

**FINANCIAL AFFIDAVIT**

**INSTRUCTIONS:** This affidavit is to assist you in presenting sufficient detailed information for use in determining the correct amount of child support to be ordered in accordance with the North Dakota Child Support Guidelines. **Please complete this form as fully as possible and sign it in the presence of a Notary Public. If space is insufficient, please attach additional pages. Additional information can also be added in the comment section at the end. Attach all requested documents and additional pages and return to the Regional Child Support Enforcement Unit at \_\_\_\_\_.**

**1. PERSONAL BACKGROUND**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Education (list degrees held): \_\_\_\_\_  
\_\_\_\_\_

Names and dates of birth of your biological or adopted children who reside with you:

<u>Child's name</u>	<u>Date of birth</u>
_____	_____
_____	_____
_____	_____
_____	_____

Names and dates of birth of your biological or adopted children who do **not** reside with you and the name of the person with whom each child resides:

<u>Child's name</u>	<u>Date of birth</u>	<u>Resides with</u>
_____	_____	_____
_____	_____	_____

**2. TAX EXEMPTIONS FOR CHILDREN AND CHILD TAX CREDIT**

Names of children you claim as exemptions on your income tax return. If any of these children are not your biological or adopted children, please indicate the relationship (e.g. stepchild).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you alternate claiming the exemption for any of your biological or adopted children with the other parent of those children?

Yes

No

If you answered yes to the last question, please list the names of the children for whom the exemption is alternated:

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Please be prepared to identify the part of a court order that specifies that you alternate the exemption with the other parent.

Are any of your biological or adopted children for whom you claim an exemption qualifying children for purposes of the child tax credit?

Yes

No

If you answered yes to the last question, please list the names of the children who are qualifying children for purposes of the child tax credit:

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### **3. PARENTING RESPONSIBILITY**

Do you and the other parent have split parenting responsibility of your children? (Split parenting responsibility means that you and the other parent have more than one child in common and you and the other parent each have parenting responsibility of at least one child.)

Yes

No

Do you and the other parent have equal parenting responsibility of your child(ren)? (Equal parenting responsibility means each parent, by court order, has parenting responsibility of the child(ren) exactly fifty percent of the time.)

Yes

No

Please be prepared to identify the part of a court order that specifies that you and the other parent have equal parenting responsibility of your child(ren).

### **4. PARENTING TIME**

Does a court order specify when you have parenting time of your child(ren)?

Yes

No

If yes, does the number of nights any of your children spend with you, as required by the court order:

exceed 60 of 90 consecutive nights? \_\_\_\_\_ Yes \_\_\_\_\_ No

exceed an annual total of 164 nights? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered yes to either of the last two questions, please provide the total number of court-ordered parenting time nights per child, per year:

<u>Child's name</u>	<u>Total number of parenting time nights per year</u>
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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Please be prepared to identify the part of a court order that specifies when you and your child(ren) visit.

## 5. EMPLOYMENT

Attach copies of your most recent federal income tax return, including all W-2s, 1099s, and schedules. Also attach copies of your most recent pay stubs from all employers that reflect your year-to-date income from each employer. This is especially important if you have changed employment since filing your most recent income tax return. If you claim any employment-related expenses in this section, please be prepared to provide verification of those expenses. Note: If you have more than one employer, please attach additional sheets for each employer which follow the same format as this Employment section.

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date on which you began working for this employer: \_\_\_\_\_

Rate of pay (complete the option which best describes your situation)

Hourly: \$ \_\_\_\_\_ per hour; \_\_\_\_\_ hours per week

Monthly: \$ \_\_\_\_\_ per month

Annually: \$ \_\_\_\_\_ per year

Number of pay periods (check one)

\_\_\_\_\_ weekly

\_\_\_\_\_ 24 per year (paid twice per month)

\_\_\_\_\_ 26 per year (paid every two weeks)

\_\_\_\_\_ monthly

\_\_\_\_\_ other \_\_\_\_\_

Overtime

Average number of overtime hours worked per week during the past twelve months: \_\_\_\_\_

Rate of pay for overtime hours: \$ \_\_\_\_\_

Commissions and tips

Commissions: \$ \_\_\_\_\_ per \_\_\_\_\_

Tips: \$ \_\_\_\_\_ per \_\_\_\_\_

Bonuses

Please provide information regarding the nature and amount of any bonuses you have received in the past 12 months: \_\_\_\_\_  
\_\_\_\_\_

