

F.C.A. §413-1, 424-a; Art. 5-B  
D.R.L. §236-B, 240

Form 4-17  
(Financial Disclosure Affidavit)  
9/2006

FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF NASSAU

In the Matter of a Proceeding for Support  
(Commissioner of Social Services, Assignor,  
on behalf of \_\_\_\_\_, Assignee)  
Paul A. Sample

Docket No.  
NY-2008-785

\_\_\_\_\_  
Petitioner  
S.S.# (Assignor) 111-11-1111  
-against-

FINANCIAL  
DISCLOSURE  
AFFIDAVIT

Martha C. Sample  
\_\_\_\_\_  
Respondent.  
S.S.# 222-22-2222

**NOTICE: YOU ARE REQUIRED TO ATTACH TO THIS FORM A CURRENT AND REPRESENTATIVE PAYCHECK STUB AND COPIES OF YOUR MOST RECENTLY FILED STATE AND FEDERAL INCOME TAX RETURNS, INCLUDING A COPY OF THE W-2 WAGE AND TAX STATEMENT(S) SUBMITTED WITH THE RETURNS. YOU MAY ALSO BE REQUIRED TO PRODUCE OTHER PAYCHECK STUBS, EMPLOYMENT OR BUSINESS RECORDS AND PROOF OF CLAIMED EXPENSES. YOU ARE ALSO REQUIRED TO PROVIDE INFORMATION RELATING TO ALL ACCIDENT, LIFE AND HEALTH INSURANCE PLANS AVAILABLE TO YOU FOR THE PROVISION OF INSURANCE, HEALTH CARE, DENTAL CARE, OPTICAL CARE, PRESCRIPTION DRUG AND OTHER PHARMACEUTICAL AND HEALTH-RELATED BENEFITS FOR THE CHILD(REN) FOR WHOM SUPPORT IS SOUGHT.**

STATE OF NEW YORK )  
 ) ss.:  
COUNTY OF NASSAU )

Paul A. Sample \_\_\_\_\_, the (Petitioner)~~(Respondent)~~ herein, residing 2115 Brookdale Circle, #1 Albany, NY 12230 \_\_\_\_\_, <sup>1</sup> being duly sworn, deposes and says that the following is an accurate statement of my income from all sources, my liabilities, my assets and my net worth, from whatever sources, and whatever kind and nature, and wherever situated:

**I. INCOME FROM ALL SOURCES:** The correct amount of the child support obligation is presumed to be a percentage of income as defined by law. The percentages are set forth in Addendum A. Other pertinent information is set forth in Addenda B and C. List your income from all sources as follows:

a. Wages and Salaries (as reportable on Federal and State income tax returns): 180,000 (annual total)  
3,462 (weekly total)

<sup>1</sup>Unless ordered confidential, pursuant to Family Court Act §154-b, because of a risk that disclosure would place the health, safety or liberty of the party at risk. See Form GF-21 and GF-21a, available at www.nycourts.gov.

1. Employer and address National Bank - 2000 2nd Ave., New York, NY 10002
2. Number of members in household 3
3. Number of dependents 2
4. Hours worked per week 50
5. Weekly gross salary/wages 3462
6. Weekly deductions:
  - a. Social Security (FICA) Tax 122
  - b. New York State Tax 232
  - c. Federal Tax 793
  - d. Other payroll deductions 70
7. Income of other members of household \_\_\_\_\_

**NOTE:** ATTACH INFORMATION FOR ADDITIONAL EMPLOYERS ON SEPARATE PAGES

b. Self-Employment Income (Describe and list self-employment income; attach to this form the most recently filed Federal and State income tax returns, including all schedules): 0

c. Interest/Dividend Income: 3600

d. Other Income:

1. Workers Compensation 0
2. Disability Benefits 0
3. Unemployment Insurance Benefits 0
4. Social Security Benefits 0
5. Veterans Benefits 0
6. Pensions and Retirement Benefits \_\_\_\_\_
7. Fellowships/Stipends/Annuities \_\_\_\_\_

e. Income from other sources: (List here and explain any other income including but not limited to: non-income producing assets; employment 'perks' and reimbursed expenses; fringe benefits as a result of employment; periodic income, personal injury settlements; non-reported income; and money, goods and services provided by relatives and friends) \_\_\_\_\_

