

STATE OF MAINE

SUPERIOR COURT

DISTRICT COURT

_____, ss.
Docket No. _____

Location _____
Docket No. _____

Plaintiff

vs.

CHILD SUPPORT AFFIDAVIT

Defendant

Name _____ <i>(Parent filling out this Affidavit)</i>	Date of Birth _____
SS Number Disclosure Required on separate form	
Address _____	
<i>(street)</i>	<i>(town or city)</i>
<i>(state)</i>	<i>(zip)</i>

Name and address of present employer:

1. GROSS INCOME FROM WAGES, SALARY, AND SELF-EMPLOYMENT

Attach copies of most recent W-2 form and pay stub.

A. How much did you earn **last year**? \$ _____
B. How much do you expect to earn **this year**? (1B) \$ _____

2. OTHER GROSS INCOME

Do NOT include TANF, SSI, general assistance or food stamps.

	<i>Expected this year</i>
Unemployment benefits	\$ _____
Workers' compensation	\$ _____
Social Security	\$ _____
Disability	\$ _____
Pension or annuity	\$ _____
Alimony	\$ _____
Rental or mortgage income	\$ _____
Bonuses	\$ _____
Interest/Dividends	\$ _____
Commissions/Tips	\$ _____
Capital gains	\$ _____
Other _____	\$ _____
Total :	(2) \$ _____

3. EMPLOYMENT FRINGE BENEFITS

Total value of employment benefits you expect to receive this year that reduce your living expenses (car, housing, insurance, meals, etc.) (3) \$ _____

4. TOTAL GROSS INCOME EXPECTED THIS YEAR

(Add 1B, 2, and 3) (4) \$ _____

Put here and on line 3 of Child Support Worksheet

5. YEARLY SUPPORT YOU PAY FOR OTHER CHILDREN

Child support you pay for children who are not involved in this case.

Name of child	To whom paid	Amount
_____	_____	_____
_____	_____	_____

(5) \$ _____
Put total here and on line 4b of Child Support Worksheet

6. WEEKLY HEALTH INSURANCE COST

A. *Cost of health insurance for yourself only.* \$ _____

B. *Additional cost you pay for health insurance for the children in this case.*

(6B) \$ _____
Put this amount on line 9 of Child Support Worksheet

Worksheet

7. WEEKLY CHILD CARE COSTS

Child care costs you pay so you can work or train to work.

(7) \$ _____
Put this amount on line 10 of Child Support Worksheet

8. WEEKLY EXTRAORDINARY MEDICAL EXPENSES

Amount you actually pay for each child's permanent or recurring illness.

Name of child	Reason for expense	Amount
_____	_____	_____
_____	_____	_____

(8) \$ _____
Put total here and on line 11 of Child Support Worksheet

9. OTHER CHILDREN IN YOUR HOME

Other children living in your home who are not involved in this case and whom you are legally obligated to support.

Name of child	Date of birth	Relationship to you	Name of child	Date of birth	Relationship to you
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

10. OTHER FACTS

Other facts you think the Judge should know that may affect the amount of child support ordered.

11. ASSETS AND DEBTS

Current value of your assets:

Real estate \$ _____	Vehicles(including recreational vehicles) \$ _____
Cash/Bank accts/CDs \$ _____	Stocks/bonds \$ _____
Retirement Plans/IRAs/401(k)s/pensions/annuities \$ _____	
Other (such as a business interest or life insurance) \$ _____	

Current balance of your debts:

Mortgages \$ _____	Loans \$ _____	Credit Cards \$ _____	Other \$ _____
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On my oath, and to the best of my knowledge and belief, this affidavit is complete and includes all of my income, assets, and debts.

Date: _____

Signature

Personally appeared _____ who made oath to the foregoing affidavit, before me:

Date: _____

(Attorney) (Notary Public) (Deputy Clerk)