

AFFIDAVIT OF FINANCIAL DISCLOSURE

Date: _____
Court: _____ County: _____ State: _____
Case Number: _____

I, _____, the affiant, residing at

_____,
being duly sworn, hereby swear under oath that the information stated in this Financial Affidavit and the attached documents, if any, is true and correct. I understand that willful misrepresentation of any of the information provided will subject me to sanctions and may result in criminal charges being filed against me.

1. **INCOME.** In support of the following income information, I have attached all necessary pay stubs, income tax returns, and W-2s and/or 1099 statements.

Employed Self-Employed

Employer: _____ Hours worked per week: _____
Address: _____

Gross Income: \$ _____ Weekly Monthly Annually

Net Income: \$ _____ Weekly Monthly Annually

Other Income:

Source: _____ \$ _____ Weekly Monthly Annually

Source: _____ \$ _____ Weekly Monthly Annually

Source: _____ \$ _____ Weekly Monthly Annually

Number of other members in household: _____

Income from other members: \$ _____ Weekly Monthly Annually

Any current child support orders? No Yes, in the amount of \$ _____ to _____.
If yes, attach copies of all support orders.

2. **HEALTH INSURANCE.** In support of the following insurance information, I have attached proof of health insurance coverage and cost.

Insurance Coverage: Employer Private Medicaid Medicare None

Coverage Includes: Medical Dental Vision Prescription Other:

Insurance Plan Name: _____ Policy #: _____

Cost: \$ _____ Weekly Monthly Annually for Family Plan.
Cost: \$ _____ Weekly Monthly Annually for Individual Plan.

Children's health insurance covered by: My Plan Other Parent's Plan
 Medicaid Other: _____

3. **CHILD CARE.** Childcare Provider: _____
Number of Hours/Week: _____ for \$ _____ per Hour Week Month

4. **ASSETS.** In support of the following asset information, I have attached all necessary documents proving the value of my assets.

Bank Accounts

Bank Name (Checking): _____ Balance: \$ _____
Bank Name (Savings): _____ Balance: \$ _____
Bank Name (Other): _____ Type: _____
Balance: \$ _____

Vehicle(s)

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

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

Real Property

Type: _____ Address: _____
Market Value: \$ _____ Mortgage: \$ _____

Type: _____ Address: _____
Market Value: \$ _____ Mortgage: \$ _____

Type: _____ Address: _____
Market Value: \$ _____ Mortgage: \$ _____

Other Assets

Details: _____
Market Value: \$ _____

Details: _____
Market Value: \$ _____

5. **EXPENSES.** The following table contains a list of my expenses and the associated costs per month.

Type	Cost	Type	Cost
Rent	\$	Public Transport	\$
Mortgage	\$	Childcare	\$
Home Maintenance	\$	School Expenses	\$
Electricity	\$	Food	\$
Heating	\$	Clothing	\$
Other Utilities	\$	Medical	\$
Phone	\$	Contributions	\$
Internet	\$	Health Insurance	\$
Cable/TV	\$	Life Insurance	\$
Car Payments	\$	Car Insurance	\$
Gas (Vehicle)	\$	Home Insurance	\$
Other Expenses		Cost	
		\$	
		\$	

6. **LOANS AND DEBTS.** In support of the following debt information, I have attached all necessary documents related to my debts and loans.

Debt/Loan Details: _____
 Balance: \$ _____ Payment: \$ _____ Weekly Monthly

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 Balance: \$ _____ Payment: \$ _____ Weekly Monthly

Under penalty of perjury, I hereby declare and affirm that the above-mentioned statement is, to the best of my knowledge, true and correct.

Affiant's Signature: _____ **Date:** _____

NOTARY ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____
County of _____

The foregoing instrument was acknowledged before me, _____,
on _____, by the undersigned, _____, who is
personally known to me or satisfactorily proven to me to be the person whose name is
subscribed to the within instrument.

WITNESS my hand and official seal.

Signature: _____ (Seal)