FINANCIAL AFFIDAVIT

INSTRUCTIONS: This affidavit will help you present detailed information for use in determining the correct amount of child support to be ordered based on the North Dakota Child Support Guidelines (N.D. Admin. Code ch. 75-02-04.1). **Please complete this form and date and sign it. If you need more space, please attach additional pages. Additional information can also be provided in the Comment section at the end.**

Completing this form fully and accurately will allow you to present information that the court will use to determine your ability to pay child support under the guidelines.

Attach all requested documents and additional pages and return to the Regional Child Support Unit at _____
_____.

1. PERSONAL BACKGROUND

Name: _____ Last four digits of SSN: _____

Year of birth: _____

Education (list degrees held): _____
_____

List the names and dates of birth of your biological or adopted children who do **not** live with you and the name of the person with whom each child lives, along with that person's relationship to the child:

Child's name	Date of birth	Lives with (name/relationship)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the names and dates of birth of your biological or adopted children who live with you:

Child's name	Date of birth
_____	_____
_____	_____
_____	_____
_____	_____

If you have an adopted child, is the adoption subsidized? _____ Yes _____ No

If yes, name of the individual receiving the subsidy payment (if you receive the payment, enter your name or if another individual receives the payment, enter his or her name): _____ and the state (North Dakota or another state) providing the payment: _____

Are you currently incarcerated (physically confined to a prison, jail, or other correctional facility)?
_____ Yes _____ No

If yes, name and address of prison, jail, or correctional facility where you are confined: _____
_____
_____

Prisoner Identification Number: _____

Are you incarcerated because you are **awaiting trial** or **awaiting sentencing**?
_____ Yes _____ No

Are you incarcerated because you **have been sentenced** and are now serving that sentence?
_____ Yes _____ No

If yes, is your sentence 180 days or longer?
_____ Yes _____ No

Criminal Case Number: _____

Date that your current period of incarceration began (only include the time since you were sentenced; do not include any time that you were confined while awaiting trial or sentencing): _____

Maximum release date: _____

Are you on work release? _____ Yes _____ No
If yes, date that work release began: _____

(Provide the details of your work release employment in Section 5. Do not skip Sections 2 through 4.)

Have you been released from incarceration within the past six months?
_____ Yes _____ No

If yes, date of release: _____

2. PRIMARY RESIDENTIAL RESPONSIBILITY (CUSTODY)

Do you and the other parent in this child support matter have split primary residential responsibility for your children? (Split primary residential responsibility means that you and the other parent have more than one child in common and you and the other parent each have primary residential responsibility for at least one child.)
_____ Yes _____ No

Do you and the other parent in this child support matter have equal residential responsibility for your child or, if there are multiple children, for any or all of those children? (Equal residential responsibility means each parent, by court order, has residential responsibility for the child or children for an equal amount of time.)
_____ Yes _____ No

3. PARENTING TIME (VISITATION)

Does a court order specify when you have parenting time with your children?
_____ Yes _____ No

If yes, based on the court order, is the number of overnights any of your children spend with you more than an annual total of 100 overnights?
_____ Yes _____ No

If you answered yes, please provide the **total** number of court-ordered parenting time overnights per child, per year:

Child's name	Total number of court-ordered parenting time overnights per year
_____	_____
_____	_____
_____	_____

4. CHILDREN'S BENEFITS

Do the children in this child support matter receive any governmental or other benefits resulting from your own claim for benefits? (Examples include dependent's benefits from the Social Security Administration based on your disability or retirement.)
_____ Yes _____ No

If yes, list the names of the children, the type of benefit they are receiving, and the monthly amount of such benefit:

Child's name	Type of benefit	Monthly amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. EMPLOYMENT

Are you **currently** under any medical restrictions that limit your ability to work?
_____ Yes _____ No

If yes, describe the restrictions: _____
_____

Note: You must attach copies of medical records that confirm the work restrictions if you want them to be considered.

