

STATE OF MAINE

SUPERIOR COURT

DISTRICT COURT

\_\_\_\_\_, ss.

Location \_\_\_\_\_

Docket No. \_\_\_\_\_

Docket No. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff

vs.

CHILD SUPPORT AFFIDAVIT

\_\_\_\_\_  
Defendant

|  |                       |
|--|-----------------------|
| Name _____<br><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 \$ _____ |
|--------------------|----------------|-----------------------|----------------|

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)