ File #: _____

Income and Expenses Statement

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

- Complete all pages of this form.
- Sign it in front of a notary.
- Bring the checked items 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 other 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: \$ _____
(Cash Assistance, rent, part-time job, tips, dividends, etc.)

Income from other household members: \$ _____

(Turn over)

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, boat,
snowmobile,
stocks, bonds,
trailer, etc.) Details: _____ Value: \$ _____

(Include additional page for 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