

**FINANCIAL AFFIDAVIT FOR
CHILD SUPPORT**

DC 6:5.2 Rev. 06/19

Neb. Ct. R. §§ 4-204, 4-205

(county where filed)

_____,
(your full name or the name of the plaintiff in the original action)
Plaintiff,

Case No. _____
(case number assigned by clerk of court)

VS.

**FINANCIAL AFFIDAVIT
FOR CHILD SUPPORT**

_____,
(other party's full name or the name of the defendant in the
original action) Defendant.

STATE OF NEBRASKA)
COUNTY OF _____) ss:
(county where signed)

I, _____, am under oath and I state that
(first, middle and last names)
the following information is true:

1. This is an action for _____.
(type of case)

Choose one:

[] There is no existing order for support for the minor child(en) born to
the other party and me.

OR

[] There is currently an order for the support of the minor child(ren) of
the other party and me through:

(name of court)

(case number)

(amount of support)

(number of children)

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2. I am employed at _____.
(name of employer)

My current **gross** monthly income is \$ _____. My income
(amount of income from all sources)

is based on (choose one):

<input type="checkbox"/> \$ _____ per hour for _____ hours per week. (amount per hour) (number of hours)
<u>OR</u>
<input type="checkbox"/> \$ _____ salary per month plus monthly bonuses of (amount per month)
\$ _____ (average amount per month)

3. The other party is employed at _____.
(name of employer)

The other party's current **gross** monthly income is \$ _____.
(amount of income from all sources)

This income is based on (choose one):

<input type="checkbox"/> \$ _____ per hour for _____ hours per week. (amount per hour) (number of hours)
<u>OR</u>
<input type="checkbox"/> \$ _____ salary per month plus monthly bonuses of (amount per month)
\$ _____ (average amount per month)

4. I believe I am capable of earning more income than is currently being
earned. I base this on past employment at _____,
(name of employer)

where my gross income per month was \$ _____, based on
(amount of income from all sources)

(choose one):

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[] \$ _____ per hour for _____ hours per week.
(amount per hour) (number of hours)

OR

[] \$ _____ salary per month plus monthly bonuses of
(amount per month)

\$ _____
(average amount of bonus)

5. I believe the other party is capable of earning more income than is currently being earned. I base this on past employment at _____,
(name of employer)
- where the other party's gross income per month was \$ _____,
(amount of income from all sources)

based on (choose one):

[] \$ _____ per hour for _____ hours per week.
(amount per hour) (number of hours)

OR

[] \$ _____ salary per month plus monthly bonuses of
(amount per month)

\$ _____.
(average amount of bonus)

6. I do / do not (mark one) have health insurance available for the child(ren) through my employment at a cost of \$ _____ per month.
(cost of coverage for child(ren) only)
7. The other party does / does not (mark one) have health insurance available for the child(ren) through employment at a cost of \$ _____ per month.
(cost of coverage for child(en) only)

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8. Check the box that applies:

☐ I contribute to a mandatory retirement plan. The minimum amount required as a contribution is \$_____.
(minimum contribution required)

OR

☐ I do not contribute to a mandatory retirement plan.

OR

☐ I do not have a mandatory retirement plan, but I contribute to a voluntary retirement plan. My monthly contribution is \$_____.
(average contribution)

OR

☐ I do not contribute to a voluntary retirement plan.

9. Check the box that applies:

☐ The other party contributes to a mandatory retirement plan. The minimum amount required as a contribution is \$_____.
(minimum contribution required)

OR

☐ The other party does not contribute to a mandatory retirement plan.

OR

☐ The other party does not have a mandatory retirement plan, but the other party contributes to a voluntary retirement plan.

The other party's monthly contribution is \$_____.
(average contribution)

OR

☐ The other party does not contribute to a voluntary retirement plan.

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10. I have other children I am supporting.

Number of children: _____.
(number of other children)

Child(ren)'s name(s) and year(s) of birth:

_____	_____
(name)	(year of birth)
_____	_____
(name)	(year of birth)
_____	_____
(name)	(year of birth)

For the other child(ren) I am supporting, check the box that applies:

<p><input type="checkbox"/> If support is court-ordered:</p> <p>_____</p> <p>(name of court)</p> <p>_____</p> <p>(case number)</p> <p>_____</p> <p>(amount of support)</p> <p style="text-align: center;"><u>OR</u></p> <p>If support is not court-ordered and the child(ren) are living with you:</p> <p>_____</p> <p>(name of other parent)</p> <p>_____</p> <p>(gross monthly income of other parent)</p>

11. The other party has other children to support.

Number of children: _____.
(number of other party's other children)

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Child(ren)'s name(s) and year(s) of birth:

_____	_____
(name)	(year of birth)
_____	_____
(name)	(year of birth)
_____	_____
(name)	(year of birth)

For the other child(ren) the other party is supporting, check the box that applies:

<p><input type="checkbox"/> If support is court-ordered:</p> <p>_____</p> <p>(name of court)</p> <p>_____</p> <p>(case number)</p> <p>_____</p> <p>(amount of support)</p> <p style="text-align: center;"><u>OR</u></p> <p>If support is not court-ordered and the child(ren) are living with the other party:</p> <p>_____</p> <p>(name of other parent)</p> <p>_____</p> <p>(gross monthly income of other parent)</p>

Signature **(Must be signed in front of a Notary Public)**

Date _____

Full Name (Plaintiff)

Your Full Street Address/P.O. Box

City/State/ZIP Code

Phone

Email Address

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20____.

Notary Public