

IN THE DISTRICT COURT  
JUDICIAL DISTRICT  
Civil Action No. \_\_\_\_\_

Plaintiff,

VS.

Defendant.

A financial affidavit must be completed by each parent. You must attach copies of your tax returns and W-2 forms for the most recent two years and by a copy of a cumulative earning statement for the current year. **Parents who are self-employed must supply verified income and expense statements from their business for the two most recent years.**

**THE UNDERSIGNED,** \_\_\_\_\_, hereby swears or affirms, under penalty of perjury, that the following answers are correct and complete.

1. Your name: (First, Middle, Last)

2. (a) Your present address:

City, State, Zip Code: \_\_\_\_\_

Your home phone number:

A message phone number: \_\_\_\_\_

How long have you resided at this location?

(b) If your mailing address is different than the above address, please provide your mailing address:

\_\_\_\_\_

3. Your Social Security Number: \_\_\_\_\_

4. Check all that apply: ☐ Employed ☐ Self-Employed ☐ Both ☐ Unemployed

**Parents who are self-employed must supply verified income and expense statements from their business for the last two years.**

5. (a) Your present employer: \_\_\_\_\_

(b) Employer=s address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

(c) Your occupation: \_\_\_\_\_

6. Your work experience for the last three (3) years is as follows:

COMPANY & LOCATION	DATES: FROM - TO	JOB DESC/TITLE	SALARY OR WAGE	REASON YOU LEFT

7. (a) Your education is: \_\_\_\_ years in high school; \_\_\_\_ years in college; \_\_\_\_ years at a trade school; and \_\_\_\_ years other.

(b) List your degree(s) or certificate(s): \_\_\_\_\_

8. List the children you are legally responsible for supporting and *who live with you*:

CHILD=S NAME	BIRTH DATE	SOCIAL SECURITY NO.	COURT AND DATE OF ORDER	SUPPORT/ MONTH	ARREARS (AMOUNT PAST DUE)

9. List any court-ordered support obligation for children who *do not* live with you:

CHILD=S NAME	BIRTH DATE	SOCIAL SECURITY NO.	COURT AND DATE OF ORDER	SUPPORT/ MONTH	ARREARS (AMOUNT

					<b>PAST DUE)</b>

10. If you are the parent of any children ***not named above***, list them below:

<b>CHILD=S NAME</b>	<b>BIRTH DATE</b>	<b>SOCIAL SECURITY NO.</b>	<b>COURT AND DATE OF ORDER</b>	<b>SUPPORT/ MONTH</b>	<b>ARREARS (AMOUNT PAST DUE)</b>

11. If you contribute to the support of any children from whom you have no legal obligation, list below:

<b>CHILD=S NAME</b>	<b>BIRTH DATE</b>	<b>SOCIAL SECURITY NO.</b>	<b>DOES THIS CHILD LIVE WITH YOU?</b>	<b>OTHER PARENT=S NAME &amp; ADDRESS</b>	<b>YOUR RELATIONSHIP TO THE CHILD</b>

12. List all child(ren) involved in this civil matter:

<b>CHILD=S NAME</b>	<b>BIRTH DATE</b>	<b>SOCIAL SECURITY NO.</b>	<b>DOES THIS CHILD LIVE WITH YOU?</b>
			YES [ ] NO [ ]
			YES [ ] NO [ ]
			YES [ ] NO [ ]
			YES [ ] NO [ ]

13. Do you owe back child support (arrear) in this case? If so, now much? \_\_\_\_\_

14. Do you owe back child support (arrear) on any other child support obligations? If so, how much? (List total of all support for all children, except this case.) \_\_\_\_\_

15. Means tested benefits (POWER Program, Health Care Benefits under Title XIX of the Social Security Act or similar state program, General Assistance, Food Stamps, Supplemental Security Income, etc.) are being provided to your children, as follows:

<b>CHILD=S NAME</b>	<b>BIRTH</b>	<b>STATE</b>	<b>TYPE OF BENEFIT</b>	<b>AMOUNT OF BENEFIT</b>
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	<b>DATE</b>			

**INCOME & EXPENSE INFORMATION**

16. (a) List pay dates or otherwise describe pay schedule: \_\_\_\_\_  
 \_\_\_\_\_ Weekly  
 \_\_\_\_\_ Every Two Weeks  
 \_\_\_\_\_ Twice Per Month (i.e. 1<sup>st</sup> & 15<sup>th</sup> of Every Month)  
 \_\_\_\_\_ Monthly  
 \_\_\_\_\_ Annually

My gross income\*\* (before deductions) is: \$\_\_\_\_\_ per month. (Convert annual, bi-monthly, and weekly amounts to monthly amounts.)