Are you currently employed?
_____ Yes _____ No

If yes, complete the rest of Section 5. If no, go to Section 6.

Note: If you are employed, you must attach:

- **A copy of your most recent federal income tax return, including copies of all W-2s, 1099s, and schedules.**
- **A copy of a year-end or final pay stub from each employer who gave you a W-2 form to attach to your most recent federal income tax return.**
- **For the current year, copies of your most recent pay stubs from all employers to show your year-to-date income from each employer (this includes your leave and earnings statement, if you are in the military).**

Note: If you have more than one employer, please answer the questions in this section based on your primary job. Then attach additional pages to provide the same kind of information for each of your other jobs.

Employer name: _____
Employer address: _____
_____

Employer telephone number: _____

Date you started working for this employer: _____

Occupation: _____

Brief job description: _____

Rate of pay (complete the option that best describes your situation)

Hourly: $_____ per hour; _____ hours per week
Monthly: $_____ per month
Annually: $_____ per year

Number of pay periods (check one)

_____ weekly
_____ 24 per year (paid twice per month)
_____ 26 per year (paid every two weeks)
_____ monthly
_____ other _____

Overtime

Did you work any overtime hours during the past 24 months?
_____ Yes _____ No

If yes, provide the number of overtime (OT) hours worked in each of the past 24 months:

mo/yr ______	OT hours _____	mo/yr ________	OT hours _____
mo/yr ______	OT hours _____	mo/yr ________	OT hours _____
mo/yr ______	OT hours _____	mo/yr ________	OT hours _____
mo/yr ______	OT hours _____	mo/yr ________	OT hours _____
mo/yr ______	OT hours _____	mo/yr ________	OT hours _____
mo/yr ______	OT hours _____	mo/yr ________	OT hours _____
mo/yr ______	OT hours _____	mo/yr ________	OT hours _____
mo/yr ______	OT hours _____	mo/yr ________	OT hours _____
mo/yr ______	OT hours _____	mo/yr ________	OT hours _____
mo/yr ______	OT hours _____	mo/yr ________	OT hours _____
mo/yr ______	OT hours _____	mo/yr ________	OT hours _____
mo/yr ______	OT hours _____	mo/yr ________	OT hours _____

Rate of pay for overtime hours: $________

Do you expect to continue to have overtime hours during the next 12 months?
_____ Yes _____ No; because ______________________________

Commissions and tips
Commissions: $________ per __________
Tips: $________ per __________

Bonuses
Did you receive any bonuses during the past three (3) calendar years?
_____ Yes _____ No

If yes, provide the amount of bonuses received in each of the past three (3) calendar years and the reason for the bonuses:

Year _______	Amount $_______	Reason: ____________________
Year _______	Amount $_______	Reason: ____________________
Year _______	Amount $_______	Reason: ____________________

Do you expect to receive a bonus during the current calendar year?
_____ Yes _____ No; because: ______________________________

Employee benefits
Describe the benefits provided to you by your employer and the annual value of each benefit (examples include accrued vacation and sick leave, health insurance, employer retirement contributions, etc.):

Benefit provided	Annual value
____	__________
____	__________
____	__________
____	__________

In-kind income

Describe any in-kind income provided to you by your employer and the annual value of the in-kind income. (In-kind income means you are allowed to use your employer's property or you are being provided with services at no charge or less than the usual charge. Examples include housing allowance or the use of living quarters or being provided with transportation, groceries, or utilities.)

In-kind income received	Annual value
_____	_____
_____	_____
_____	_____

Union dues: $_____ per month Name of union: _____

Are union dues required as a condition of employment? _____ Yes _____ No

Note: If yes, you must provide proof from your employer if you want this expense to be considered.

List each professional/occupational license you hold:_____

Is the license required as a condition of employment? _____ Yes _____ No

Annual professional/occupational license fee: $_____

Is this fee paid or reimbursed by your employer? _____ Yes _____ No

Are you required, **as a condition of employment**, to contribute to a retirement plan?

