

| | | | | | | | | | | | | | | |
|------------------|-------|----------|-----------|-----------|------------------|-------|----------|-----------|-----------|----------------|--|--|--------|--|
| Name | | | | | Name | | | | | | | | | |
| Street Address | | | Apt. # | | vs. | | | | | Street Address | | | Apt. # | |
| () | | | | | () | | | | | | | | | |
| City | State | Zip Code | Area Code | Telephone | City | State | Zip Code | Area Code | Telephone | | | | | |
| <i>Plaintiff</i> | | | | | <i>Defendant</i> | | | | | | | | | |

**FINANCIAL STATEMENT
 (Child Support)
 (Dom.Rel. 30)**

I, _____, representing myself, state that:
 My name

1. I am the mother/father or _____
 Circle One Relationship (for example, aunt, grandfather, guardian, etc.)

of the following minor child(ren):

| | | | |
|------|---------------|------|---------------|
| Name | Date of Birth | Name | Date of Birth |
| Name | Date of Birth | Name | Date of Birth |
| Name | Date of Birth | Name | Date of Birth |

The following is a list of my income and expenses (see below*):
See definitions on back before filling out.

| | |
|--|----------|
| Total monthly income (before taxes) | \$ _____ |
| Child support I am paying for my other child(ren) each month | _____ |
| Monthly health insurance premium for this child(ren) | _____ |
| Alimony I am paying each month to _____ <small style="margin-left: 100px;">Name of Person(s)</small> | _____ |
| Alimony I am receiving each month from _____ <small style="margin-left: 100px;">Name of Person(s)</small> | _____ |
| Work-related monthly child care expenses for this child(ren) | _____ |
| Extraordinary monthly medical expenses for this child(ren) | _____ |
| School and transportation expenses for this child(ren) | _____ |

** To figure the monthly amount of expenses, weekly expenses should be multiplied by 4.3 and yearly expenses should be divided by 12. If you do not pay the same amount each month for any of the categories listed, figure what your **average** monthly expense is.*

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true the best of my knowledge, information, and belief.

Total Monthly Income Include income from all sources including self-employment, rent, royalties, business income, salaries, wages, commissions, bonuses, dividends, pensions, interest, trusts, annuities, social security benefits, workers compensation, unemployment benefits, disability benefits, alimony or maintenance received, tips, income from side jobs, severance pay, capital gains, gifts, prizes, lottery winnings, etc. Do not report benefits from means-tested public assistance programs such as food stamps or AFDC.

Extraordinary Medical Expenses Uninsured expenses over \$100 for a single illness or condition including orthodontia, dental treatment, asthma treatment, physical therapy, treatment for any chronic health problems, and professional counseling or psychiatric therapy for diagnosed mental disorders.

Child Care Expenses Actual child care expenses incurred on behalf of a child due to employment or job search of either parent with amount to be determined by actual experience or the level required to provide quality care from a licensed source.

School and Transportation Expenses Any expenses for attending a special or private elementary or secondary school to meet the particular needs of the child or expenses for transportation of the child between the homes of the parents.