II. **ASSETS:** The Court can consider the assets of the custodial parent and/or the non-custodial parent in its award of child support. List your assets as follows:

- a. Savings account balance (Name of bank: see attached page) a) \$ 32100
- b. Checking account balance (Name of bank: see attached page) b) \$ 4100
- c. Automobile(s) (Year and make: see attached page) c) \$ 10250  
 Loan information GMAC # 2005-12670
- d. Residence owned (Address: 550 N. Hemlock Lane Port Washington, N) d) \$ 303038 <sup>(1)</sup>
- e. Other real estate owned 2345 Lakeview Drive Long Beach, NY 11561 e) \$ 365000
- f. Other assets (For example: stocks, bonds, trailers, boat, etc.) (attached) f) \$ 330373
- g. Driver's, professional, recreational, sporting and other licenses and permits held (provide name of issuing agency, license number and attach a copy if possible) DL #S987-222-432

**NOTE:** ATTACH TO THIS FORM ANY INFORMATION AS TO ANY ADDITIONAL ASSETS  
None

**III. DEDUCTIONS FROM INCOME:** The Court allows certain deductions from income prior to applying the child support percentages. List the deductions that apply to you as follows:

a. Unreimbursed employee business expenses	a) \$	0
b. Maintenance actually paid to spouse not a party to this action*	b) \$	0
c. Maintenance actually paid to spouse who is a party to this action	c) \$	1000
d. Child support actually paid on behalf of non-subject child(ren)*	d) \$	0
e. Family Assistance	e) \$	0
f. Supplemental Security Income	f) \$	0
g. NYC/Yonkers Income Tax	g) \$	0
h. FICA	h) \$	527

**\*Attach to this form a copy of the appropriate Court Order**

**IV. HEALTH INSURANCE, UNREIMBURSED HEALTH-RELATED EXPENSES, CHILD CARE, EXPENSES, EDUCATIONAL EXPENSES AND LIFE AND ACCIDENT INSURANCE POLICIES:** As part of the child support obligation, parents shall be directed to

provide health insurance coverage, pay a pro-rated share of the cost or premiums to obtain or maintain the health insurance coverage, and pay a pro-rated share of unreimbursed health-related expenses, pay a pro-rated share of child care expenses and in the Court's discretion pay educational expenses. The Court may direct you to purchase and maintain life and/or accident insurance benefits or assign benefits on existing policies for the benefit of your children. List your information as follows and cross out or delete inapplicable provisions:

- a.  I have health insurance coverage through [specify]:  employer or organization
  - private purchase     New York State "Child Health Plus" program
  - New York State Medical Assistance Program.
- I do not have health insurance coverage [If this box is checked, skip to ¶ IV b].
  - 1. My coverage includes  medical  dental,  prescription drug,  optical,  other health care services or benefits [specify]:
  - 2. The portion of the cost of the insurance paid by my employer or through my employment is \$ 100 per [specify time period]: month. The cost of the insurance paid by me is \$ 85 per [specify time period]: month.
  - 3. The person(s) covered by my insurance is/are: Paul Sample, Jane Sample, Jim Sample
  - 4. My policy number is 20076-98765
  - 5. Coverage  does  does not presently include my child(ren). The additional cost to me to include my child(ren) would be [specify cost for each type of benefit; if benefit unavailable, so indicate]:
    - Medical: \$ per . Optical: \$ per .
    - Dental: \$ per . Prescription drugs: \$ per .
    - Other Health Services or Benefits [specify]: \$ per .
  - 6. The name and address of my primary (and secondary) health insurer is/are: Family Insurance Company, 1000 Monroe, New York, NY
  - 7. My primary (and secondary) health plan administrator is/are: (indicate name, address and telephone number of contact person for employer or organization): National Bank, 600 Center Drive, New York, NY 212-333-3333, Ron Davis

