

STATE OF MAINE

SUPERIOR COURT

_____, ss.
Docket No. _____

DISTRICT COURT

Location _____
Docket No. _____

Plaintiff

v.

Defendant

CHILD SUPPORT AFFIDAVIT

M.R. Civ. P. 108(a)

Name _____ <i>(Parent filling out this Affidavit)</i>	Date of Birth _____
SS Number Disclosure Required on separate form	
Address _____ <i>(street) (town or city) (state) (zip)</i>	

Name and address of present employer:

1. GROSS INCOME FROM WAGES, SALARY, AND SELF-EMPLOYMENT

Cw'ej 'eqrlgu'qhlb qu'tgegpv'Y /4'lqto 'epf 'rc{ 'lawd0'

- 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

Attach a copy of your health insurance premium sheet

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

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: _____