	IN THE CIRCUIT COU	CO			L CIRCUIT		
Petitioner, vs.	,	No:				-	
Respondent.		IV-D:					
FINANCIAL AFFIC	OAVIT FOR PETITION	N FOR ADJ	UDICAT	ION OF I	NDIRECT (CIVIL C	ONTEMPT
Use the reverse side of certifies and states that			olete your a	(Print Your Name)			
1) EMPLOYMENT I	INCLUDING TEMPOR	ARY AND (CASH				
Are you now employed	1? []Yes []No Name/Ad	dress of Cur	rent Emplo	yer			
Hire Date Ho	urly Pay Rate \$	Hours	Take Hom	ne Pay \$	per	Atta	ch Pay Stubs
		• •	Date	s of Emplo	yment	Pay	/Hours
		to					
	R INCOME THAT YOU				NSES		
•						er Year \$	
Source(s)			Amoun	t \$	Total pe	er Year \$	
3) HOUSEHOLD/DE	PENDENT INFORMAT	ΓΙΟΝ					
Home Address						Own	Rent
	in Mortgage/Rent? \$						
	hs are you behind?						
	, what is the balance? \$						
	Please list each person's					Ψ	
Who Eives With Tou.	Trease ust each person is		and mistre	- Ciationsii			
Do any of these people Your children	help you with the Housel	nold Expense	es?[]Yes	[]No Ify	es, how mucl	n per moi	nth? \$
Name			eate of Birth Child Support Amour		port Amount	Last payment date	
Vehicles (including but	t not limited to cars, truck Monthly Payme		torcycles, A	, 0	tered to your		dress Total Owed
	· · · · · · · · · · · · · · · · · · ·						

OVER

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4) ASSETS

Checking/Savings/	Money Market Account(s)	A	.mount(s) \$	Cash \$		
All Investments inc	cluding, but not limited to, stocks, be	onds, retirement and pens	sion funds, life in	surance, and trust funds		
Type	Company	Present Value \$	Date	Date Acquired		
Type	peCompany		Date	_ Date Acquired		
Have you received	any gifts or inheritance? If yes:					
Type	ppeAmount Received \$		edPrese	Present Value \$		
Have you received	any settlements, judgments, or lum	p sum payments? If yes:	:			
Type	Amount Received \$	Date Receive	dPrese	Present Value \$		
Do you have any rental income? If yes: Type		Amount o	of Income\$	\$per		
5) MONTHLY EX	XPENSES					
Electricity/Gas	Water	Internet	TV/C	Cable		
Clothes	Food	Garbage	Laund	dry		
Daycare	School	Babysitting	House	ehold		
Hospital	Dentist		Presc	riptions		
Court Fines	Gifts	Car Gas/Fuel	Car R	Repairs		
Cigarettes	Alcohol	Vacations	Resta	urants		
Toiletries	Household Phones: H	IomeCell 1	l	Cell 2		
Other expenses (lis	st type and amount)					
6) CREDIT CAR	DS/LOANS/INSURANCE					
All Credit Cards						
Type	Monthly Payment	Balance Last Payment Date				
Type	Monthly Payment	Balance	Last Payment Date			
Type	Monthly Payment	Balance	Last Payment	ayment Date		
		If so, how much?				
All Loans includin	g, but not limited to, school loans, l	bank loans, and personal	loans			
Type	Company	Present Balance \$	Date	Acquired		
Type	Company	Present Balance \$	Date	Acquired		
Are you behind on	any of these loans? []Yes []No	If so, how much?				
Insurance: Home/R	Rental Cars	Medi	cal	Life		
7) TOTAL MONI If total monthly e	THLY EXPENSES \$	TOTAL MONT	HLY INCOME ere the difference	\$ee comes from:		
certifies that the s		ment are true and corre	ect, except as to	matters therein stated		