

MONTANA CHILD SUPPORT GUIDELINES FINANCIAL AFFIDAVIT

INSTRUCTIONS FOR COMPLETING THIS FORM: Provide complete information, attaching additional pages if needed. If a question or statement does not apply to you, DO NOT LEAVE IT BLANK; instead, mark it as "Not Applicable" or "N/A." Be sure to **sign this form and have your signature notarized.**

A. PERSONAL INFORMATION

| | |
|------------------------|-----------------------------|
| Full Name: _____ | Work Phone No.: _____ |
| Home Address: _____ | Home/Cell No.: _____ |
| _____ | Date of Birth: _____ |
| Mailing Address: _____ | Case Number: _____ |
| _____ | Driver's License No.: _____ |

What is your tax filing status? Single Married, joint Married, separate Head of Household

List the people you claim as tax exemptions _____

If you are married and file taxes jointly, please provide your current spouse's annual income so that tax credits may be calculated accurately. \$ _____

Did you finish high school? Yes No If no, indicate highest grade completed: _____

List all schools attended following high school. Include training school, college or university, trade school.

| School Name | Course of Study | Completion Date | Degree/Diploma |
|-------------|-----------------|-----------------|----------------|
| | | | |
| | | | |
| | | | |

B. CHILDREN

1. List **all** of your natural and adopted children (do not include stepchildren)

| Child's Full Name | Date of Birth Month/Day/Year | Who does child live with? | Are you ordered to pay support for this child? |
|-------------------|---------------------------------|------------------------------|--|
| | | | <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ amount/month |
| | | | <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ amount/month |
| | | | <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ amount/month |
| | | | <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ amount/month |
| | | | <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ amount/month |
| | | | <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ amount/month |

ATTACH A COPY OF ANY ORDER REQUIRING CHILD SUPPORT TO BE PAID FOR THESE CHILDREN.

2. Complete the table below for all expenses you pay and benefits you receive on behalf of all children shown in the previous table. Attach proof for the items listed below. Do **NOT** list amounts paid by other parent.

| Child's First Name | Annual Day Care Costs | Annual Unreimbursed Medical Expenses | Annual Dependent's Benefits Received* | How many days does child spend with you per year? ** | Annual Miles Driven for Long Distance Parenting | Other Transportation Costs for Long Distance Parenting *** |
|--------------------|-----------------------|--------------------------------------|---------------------------------------|--|---|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

* For example - Social Security Benefits

** The majority of a 24 hour period the children are in your control

*** Do not include lodging, food and entertainment

3. Do you receive reimbursement for day care expenses? No Yes \$ _____/month reimbursement

4. If any of the children listed above have ongoing medical expenses, please describe. _____

5. Do you have health insurance available to you through employment or other group? No Yes
 If no, skip to Section C. If yes, to have the cost included in your child support calculation, you must do one of the following before the final order is entered:

- A. Prove that you currently have insurance coverage in effect for the children; or
- B. Obtain verification from the insurance carrier that you have paid a premium with the intent to enroll the children.

Name everyone who is covered by this policy: _____

Regardless of whether your children are covered, complete the following:

Insurance Co. Name: _____

Address: _____

Policy Number: _____

Certificate Number: _____

- \$ _____ Total cost of health insurance premium per month, including your children (whether or not you and the children are currently enrolled).
- \$ _____ Adult's portion of premium.
- \$ _____ Child(ren)'s portion of premium.
- \$ _____ Portion of premium to be paid by you each month.
- \$ _____ Portion of premium to be paid by employer or other group each month.

C. EMPLOYMENT

1. List your current or most recent employer(s) first and your past two employers:

| Employer's Name, Address, and Telephone Number | Dates of Employment | Average Hours Worked and Current or Ending Pay | P-Permanent T-Temporary S-Seasonal |
|--|------------------------|--|--|
| _____ _____ | From _____ To _____ | _____ hours/week _____ pay/hour | |
| _____ _____ | From _____ To _____ | _____ hours/week _____ pay/hour | |
| _____ _____ | From _____ To _____ | _____ hours/week _____ pay/hour | |

2. What kinds of work do you/did you do for your employer(s)? _____

3. Do you belong to a union? No Yes If yes, name of union local, address, and amount of monthly dues:

4. Are you currently a student? No Yes If yes, provide a copy of your most recent registration statement showing tuition, fees, etc., and a copy of your most recent financial aid award letter. Please provide your expected date of graduation: _____