8. There are  medical,  dental,  prescription drug,  optical,  
 other health care benefits [specify]: \_\_\_\_\_  
insurance benefits available to the child(ren) through an individual who is not a party to  
this action. This individual is [indicate name and relationship]; \_\_\_\_\_. These  
benefits cost as follows: \_\_\_\_\_ per [specify time period]:  
\_\_\_\_\_:

b. My child care provider is: n/a \_\_\_\_\_. The average  
number of hours of child care incurred per week are: \_\_\_\_\_

c. My child's educational needs and expenses are: Both Children are currently enrolled  
in High School.

d. I have the following life and accident insurance policies:

1. Life insurance: (Name of insurer): Traveler's Life Insurance Co     \$ 250,000  
(Beneficiary/Beneficiaries): Jane & Jim Sample  
(Name of insurer): \_\_\_\_\_ \$ \_\_\_\_\_  
(Beneficiary/Beneficiaries): \_\_\_\_\_
2. Accident insurance: (Name of insurer): \_\_\_\_\_ \$ \_\_\_\_\_  
(Name of insurer): \_\_\_\_\_ \$ \_\_\_\_\_

**This information is current as of (specify date)** April 30, 2008.

**V. VARIANCE FROM THE PERCENTAGES:** The Family Court Act allows the court to  
order support different from the percentages if the Court finds that the support based upon the  
percentages would be unjust or inappropriate due to certain factors. The factors are set forth in  
Addendum D. The following is/are the factor(s) that the Court should consider in this case  
\_\_\_\_\_

**VI. EXPENSES:** In ordering support by the percentages the Court is not obligated to  
consider expenses. However, if the Court varies from the percentages, expenses may be  
considered. List your expenses as follows: [List all expenses on a weekly or monthly basis;  
however, you must be consistent: if any items are paid monthly, divide by 4 to obtain the  
weekly payment; if any items are paid weekly, multiply by 4 to obtain the monthly payment).

(Please specify): I am listing my expenses on a ~~(weekly)~~ (monthly) basis:

- |   |                   |
|---|-------------------|
| a. Rent or mortgage payment   | a) \$ <u>1750</u> |
| b. Mortgage interest and amortization   | b) \$ <u>0</u>    |
| c. Realty taxes (if not included in mortgage payment)                                       | c) \$ <u>0</u>    |
| d. Insurance on realty  | d) \$ <u>155</u>  |
| e. Utilities: gas ___ electric/water ___ telephone <u>X</u> cable <u>X</u>                  | e) \$ <u>109</u>  |
| f. Garbage collection   | f) \$ <u>0</u>    |
| g. Household repairs (specify): _____   | g) \$ _____       |
| h. Food   | h) \$ <u>275</u>  |
| i. Charge accounts, loans, etc. 1) <u>Credit Card</u>                                       | i) \$ <u>155</u>  |
| <b>(From Section VII below).</b> 2) <u>Loan from Brother in Law</u>                         |                   |
| 3) _____  |                   |
| j. Auto expenses: gas <u>X</u> maintenance <u>X</u> insurance & fees <u>X</u> loan <u>X</u> | j) \$ <u>678</u>  |

k. Public transportation	k) \$	0
l. Life insurance	l) \$	180
m. Health insurance	m) \$	85
n. Clothing: self \$ 208 others \$ 0 (explain: _____)	n) \$	208
o. Laundry and dry cleaning	o) \$	
p. Education and tuition (explain: High School Expenses _____)	p) \$	305
q. Child care	q) \$	0
r. Contributions	r) \$	100
s. Union dues (mandatory: yes _____ no _____)	s) \$	0
t. Entertainment	t) \$	100
u. Miscellaneous personal expenses (specify: _____)	u) \$	
v. Other (specify: (see attached page) _____)	v) \$	5823

**VII. LIABILITIES, LOANS AND DEBTS:** In ordering support by the percentages the Court is not obligated to consider liabilities, loans, and debts. However, if the Court varies from the percentages, they may be considered. List your liabilities, loans and debts as follows:

Creditor <u>Macy's, Inc., NY, N</u>	Creditor <u>Mike Smith, 333 Cir</u>	Creditor _____
Purpose <u>Clothing Purchases</u>	Purpose <u>Advance for Fishing Tr</u>	Purpose _____
Date incurred <u>6/16/1990</u>	Date incurred <u>11/12/2007</u>	Date incurred _____
Total balance due <u>2750</u>	Total balance due <u>400</u>	Total balance due _____

**NOTE:** ATTACH TO THIS FORM INFORMATION REGARDING ANY ADDITIONAL DEBTS.

I have carefully read the foregoing statement and attest to its truth and accuracy.

\_\_\_\_\_  
**(Petitioner)**  
 Paul A. Sample  
 \_\_\_\_\_  
**Print or Type Name**

\_\_\_\_\_  
**Signature of Attorney, if any**  
 Carl J. Smith  
 \_\_\_\_\_  
**Attorney's Name (Print or Type)**  
 Smith & Smith  
 \_\_\_\_\_  
 1000 Main Street  
 \_\_\_\_\_  
 Albany, NY 12230  
 \_\_\_\_\_  
 518-222-2222  
 \_\_\_\_\_  
**Attorney's Address and Telephone Number**

Sworn to before me this 30th  
 day of April, 2008.

\_\_\_\_\_  
 (~~Deputy~~) Clerk of the Court  
 Notary Public

**ADDENDUM A  
CHILD SUPPORT PERCENTAGES**

The child support percentages that shall be applied by the Court unless the Court makes a finding that the non-custodial parent's share is unjust or inappropriate are as follows: 17% for one child; 25% for two children; 29% for three children; 31% for four children; and no less than 35% for five or more children.

**ADDENDUM B  
COMBINED PARENTAL INCOME OVER \$80,000.00**

Where combined parental income exceeds \$80,000.00, the Court shall determine the amount of child support for the amount of the combined parental income in excess of such dollar amount through consideration of the factors set forth in Addendum D and or the support percentage set forth in Addendum A.

**ADDENDUM C  
SELF-SUPPORT RESERVE**

Where the annual amount of the basic child support obligation would reduce the non-custodial parent's income below the poverty income guidelines amount for a single person as reported by the federal Department of Health and Human Services, the basic child support obligation shall be twenty-five dollars per month unless the interests of justice dictate otherwise. Where the annual amount of the basic child support obligation would reduce the non-custodial parent's income below the self-support reserve but not below, the poverty income guidelines amount of a single person as reported by the federal Department of Health and Human Services, the basic child support obligation shall be fifty dollars per month or the difference between the non-custodial parent's income and the self-support reserve, whichever is greater.

**ADDENDUM D  
VARIANCE FROM THE PERCENTAGES**

The Court has the discretion to vary from the percentages if it finds that the non-custodial parent's pro-rata share of the basic child support obligation is unjust or inappropriate. This finding shall be based upon consideration of the following factors:

1. The financial resources of the custodial and non-custodial parent, and those of the child.
2. The physical and emotional health of the child and his/her special needs and aptitudes.
3. The standard of living the child would have enjoyed had the marriage or household not been dissolved.
4. The tax consequences to the parties.
5. The non-monetary contributions that the parents will make toward the care and well-being of the child.
6. The educational needs of either parent.
7. A determination that the gross income of one parent is substantially less than the other parent's gross income.
8. The needs of the children of the non-custodial parent for whom the non-custodial parent is providing support who are not subject to the instant action and whose support has not been deducted from income, and the financial resources of any person obligated to support such children, provided, however, that this factor may apply only if the resources available to support such children are less than the resources available to support the children who are subject to the instant action.
9. Provided that the child is not on public assistance (i) extraordinary expenses incurred by the non-custodial parent in exercising visitation, or (ii) expenses incurred by the non-custodial parent in extended visitation provided that the custodial parent's expenses are substantially reduced as a result thereof.
10. Any other factors the Court determines are relevant in each case.