_____ Yes _____ No

If yes, monthly amount of required contribution: $_____

Employee expenses

Do you have out-of-pocket expenses for special equipment or clothing required as a condition of your employment? _____ Yes _____ No

If yes, describe these items, your annual out-of-pocket expenses for them, and the amount, if any, that you are reimbursed for them:

Item	Annual out-of-pocket expenses	Amount reimbursed
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have out-of-pocket expenses for lodging when you must travel as a condition of your employment? _____ Yes _____ No

If yes, are you reimbursed for these lodging expenses? _____ Yes _____ No

If no, please provide the number of overnights in the last calendar year: _____ and the current calendar year to date: _____

Are you required, as a condition of employment, to use your personal vehicle to drive **between work locations** (this does not include driving between your home and your work)? _____ Yes _____ No

If yes, are you reimbursed for these mileage expenses? _____ Yes _____ No
If no, please provide the number of these miles driven in the last calendar year: _____ and the current calendar year to date: _____

Note: If you claim any employment-related expenses for special equipment, clothing, lodging, or mileage, you must provide proof of those expenses if you want them to be considered.

Military Service

Are you currently in the military? _____ Yes _____ No

If yes, branch of service: _____

Rank: _____

Years of service: _____

Duty station (base and state or foreign country): _____
_____

List any monthly payments and allowances **that you receive** that have not already been included above:

Type of payment or allowance	Monthly amount
_____	_____
_____	_____
_____	_____
_____	_____

Note: You must attach:

- **A copy of a year-end or final leave and earnings statement (LES) for the most recent federal tax year.**
- **A copy of your most recent LES for the current year.**

6. HEALTH INSURANCE AND MEDICAL EXPENSES

Do you have access to health insurance coverage, including dental or vision coverage, for your children?

_____ Yes _____ No

Note: If yes, please provide a copy of the front and back of any insurance cards.

If coverage is or would be available, please provide the following information:

Are you currently enrolled in the **health insurance** plan?

_____ Yes _____ No

If yes, indicate what type of plan you are currently enrolled in:

_____ Single
_____ Single + dependent
_____ Family

If you are currently enrolled in the plan, please provide the names of persons, including yourself, covered under the plan and the effective date of the coverage:

Name of insured	Effective date
_____	_____
_____	_____
_____	_____
_____	_____

Name of insurance company: _____
Address of insurance company: _____
_____
Telephone number of insurance company (if multiple numbers, please provide the "member services" number): _____
Group number: _____
Policy number: _____
Name of policyholder: _____

If you are not currently eligible for coverage, on what date will you become eligible? _____

Your cost for health insurance is/would be (complete **all** options that are/would be available):

Single plan: $_____ per _____
Single + dependent plan: $_____ per _____
Family plan: $_____ per _____
Child-only plan: $_____ per _____

Do you currently have **dental insurance** for your children?
_____ Yes _____ No

If yes:
Name of insurance company: _____
Group number: _____
Policy number: _____
Cost of coverage: _____

Name of insured	Effective date
_____	_____
_____	_____
_____	_____

Your cost for dental insurance is/would be (complete **all** options that are/would be available):

Single plan: $_____ per _____
Single + dependent plan: $_____ per _____
Family plan: $_____ per _____
Child-only plan: $_____ per _____

Do you currently have **vision insurance** for your children?
_____ Yes _____ No

If yes:
Name of insurance company: _____
Group number: _____
Policy number: _____
Cost of coverage: _____

Name of insured	Effective date
_____	_____
_____	_____
_____	_____

Your cost for vision insurance is/would be (complete **all** options that are/would be available):

Single plan: $_____ per _____
Single + dependent plan: $_____ per _____
Family plan: $_____ per _____
Child-only plan: $_____ per _____

Annual amount of out-of-pocket medical expenses you pay for the children for whom support is being determined in this child support matter:

Child's name	Annual amount
_____	$_____
_____	$_____
_____	$_____

Is it reasonably likely that these medical expenses will continue?
_____ Yes _____ No

If yes, please explain what these expenses are for:_____
_____
_____

Note: You must provide proof of these medical expenses if you want them to be considered.

