

Example for Non-Primary Care Provider

STATE OF MAINE

SUPERIOR COURT

DISTRICT COURT

_____,SS.

Location _____

Docket No. _____

Docket No. _____

Plaintiff

John D. Brown #999999P

CHILD SUPPORT AFFIDAVIT

Defendant

Name John D. Brown <i>(Parent filling out this Affidavit)</i>	Social Security No. 000-00-000
	Date of Birth 4/26/70
Address 25 Palm Street <i>(street)</i>	Bangor <i>(town or city)</i>
	ME <i>(state)</i>
	04401 <i>(zip)</i>

Name and Address of present employer: XYZ Co., 59 Exchange Street, Bangor, ME

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**? \$ **18,000**

B. How much do you expect to earn **this year**? (1B) \$ **18,000**

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) \$ **0**

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) \$ **0**

4. TOTAL GROSS INCOME EXPECTED THIS YEAR

(Add 1B, 2, and 3)

(4) \$ **18,000**

Put here and on line 3 of Child Support Worksheet

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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
<u>Alyssa Brown</u>	<u>Marcia Black</u>	<u>\$1,500</u>
<u>James Brown</u>	<u>Marcia Black</u>	<u>\$1,500</u>

(5) \$ 3,000
Put total here and on line 4b of Child Support Worksheet

6. WEEKLY HEALTH INSURANCE COST

A. Cost of health insurance for yourself only. \$ 10

(6B) \$ 30
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) \$ 0
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) \$ 0
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: 12/01/08

John D. Brown
Signature

Personally appeared John D. Brown who made oath to the foregoing affidavit, before me:

Date: 12/01/08

Frank S. Quire, Esq
(Attorney) (Notary Public) (Deputy Clerk)

Example for Primary Care Provider

STATE OF MAINE

SUPERIOR COURT

DISTRICT COURT

_____, SS.
Docket No. _____

Location _____
Docket No. _____

Plaintiff

John D. Brown #999999P

CHILD SUPPORT AFFIDAVIT

Defendant

Name <u>Susan T. Brown</u> <i>(Parent filling out this Affidavit)</i>	Social Security No. <u>000-00-000</u> Date of Birth <u>3/18/73</u>
Address <u>37 Pine Street</u> <u>Bangor</u> <i>(street) (town or city)</i>	<u>ME</u> <u>04401</u> <i>(state) (zip)</i>

Name and Address of present employer: ABC Co., 21 Central Street, Bangor, ME
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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**? \$ **9,000**

B. How much do you expect to earn **this year**? (1B) \$ **10,000**

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) \$ **0**

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) \$ **0**

4. TOTAL GROSS INCOME EXPECTED THIS YEAR

(Add 1B, 2, and 3)

(4) \$ **10,000**

Put here and on line 3 of Child Support Worksheet

Example for Primary Care Provider

5. YEARLY SUPPORT YOU PAY FOR OTHER CHILDREN

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

Table with 3 columns: 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. \$ 10

(6B) \$ 0

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

Put this amount on line 9 of Child Support Worksheet

7. WEEKLY CHILD CARE COSTS

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

(7) \$ 65

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.

Table with 3 columns: Name of child, Reason for expense, Amount

(8) \$ 20

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.

Table with 6 columns: 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.

Blank lines for other facts

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: 12/01/08

Susan T. Brown

Signature

Personally appeared Susan T. Brown who made oath to the foregoing affidavit, before me:

Date: 12/01/08

Jane T. Lawyer, Esq

(Attorney) (Notary Public) (Deputy Clerk)