NOTE: The language in the above Addenda is paraphrased from that in the statute for the purposes of simplification. For statutory language, see Family Court Act Sections 413(1), 416 and 424-a and Domestic Relations Law Sections 236-B and 240.

## Additional Information

### Jobs and salaries (page 2)

Description	Employer/Telephone/Address	Annual Pay Overtime Total	Monthly Pay Overtime Total	Weekly Pay Overtime Total
VP Finance	National Bank	180,000	15,000	3,462
	212-111-3333	0	0	0
	2000 2nd Ave.	180,000	15,000	3,462
	New York, NY 10002			
Hours/week: 50				
		<b>180,000</b>	<b>15,000</b>	<b>3,462</b>
		<b>0</b>	<b>0</b>	<b>0</b>
		<b>180,000</b>	<b>15,000</b>	<b>3,462</b>

### Other deductions (page 2)

Description	Weekly
Medicare tax	50
Health insurance prem (excl. child)	20
	<b>70</b>

### Savings account assets (page 2)

Description	Value	NonMarital
<b>Savings</b>		
Joint Savings	24,500	
financial institution	Liberty Savings & Loan	
account number	765-1234	
account type	joint	
title holder	Martha & Paul	
source of funds	Contributions from paychecks	
date opened	8/17/1990	
Martha Personal Savings	7,600	Wife
financial institution	Memorial Credit Union	
account number	456-0987	
account type	individual	
title holder	Martha C. Sample	
source of funds	Work Savings Plan	
date opened	8/10/2000	
	<b>32,100</b>	

## Checking account assets (page 2)

Description	Value	NonMarital
<b>Checking</b>		
First Federal - Joint	2,300	
financial institution	First Federal of New York	
account number	0009876543	
account type	n/a	
title holder	Joint	
source of funds	Transfer from Old Account	
date opened	3/13/1999	
First Federal - Paul's Account	1,800	Husband
financial institution	First Federal Bank of New York	
account number	2000234566	
account type	n/a	
title holder	Paul	
source of funds	Personal	
date opened	1/28/2002	
	4,100	

## Car assets (page 2)

Description	Market value	Debt	Equity	NonMarital
<b>Cars</b>				
1999 Honda Civic	3,500	0	3,500	Husband
title holder	Paul A. Sample			
source of funds	Personal			
original value	12,500	estimated value	3,500	
loan balance	0	payment amount	0	
2005 Chevrolet Malibu XS	12,500	5,750	6,750	Wife
title holder	Martha C. Sample			
source of funds	Personal			
original value	19,990	estimated value	12,500	
loan balance	5,750	payment amount	268	
	16,000	5,750	10,250	

## Home (page 2)

Description	Market value	Debt	Equity	NonMarital
550 N. Hemlock Lane Port Washington, NY 11050	375,000	71,962	303,038	
title holder	Martha C. Sample			
source of funds	Personal			
date acquired	8/22/1985			
market value	375,000	original value	225,000	
unpaid liens	71,962			



mortgage creditor name First Bank of Albany  
 mortgage debtor name/address Martha C. Sample  
 mortgage purpose Initial Home Purchase mortgage original value 139200  
 mortgage date incurred 8/22/1985 mortgage maturity date 8/22/2015  
 (1) Martha to Request

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303,038

## Real estate assets (page 2)

Description	Market value	Debt	Equity	NonMarital
2345 Lakeview Drive Long Beach, NY 11561	365,000	0	365,000	
title holder Paul A. Sample				
source of funds Personal				
date acquired 10/30/1980				
market value 365,000	original value 78,000			
unpaid liens 0				
mortgage creditor name				
mortgage debtor name/address				
mortgage purpose		mortgage original value		
mortgage date incurred		mortgage maturity date		
			365,000	