7. UNEMPLOYMENT INFORMATION

Are you currently unemployed?
_____ Yes _____ No

If yes, complete the rest of Section 7. If no, go to Section 8.

Note: If you are currently unemployed, you must provide the following information about your last employment. Also, you must attach:

- **A copy of your most recent federal income tax return, including all W-2s, 1099s, and schedules.**
- **A copy of your final pay stub from your last employer.**
- **If you are receiving or have received unemployment compensation, a copy of your benefits award letter or other documentation showing the amount received.**

Name and address of last employer:_____
_____

Occupation: _____

Brief job description for your last employment: _____
_____

Reason for unemployment: _____

Date you became unemployed: _____

Wages for last employment

Hourly: $_____ per hour; _____ hours per week
Monthly: $_____ per month
Annually: $_____ per year

Number of pay periods for last employment (check one)

_____ weekly
_____ 24 per year (paid twice per month)
_____ 26 per year (paid every two weeks)
_____ monthly
_____ other _____

Overtime

Average number of overtime hours worked per month during the final 36 months of your last employment: _____
Rate of pay for overtime hours: $_____

Commissions and tips for last employment

Commissions: $_____ per _____
Tips: $_____ per _____

Bonuses

Please provide information regarding the amount of and reason for any bonuses you received during the final 36 months of your last employment: _____

_____
_____

Did you receive severance pay when you became unemployed? _____ Yes _____ No

If yes, amount received: $_____

Are you now receiving or, within the past 36 months, did you receive unemployment compensation?

_____ Yes _____ No

If yes, weekly compensation amount: $_____
Date unemployment compensation began: _____
Date unemployment compensation ended/will end: _____

Work history

Describe other jobs you have had in the past, aside from your last employer:

_____
_____
_____

8. SELF-EMPLOYMENT INCOME

Are you currently self-employed?

_____ Yes _____ No

Note: If you are self-employed, you must attach:

- **Copies of your personal and business federal income tax returns, including all schedules, for the last five years. These include, as applicable, IRS forms 1040, 1065, 1120, and 1120S.**
- **If you do not have income tax returns, copies of profit and loss statements for the last five years.**

Note: If you have more than one self-employment activity, please answer the questions in this section based on your primary self-employment activity. Then attach additional pages to provide the same kind of information for each of your other self-employment activities.

Structure of business entity:

_____ Sole proprietorship
_____ Partnership; percent ownership interest: _____
_____ Limited liability company; percent ownership interest: _____
_____ S Corporation; percent ownership interest: _____
_____ C Corporation; percent ownership interest: _____

Name of business entity: _____

Business address: _____
_____

Business telephone number: _____

Taxpayer identification number(s): _____

Type of business:

_____ Farming/ranching
_____ Service
_____ Retail sales
_____ Wholesale sales
_____ Manufacturing
_____ Other; please describe: _____

Description of business activity (e.g., type of service provided, type of item sold, etc.):

_____
_____

How long has this business been in existence? _____ years _____ months

Names of household members who work in this business, the wage/salary paid to the household member, and household member's job duties:

Household member's name	Wage/salary	Job duties
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. OTHER INCOME

If you are receiving worker's compensation, social security payments, veterans' benefits, military retirement payments, railroad retirement board payments, or any other disability or retirement payments, you must attach a copy of your benefits award letter or other documentation showing the amount received.

Worker's Compensation

Are you now receiving or did you receive worker's compensation wage replacement payments?

_____ Yes _____ No

If yes, weekly payment amount: $_____
Date payments began: _____
Date payments ended/will end: _____

Social Security Payments

Are you receiving social security disability payments (this does not mean Supplemental Security Income (SSI))?

_____ Yes _____ No

If yes, monthly payment amount: $_____
Date payments began: _____

Are you receiving social security retirement payments?