Employee benefits

List and describe the benefits provided to you by your employer and the annual value of such benefit (examples may include accrued vacation and sick leave, health insurance, employer retirement contributions, etc.):

<u>Benefit provided</u>	<u>Annual value</u>
_____	_____
_____	_____
_____	_____

Union dues: \$ \_\_\_\_\_ per month Name of union: \_\_\_\_\_

Are union dues required as a condition of employment?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Professional/occupational license(s) you hold: \_\_\_\_\_

Fees to maintain professional/occupational license(s): \$ \_\_\_\_\_ per year. Are these fees reimbursed by your employer?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Is professional/occupational licensure required as a condition of employment?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Are you required, as a condition of employment, to contribute to a retirement plan?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, monthly amount of required contribution: \$ \_\_\_\_\_

Employee expenses

Do you have out-of-pocket expenses for special equipment or clothing required as a condition of your employment?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, are you reimbursed for these expenses?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If no, what are your out-of-pocket expenses for these items? \$ \_\_\_\_\_ per \_\_\_\_\_

Please describe these items: \_\_\_\_\_

Do you have out-of-pocket expenses for lodging when you must travel as a condition of your employment?

Yes

No

If yes, are you reimbursed for these lodging expenses?

Yes

No

If no, please provide the number of overnights in the last calendar year: \_\_\_\_\_ and this year: \_\_\_\_\_

## 6. HEALTH INSURANCE

Do you have access to health insurance coverage?

Yes

No

If coverage is or would be available, please provide the following information:

Are you currently enrolled in the health insurance plan?

Yes

No

If you are currently enrolled in the plan, please provide the names of persons, including yourself, covered under the plan:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of insurance company: \_\_\_\_\_

Group number: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of policyholder: \_\_\_\_\_

Cost for health insurance is/would be (complete all options that are/would be available):

Single plan: \$ \_\_\_\_\_ per \_\_\_\_\_

Single + dependent plan: \$ \_\_\_\_\_ per \_\_\_\_\_

Family plan: \$ \_\_\_\_\_ per \_\_\_\_\_

## 7. UNEMPLOYMENT INFORMATION

If you are currently unemployed, please provide the following information regarding your last employment.

Reason for unemployment: \_\_\_\_\_

Date you became unemployed: \_\_\_\_\_

Name and address of last employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Wages for last employment

Hourly: \$ \_\_\_\_\_ per hour; \_\_\_\_\_ hours per week

Monthly: \$ \_\_\_\_\_ per month

Annually: \$ \_\_\_\_\_ per year

Number of pay periods for last employment (check one)

\_\_\_\_\_ weekly

\_\_\_\_\_ 24 per year (paid twice per month)

\_\_\_\_\_ 26 per year (paid every two weeks)

\_\_\_\_\_ monthly

\_\_\_\_\_ other \_\_\_\_\_

Overtime

Average number of overtime hours worked per week during the final twelve months of your last employment: \_\_\_\_\_

Rate of pay for overtime hours: \$ \_\_\_\_\_

Commissions and tips for last employment

Commissions: \$ \_\_\_\_\_ per \_\_\_\_\_

Tips: \$ \_\_\_\_\_ per \_\_\_\_\_

Bonuses

Please provide information regarding the nature and amount of any bonuses you received during the final 12 months of your last employment:

\_\_\_\_\_

Did you receive severance pay when you became unemployed?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, amount received: \$ \_\_\_\_\_

**8. OTHER INCOME**

Workers compensation benefits ..... \$ \_\_\_\_\_ per \_\_\_\_\_

Social security disability..... \$ \_\_\_\_\_ per \_\_\_\_\_

Social security retirement..... \$ \_\_\_\_\_ per \_\_\_\_\_

Dividends and interest..... \$ \_\_\_\_\_ per \_\_\_\_\_

Railroad retirement..... \$ \_\_\_\_\_ per \_\_\_\_\_

Veterans' benefits..... \$ \_\_\_\_\_ per \_\_\_\_\_

Other pension(s)..... \$ \_\_\_\_\_ per \_\_\_\_\_

Other retirement distribution(s)..... \$ \_\_\_\_\_ per \_\_\_\_\_

Annuities income..... \$ \_\_\_\_\_ per \_\_\_\_\_

Trust income..... \$ \_\_\_\_\_ per \_\_\_\_\_

Unemployment compensation..... \$ \_\_\_\_\_ per \_\_\_\_\_

Currently deferred income..... \$ \_\_\_\_\_ per \_\_\_\_\_

Receipt of previously deferred income..... \$ \_\_\_\_\_ per \_\_\_\_\_

Was this previously treated as income to you at the time it was deferred?

