

In the _____ Court for _____ County, State of _____

In re: _____
Petitioner

vs. _____
Respondent

)
)
)
)
)
)
)
)
)

Case No:

Division:

FINANCIAL AFFIDAVIT (SHORT FORM)

STATE OF _____

COUNTY OF _____

BEFORE ME, this day personally appeared _____, who being duly sworn, deposes and says that the following information is true and correct according to his/her best knowledge and belief.

EMPLOYMENT AND INCOME

OCCUPATION: _____

EMPLOYED BY: _____

ADDRESS: _____

SOC. SEC. NO. _____

DATE OF BIRTH: _____

PAY PERIOD: _____

RATE OF PAY: _____

If you are employed but expecting soon to become unemployed or change jobs, describe the change you expect and why and how it will affect your income. If currently unemployed, describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive.

Business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income.) _____

Disability benefits _____

Workers' compensation _____

Unemployment compensation _____

Pension, retirement or annuity payments _____

Social Security benefits _____

Spousal support received from previous marriage _____

Interest and dividends _____

Rental income (gross receipts minus ordinary any necessary expenses required to produce income) _____

Income from royalties, trusts or estates _____

Reimbursed expenses and in kind payments to the extent that they reduce personal living expenses _____

Gains derived from dealing in property (not including non-recurring gains) _____

Itemize any other income of a recurring nature _____

TOTAL MONTHLY INCOME \$ _____

LESS MONTHLY DEDUCTIONS

Federal, state and local income taxes (corrected for filing status and actual number of withholding allowances) _____

FICA or self-employment tax (annualized) _____

Mandatory union dues _____

Mandatory retirement _____

Health insurance payments _____

Court-ordered support payments for the children actually paid _____

TOTAL DEDUCTIONS \$ _____

TOTAL NET INCOME \$ _____

AVERAGE MONTHLY EXPENSES

HOUSEHOLD:

Mortgage or rent payments _____

Property taxes _____

Insurance _____

Electricity _____

Waste, garbage and sewer _____

Telephone _____

Fuel _____

Barber/beauty parlor _____

Cosmetics/toiletries _____

Holiday gifts _____

Other expenses: _____

TOTAL MONTHLY PAYMENTS TO CREDITORS \$_____

TOTAL MONTHLY EXPENSES \$_____

ASSETS (Ownership: If marital, put one-half of the total value under petitioner, and one-half under respondent no matter whose name the item is in.)

DESCRIPTION	VALUE	PETITIONER	RESPONDENT
Cash on hand	_____	_____	_____
Cash in banks	_____	_____	_____
Stocks/bonds	_____	_____	_____
Notes	_____	_____	_____
Real estate:			
Homes:			
_____	_____	_____	_____
_____	_____	_____	_____
Automobiles:			
_____	_____	_____	_____
_____	_____	_____	_____

Other personal property:

Contents of home _____

Jewelry _____

Life Ins./ cash
surrender value _____

Other assets:

TOTAL ASSETS \$_____ \$_____ \$_____

LIABILITIES

Creditor	Security	Balance	Husband	Wife
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL LIABILITIES \$_____

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me on _____, _____ (year)

by _____.

Witness my hand and official seal.

Signature of Notary

Affiant: _____ Known _____ Produced ID

Type of ID _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM HE/SHE MUST FILL IN THE BLANKS BELOW. [FILL IN ALL BLANKS]

I, (name of nonlawyer) _____, a nonlawyer, located at (street) _____ (city) _____ (state) _____, (phone) _____, helped (name) _____, who is the (petitioner) (respondent), fill out this form.