5. Is there any reason, such as disability, that prevents you from being able to work full-time or from being able to earn income at the same level you have in the past? No Yes If yes, please explain and provide a statement from your doctor or the Social Security Administration _____

6. Do you receive workers' compensation or occupational disease benefits? No Yes
 If no, are you currently seeking workers' compensation benefits or occupational disease benefits? No Yes
 If yes, who pays those benefits and what is your claim number: _____

7. Are you currently receiving unemployment benefits? No Yes
 If yes, name of state or agency paying those benefits: _____

8. If unemployed or employed part-time, have you made any efforts to find full-time employment? No Yes
 If no, why not? _____

If yes, describe your job search: _____

D. INCOME

1. List all income which you receive or have received in the last 12 months.

| Income Source | Annual Amount | Income Source | Annual Amount |
|--------------------------|---------------|------------------------------------|---------------|
| Gross Wages | | Public Assistance | |
| Unemployment | | Veterans' Disability | |
| Workers' Compensation | | Spousal Support | |
| Social Security Benefits | | Contract Receipts | |
| Retirement | | Rental Income | |
| Interest/Dividend Income | | Fringe Benefits/Bonuses | |
| Reimbursements | | Profit (Loss) from Self-employment | |
| Educational Grants | | Other | |

2. Do you receive any non-cash benefits from your employer, such as housing, groceries, meat, car or truck, utilities, phone service? No Yes
If yes, describe the non-cash benefit you receive, how often you receive it, and the value of the benefit: _____

3. If you are self-employed, describe your self-employment activities: _____

How many hours per week do you spend engaged in self-employment activities? _____

Is your self-employment the primary source of your income for meeting your living expenses? No Yes

4. Have you, in the past 12 months, received any prize, award, settlement or other one-time cash payment?
 No Yes If yes, describe the payment, including the amount and its present location and value.

5. **ATTACH COPIES OF YOUR PAY STUBS FOR THE LAST THREE (3) MONTHS. ALSO ATTACH COMPLETE COPIES OF YOUR FEDERAL INCOME TAX RETURNS**, including all schedules filed and W-2 forms, for the last three (3) years. If you do not have pay stubs or W-2 forms, provide employer's statement. If you are self-employed, you must provide copies of your individual returns as well as the business (partnership or corporation) returns for the last three (3) years. You may wish to black out or obscure confidential information such as social security numbers or financial account numbers.

E. DEDUCTIONS AND EXPENSES

1. List deductions from gross wages, including costs for required uniforms or work related equipment. **Attach pay stubs and proof of expenses.**

| DEDUCTION | AMOUNT | HOW OFTEN PAID? |
|-----------------------------|--------|-----------------|
| Federal Income Tax | | |
| State Income Tax | | |
| FICA and Medicare | | |
| Mandatory Retirement | | |
| Required Work Related Costs | | |

2. Has a court ordered you to pay alimony? No Yes If yes, attach copy of order and proof of payments.
3. Do you have any extraordinary medical expenses for yourself, not reimbursed by insurance, your employer, or another, which are necessary for you to maintain your health or your earning capacity? No Yes
If yes, list yearly expenses and attach proof: _____
4. Please list any necessary expense you pay for in-home nursing care to enable you to work and for whom the expense is paid: _____
5. Is your contribution for retirement mandatory? No Yes
6. List employment related expenses not shown elsewhere: _____

7. Has a court ordered you to make payments for restitution, damages, etc.? No Yes If yes, provide a court order and proof of payments.
8. Please attach a list of monthly expenses if you feel it is important to show your financial situation.

F. ANTICIPATED CHANGES / ADDITIONAL COMMENTS

1. Please list any changes you expect in your or your child(ren)'s circumstances during the next 18 months which would affect the calculation of child support? _____

2. Additional Comments (a separate sheet may be attached): _____

VERIFICATION: You must sign this in front of a Notary Public.

STATE OF _____

COUNTY OF _____

I declare, subject to penalties for perjury and false swearing, that I have read the foregoing affidavit and that the information contained in it and all attachments to it is true and correct to the best of my knowledge, information and belief.

Date

Affiant

Signed and sworn before me, a Notary Public for this State, on the date and at the place written above.

(SEAL)

NOTARY PUBLIC
Print Name: _____
Residing at: _____
My Commission Expires: _____