\_\_\_ Yes; amount previously counted: \_\_\_\_\_

\_\_\_ No

Gifts and prizes (exceeding \$1000/year)..... \$ \_\_\_\_\_ per \_\_\_\_\_  
 Refundable tax credits..... \$ \_\_\_\_\_  
 Gains ..... \$ \_\_\_\_\_

Describe transaction resulting in gains: \_\_\_\_\_

In-kind income (the use of property or services at no charge or less than the customary charge related to employment or income-producing activity)..... \$ \_\_\_\_\_ per \_\_\_\_\_

Describe property/service: \_\_\_\_\_

Spousal support payments received..... \$ \_\_\_\_\_ per \_\_\_\_\_

Military subsistence payments received..... \$ \_\_\_\_\_ per \_\_\_\_\_

Rental income..... \$ \_\_\_\_\_ per \_\_\_\_\_

Income from royalties ..... \$ \_\_\_\_\_ per \_\_\_\_\_

Benefits (other than public assistance) paid by others for your children:

<u>Child's name</u>	<u>Benefit type</u>	<u>Amount</u>
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

**9. SELF-EMPLOYMENT INCOME**

If you are self-employed, please attach copies of your personal and business federal income tax returns, including all schedules, for the last five years. These include, as applicable, IRS forms 1040, 1065, 1120, and 1120S as well as all related schedules. If you do not have income tax returns, please provide copies of profit and loss statements for this time period instead. Note: if you have more than one self-employment activity, please attach additional sheets for each activity which follow the same format as this Self-Employment Income section.

Structure of business entity:

- \_\_\_\_\_ Sole proprietorship
- \_\_\_\_\_ Partnership; percent ownership interest: \_\_\_\_\_
- \_\_\_\_\_ Limited liability company; percent ownership interest: \_\_\_\_\_
- \_\_\_\_\_ S Corporation; percent ownership interest: \_\_\_\_\_
- \_\_\_\_\_ C Corporation; percent ownership interest: \_\_\_\_\_

Name of business entity: \_\_\_\_\_

Business address: \_\_\_\_\_

Business phone: \_\_\_\_\_

Taxpayer identification number(s): \_\_\_\_\_

Type of business:

- \_\_\_\_\_ Farming/ranching
- \_\_\_\_\_ Service
- \_\_\_\_\_ Retail sales
- \_\_\_\_\_ Wholesale sales
- \_\_\_\_\_ Manufacturing
- \_\_\_\_\_ Other, please describe: \_\_\_\_\_

Description of business activity (e.g., type of service provided, type of item(s) sold, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long has this business been in existence? \_\_\_\_\_ years \_\_\_\_\_ months  
Names of household members who work in this business, the wage/salary paid to the household member, and household member's job duties:

Household member's name   Wage/salary   Job Duties

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 10. ASSETS

<u>Description</u>	<u>Estimated market value</u>	<u>As of (date)</u>
Land and buildings:	\$ _____	_____
_____		
_____		
Machinery and equipment:	\$ _____	_____
_____		
_____		
Livestock:	\$ _____	_____
_____		
_____		
Vehicles:	\$ _____	_____
_____		
_____		
Cash on hand and bank accounts:	\$ _____	_____
_____		
_____		
Stocks and bonds:	\$ _____	_____
_____		
_____		
Other:	\$ _____	_____
_____		
_____		

### 11. MISCELLANEOUS

Annual amount of out-of-pocket medical expenses you pay for your children:

<u>Child's name</u>	<u>Annual amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____



Please provide proof of these expenses.

Is it reasonably likely that these expenses will continue?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**12. COMMENTS**

Please use this section to provide any other information that you feel would help the Regional Child Support Enforcement Unit to understand your situation or to supplement answers given above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I state, under penalty of perjury, that the information contained in, and attached to, this Financial Affidavit, is true and correct to the best of my knowledge.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

STATE OF \_\_\_\_\_ )

)

County of \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(SEAL)