_____ Yes _____ No

If yes, monthly payment amount: $_____
Date payments began: _____

Are you receiving social security survivor's payments?
_____ Yes _____ No

If yes, monthly payment amount: $_____
Date payments began: _____

Are you receiving SSI payments? (Note: SSI payments are not treated as income under the guidelines.)
_____ Yes _____ No

Veterans' Benefits

Are you receiving veterans' pension or disability benefits?
_____ Yes _____ No

If yes, monthly payment amount: $ _____
Date payments began: _____
If disability benefits, percent disabled: _____%

Military Retirement Payments

Are you receiving military retirement payments?
_____ Yes _____ No

If yes, monthly payment amount: $_____
Date payments began: _____

Railroad Retirement Board Payments

Are you receiving total and permanent disability payments from the railroad retirement board?
_____ Yes _____ No

If yes, monthly payment amount: $_____
Date payments began: _____

Are you receiving occupational disability payments from the railroad retirement board?
_____ Yes _____ No

If yes, monthly payment amount: $_____
Date payments began: _____

Are you receiving retirement payments from the railroad retirement board?
_____ Yes _____ No

If yes, monthly payment amount: $_____
Date payments began: _____

Other Disability or Retirement Payments

Are you receiving any other disability, retirement, or pension payments not included above?

_____ Yes _____ No

If yes, source of payments: _____
Monthly payment amount: $_____
Date payments began: _____

Additional Sources of Income

Dividends and interest ..... $_____ per _____
Annuities income ..... $_____ per _____
Trust income ..... $_____ per _____
Currently deferred income ..... $_____ per _____
Receipt of previously deferred income..... $_____ per _____
Was this treated as income to you at the time it was deferred?
___ Yes; amount previously counted: $_____
___ No
Gifts and prizes (exceeding $1,000/year) ..... $_____ per _____
Refundable tax credits ..... $_____
Gains ..... $_____
Describe transaction resulting in gains: _____
_____

Spousal support (alimony) payments received ..... $_____ per _____
Rental income..... $_____ per _____
Mineral lease income ..... $ _____ per _____
Income from royalties..... ..... $_____ per _____
Other (specify)_____..... $_____ per _____

10. COMMENTS

Please use this section to provide any other information that you feel would help the Regional Child Support Unit to understand your situation or to supplement answers given above, including any factors that affect your ability to work:

_____
_____
_____
_____
_____
_____
_____
_____

11. CHECKLIST OF ATTACHED DOCUMENTS

Please put a check mark next to the documents that are attached to this form:

____ Most recent federal income tax return, including W-2s,1099s, and schedules.
____ Year-end or final paystub from each employer who gave you a W-2 form.
____ Year-to-date paystub from each employer for the current year.
____ Business and personal federal income tax returns for the last five years (if self-employed).
____ Business profit and loss statements for the last five years (if self-employed).
____ Year-to-date LES for the current year and final LES for most recent tax year (if in the military).
____ Unemployment compensation benefits award letter or other documentation of amounts received.
____ Worker's compensation benefits award letter.
____ Social security benefits award letter (for disability, retirement, or survivor's payments).
____ SSI benefits award letter.
____ Veterans' pension or disability benefits award letter.
____ Military retirement award letter.
____ Railroad retirement board benefits award letter.
____ Proof that union dues are required as a condition of employment.
____ Proof of expenses for employment-related special equipment, clothing, lodging, or mileage for driving between work locations.
____ Proof of out-of-pocket medical expenses paid for the children for whom support is being determined in this child support matter.
____ Current medical records confirming any work restrictions.
____ Copy of any insurance card (front and back).

12. SIGNATURE

I state, under penalty of perjury, that the information contained in, and attached to, this Financial Affidavit is true and correct to the best of my knowledge.

Date: _____ Signature: _____

Subscribed and sworn to before me this _____ day of _____, _____.

_____
Notary Public
_____ County, North Dakota