

STATE OF MAINE

SUPERIOR COURT

DISTRICT COURT

_____, ss.
Docket No. _____

Location _____
Docket No. _____

Plaintiff

CHILD SUPPORT AFFIDAVIT

Defendant

| | |
|--|---------------------------|
| Name _____ <i>(Parent filling out this Affidavit)</i> | Social Security No. _____ |
| Date of Birth _____ | |
| 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.

Expected this year

- 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.* \$ _____

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

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

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 \$ _____

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)