\*\*Gross income (includes tips, commission and bonuses. Monthly amounts are calculated by multiplying weekly amount by 52 and dividing by 12; multiplying by-weekly amounts by 26 and dividing by 12; and multiplying semi-monthly amounts by 24 and dividing by 12.)

- (b) Please list the deductions taken out of your check by your employer:  
 (Please provide copies of pay-stubs for all payroll deductions)

<b>MANDATORY DEDUCTIONS</b>		<b>VOLUNTARY DEDUCTIONS, CONTD.</b>	
Federal Income Tax		Health, Dental, Vision, Insurance	
Social Security Tax (OASDI)		Dues	
Medicare Tax		Bonds	
Current child for other children		Stock Purchase Plan	
Retirement/Pension Ded. (mandatory deductions only)		Flex Benefit Cafeteria Plan	
Other -		Disability Insurance	
Other -		Life Insurance	
Voluntary Deductions		Charity	
Bank/Credit Union (savings)		Child Care	
Bank/Credit Union (loan)		Other -	
Retirement/Deferred Compensation		Other -	

Filing Status: No. of Dependents Claimed:		<b>Total Monthly Deductions:</b>	
		<b>Total Monthly Net Income***</b>	

\*\*\*Net income means gross income less personal income taxes, social security deductions, cost of dependant health care for all dependent children, actual payments being made under preexisting support order for current support of other children, other court-ordered support obligations currently being paid and mandatory pension deductions. Payments towards child support arrearage shall not be deducted to arrive at net income.

- (c) How many hours do you work each week?  
Regular: \_\_\_\_\_ Overtime: \_\_\_\_\_ Total: \_\_\_\_\_  
Is the overtime listed above expected to continue on a consistent basis? ☐ Yes ☐ No

How often do you receive overtime compensation? \_\_\_\_\_

- (d) Date of your last salary increase or decrease: \_\_\_\_\_

17. YOUR INCOME FROM ALL OTHER SOURCES (Include the monthly average of annual or sporadic income; also include any government benefits):

AMOUNT	INCOME SOURCE	ADDRESS OF SOURCE

18. Has anyone been ordered to provide health insurance, or is there any other medical provisions in an existing order?

Check one: ☐ YES ☐ NO

If yes, explain:

19. Are the child(ren) involved in this case covered by health insurance?

Check one: ☐ YES ☐ NO

If yes, list the children covered below:

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You must provide current written proof from your insurance carrier verifying the names of the actual person(s) covered under your policy.

20. Attached to this Affidavit are:

- 1) copies of my last two years income tax returns;
- 2) copies of my W-2 Forms for the last two (2) years; and
- 3) copies of statements of earnings from each of my employers showing commulative pay for this year. Parents who are self-employed must supply verified income and

expense statements from their business for the most recent two (2) years.

PERJURY STATUTE

21. Wyoming Statute ' 6-5-301, (1977, as amended) [Perjury] provides:

- (a) A person commits perjury if, while under a lawfully administered oath or affirmation, he knowingly testifies falsely or makes a false affidavit, certificate, declaration, deposition or statement, in a judicial, legislative or administrative proceeding in which an oath or affirmation may be required by law, touching a matter material to a point in question.
- (b) Perjury is a felony punishable by imprisonment for not more than five (5) years, a fine of not more than five thousand dollars (\$5,000.00), or both.

OATH

I have read and understand the provisions of the above perjury statute. I affirm that this Confidential Financial Affidavit (including attachments) contains a complete disclosure of my income from all sources and that the representations made herein concerning my income are accurate to the best of my knowledge. I am aware that the Court may punish as perjury any materially false statements knowingly made with intent to defraud or mislead.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

\_\_\_\_\_  
[Client]

JURAT

STATE OF WYOMING       )  
  ) ss.  
COUNTY OF \_\_\_\_\_)

The foregoing *Confidential Financial Affidavit* was subscribed and sworn before me by  
\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 2016.

WITNESS my hand and official seal.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

## **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that on the \_\_\_\_ day of \_\_\_\_\_, 2016, a true and correct copy of the foregoing was sent via United States Mail, postage prepaid to the following:

[Opposing counsel/party]

\_\_\_\_\_  
Attorney/Pro Se Party