

IN THE SEPARATE JUVENILE COURT OF LANCASTER COUNTY, NEBRASKA

THE STATE OF NEBRASKA)
IN THE INTEREST OF)
)
)
CHILD/REN UNDER)
EIGHTEEN YEARS OF AGE)

CASE NO. JV _____
FINANCIAL AFFIDAVIT

I, _____, being duly sworn, provide the following information:

Full Name: _____

Address: _____

Date of birth: _____

Social Security Number: _____

Relationship to above-mentioned children (biological/adopted/step mother,
biological/adopted/step father): _____

If biological father, is there a legal finding of paternity by a court? no yes

If yes, case number and county/state where order was entered:

If no, were you and the mother of the children married at the time of conception
or birth of the children? no yes

Names and addresses for other parent(s) and/or stepparent(s) of above-mentioned children:

Do you have any other biological children residing with you in your home?

no yes If yes, list names and dates of birth: _____

Do you have any other adopted children residing with you in your home?

no yes If yes, list names and dates of birth: _____

Are you currently ordered to pay monthly child support? If so, list the amount you are ordered to pay monthly for current support (excluding amounts for arrearages or purge plans):

\$ _____ per _____

Names and dates of birth of the children that are the subject of the order:

Case number and county/state where order was entered: _____

*** provide a copy of the court order with this form ***

Please list gross and net income for the years indicated:

	<u>GROSS INCOME</u>	<u>NET INCOME</u>
Year before Last	\$ _____	\$ _____
Last Year	_____	_____
Current Year:	_____	_____
January	_____	_____
February	_____	_____
March	_____	_____
April	_____	_____
May	_____	_____
June	_____	_____
July	_____	_____
August	_____	_____
September	_____	_____
October	_____	_____
November	_____	_____
December	_____	_____

*** Attach copies of tax returns and all W-2 forms for the last 2 years and copies of current wage stubs ***

Name and address of current employer: _____

Average number of hours worked per week: _____ Rate of pay: \$ _____ per _____

Do you have health insurance available through your employer: no yes

Cost of health insurance to cover yourself only: \$ _____ per month

Is health insurance available through your employer to cover dependents: no yes

Cost to insure employee + dependent(s): \$ _____ per month

Do you currently provide health insurance for the minor children in this case? no yes

Amount withheld for **mandatory** retirement: \$ _____ per month

Amount and sources of other income: _____

Requested deviations related to reunification:

Cost for food, diapers, formula etc provided during visitation with the minor child(ren): \$ _____ per month. Items provided: _____

_____.

Excess rent currently being paid to maintain a larger residence needed for reunification: \$ _____ per month. Explain: _____

_____.

Payments currently being made for past medical or other bills for the child(ren): \$ _____ per month. Type of bills (please attach documentation of the bills, payments and balance due):

_____.

_____ .
 Other expenses directly relating to reunification: \$_____ per month.

Explain (please attach documentation): _____

_____ .

Printed Name

Signature

State of Nebraska)
County of _____)

Subscribed and sworn to before me this _____ day of _____,
20____.

Notary Public