## Other assets (page 2)

Description	Value	NonMarital
<b>Stocks assets</b>		
GM	63,000	
title holder Paul & Martha		
location of asset Smart Financial Brokers		
source of funds Inheritance		
original value 70,000	unpaid lien amount	
IBM	62,000	
title holder Paul & Martha		
location of asset Smart Financial Brokers		
source of funds Personal		
original value 10,000	unpaid lien amount	
	125,000	
<b>Mutual funds assets</b>		
Vanguard Global Equity Fund	7,059	
title holder Martha C. Sample		
location of asset Mutual Brokers, Inc.		
source of funds IRA		
original value 2,000	unpaid lien amount	
	7,059	

**Other vehicles assets**

2007 Kawasaki Cruiser				13,500	
title holder	Martha C. Sample				
location of asset					
source of funds	Jim's Savings				
original value	14,600	unpaid lien amount			
					<hr/>
				13,500	

**Other personal property assets**

Antique Paintings				86,000	
title holder	Martha and Paul Sample				
location of asset	other				
source of funds	Personal Funds				
original value	55,000	unpaid lien amount	0		

Golf Clubs				500	
title holder	Paul A. Sample				
location of asset	other				
source of funds	Personal				
original value	1,200	unpaid lien amount	0		

Heirloom Emerald Ring				5,700	Wife
title holder	Martha C. Sample				
location of asset	other				
source of funds	Inheritance				
original value	1,000	unpaid lien amount	0		
					<hr/>
				92,200	

**Household furnishings assets**

Marital Furniture Principal Residence				28,500	
title holder	Martha & Paul				
location of asset	other				
source of funds	Joint				
original value	29,000	unpaid lien amount	0		

Marital Furniture Vacation Home				18,000	
title holder	Martha & Paul				
location of asset	other				
source of funds	Joint				
original value	33,000	unpaid lien amount	0		

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46,500**Life insurance assets**

Traveler's Life Insurance Company - Paul A. Sampl				46,114	
title holder					
location of asset					
source of funds	Personal				
original value	0	unpaid lien amount			

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46,114

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**330,373**

### Rent and mortgage expenses (page 4)

Description	Monthly
Rent	1,750
	<b>1,750</b>

### Household utility expenses (page 4)

Description	Monthly
Telephone	44
Cable TV	65
	<b>109</b>

### Food expenses (page 4)

Description	Monthly
Food/groceries	175
Meals out	100
	<b>275</b>

### Liability expenses (page 4)

Description	Monthly
Credit Card	55
Loan from Brother in Law	100
	<b>155</b>

### Auto loan expenses (page 4)

Description	Monthly payment amount
<b>Cars</b>	
1999 Honda Civic	0
2005 Chevrolet Malibu XS	268
	<b>268</b>

### Auto personal and business expenses (page 4)

Description	Monthly (Personal)	Monthly (business)
<b>Cars</b>		
1999 Honda Civic	0	0
2005 Chevrolet Malibu XS	0	0
	<b>0</b>	<b>0</b>

### Auto expenses (page 4)

Description	Monthly
Gas/Oil	170
Car repair	65
Auto tags/emissions	75
Car insurance	100
	<hr/>
	<b>410</b>

### Life insurance expenses (page 5)

Description	Monthly
Whole life insurance	180
	<hr/>
	<b>180</b>

### Health insurance expenses (page 5)

Description	Monthly
Medical insurance	85
	<hr/>
	<b>85</b>

### Clothing expenses (page 5)

Description	Monthly
Husband's clothing	208
	<hr/>
	<b>208</b>

### Education and tuition expenses (page 5)

Description	Monthly
Childrens Primary and secondary scho	292
Childrens School supplies/books	13
	<hr/>
	<b>305</b>

### Contributions expenses (page 5)

Description	Monthly
Charitable contributions	100
	<hr/>
	<b>100</b>

### Other expenses (page 5)

Description	Monthly
Tolls	55
Parking	125

Gifts to Children's Friends	50
Fire insurance	15
Theft insurance	40
Liability insurance	30
Unreimbursed Medical	20
Unreimbursed Optical	30
Unreimbursed Dental	15
Vacations	150
Movies	40
Federal taxes	3,438
State taxes	1,005
Social Security taxes	527
Medicare taxes	218
Gifts	65
	<b>5,823</b>

# Footnotes

(1) Martha to Request