

State of Minnesota

District Court

County _____

Judicial District: _____
Court File Number: _____
Case Type: _____

In Re the Marriage of:

Petitioner

and

**Financial Affidavit
For Child Support**

_____ Respondent

_____ Intervenor

STATE OF MINNESOTA)
COUNTY OF _____) SS
(County where Affidavit Signed)

My name is _____. I am the
(check one) (Petitioner) (Respondent) in this case, and I state under oath the following
information:

- 1. I am the parent of _____ joint child(ren) who are the subject of this court action.
(enter number of joint children)
- 2. My sources of income are:

Monthly Income Received	Amount	Monthly Income Received	Amount
Salary and Wages (before deductions)	\$	Social Security Received (social security disability, retirement, survivors' benefit)	\$
Self-Employment	\$	Child's Derivative Social Security or Veteran's Benefits	\$
Unemployment Benefits	\$	Workers' Compensation	\$
Commissions	\$	Pension, Annuity Payments, Disability Payments	\$
Spousal Maintenance Received	\$	Other source of income (list source below)	\$
Military and Naval Retirement	\$		
Total monthly income received:			\$

3. Proof of my income is attached to Form 11.2 and supports this Financial Affidavit.

4. Number of nonjoint children who live in my home: _____

5. Spousal Maintenance I am court ordered to pay: \$ _____ per month

A copy of the court order is attached as proof.

6. Child support I am court ordered to pay for nonjoint children and who do not live in my home: \$ _____ per month

A copy of the court order is attached as proof.

7. Health care coverage information (*check one or more that apply*)

I have health care coverage for the joint child(ren) in place. This does does not include dental coverage.

The cost of monthly health care coverage for myself: \$ _____ per month

The cost of monthly health care coverage for the joint child(ren): \$ _____ per month

I have health care coverage for the joint child(ren) available. This does does not include dental coverage.

The cost of monthly health care coverage for myself: \$ _____ per month

The cost of monthly health care coverage for the joint child(ren): \$ _____ per month

To my knowledge, the joint child(ren) receive(s) medical assistance / Minnesota Care.

8. Child care information (*check one*)

There are child care expenses for the joint child(ren) in the amount of \$ _____ per month.

There are no monthly child care expenses for the joint child(ren).

I am unaware of any monthly child care expenses for the joint child(ren).

9. There is a court order for parenting time with the joint child(ren) (*check yes or no*)

yes no

The information contained in this Affidavit is true and correct to the best of my knowledge and belief.

Dated: _____

Signature (*Sign only in presence of Notary or Court Deputy*)

Print Name: _____

Sworn / affirmed before me this

Address: _____

_____ day of _____, _____

City/State/Zip: _____

Telephone: (_____) _____

Notary Public/ Deputy Court Administrator

Instructions for Financial Affidavit
Minn. Stat. § 518A.28

Helpful materials may be found at your public county law library. For a directory, see <http://www.lawlibrary.state.mn.us/cllppubdir.rtf> . For more information, contact your court administrator or call the Minnesota State Law Library at 651-296-2775.

Purpose of the Financial Affidavit

In all cases where the court will decide or modify child support, the parents must serve and file a Financial Affidavit to disclose all sources of income for determining child support for the joint child or children of the parents.

A joint child means the dependent child of both parents in the child support proceeding. Information listed in the Financial Affidavit will provide the court with information needed to calculate child support.

Serving and Filing the Financial Affidavit

The Financial Affidavit must be served on the other party, and the public authority if the public authority is providing child support enforcement services, and filed with the court when initial pleadings or motions are submitted by a party. You must include proof of your income, such as pay stubs and income tax returns.

Keeping your financial information confidential

Any financial documents you file with the court will be part of your court file and available to anyone who may look at the file, UNLESS you attach Form 11.2, Sealed Financial Source Documents form, to your financial documents. If you file Form 11.2 with your financial documents, court staff will then keep your financial documents confidential from the public. The other party and the judge will still have access to your financial information. Form 11.2 is available at www.mncourts.gov under the form category of “confidential information” (form number CON112) or can be picked up at court administration.

Complete the Financial Affidavit Form

Item #1: Fill in the number of joint children who are the subject of this court action.

Item #2: Fill in all amounts of your monthly income. Use income amounts before any deductions. Income includes any form of periodic (regular) payment, including but not limited to the following:

- Salary and Wages – include gross income from all jobs. Weekly income should be multiplied by 4.33.
- Self-employment – include income from self-employment or operation of a business
- Unemployment Benefits
- Commissions – if received less often than monthly, average the amounts
- Spousal Maintenance – include payments you receive under a previous order or the current proceeding
- Military or Naval Retirement
- Social Security – includes social security disability, retirement, and survivors’ benefits. Do not include supplemental security income (SSI)
- Child’s Derivative Social Security or Veterans Benefits – if a joint child receives Social

Security or Veterans' Benefits based on your eligibility, include the amount of the child's monthly benefit on the Financial Affidavit, even if the benefit is paid to the other parent.

- Workers' Compensation
- Pension Payments, Annuity Payments, and Disability Payments. Do not include supplemental security income (SSI).

Complete Items #3 through #9

- Nonjoint Children – a child who 1) lives in your home more than half of the time, 2) you are the legal parent of, AND 3) you DO NOT have a court ordered child support obligation for the child. DO NOT include stepchildren.
- Spousal Maintenance – enter any court ordered amount that you pay to the other parent or a former spouse.
- Child Support – enter all court ordered amounts that you pay for nonjoint children not living with you. These amounts include basic support, child care support, and medical support. DO NOT include any monthly amounts you pay for arrearages.
- Health care coverage – this is medical and dental insurance coverage you have either in place or available for the joint child.
- Child care – enter the actual monthly child care costs paid for the joint child
- Parenting time – check “yes” if there is a court order awarding a parent with parenting time

Date and sign the Financial Affidavit when you are in front of a notary public or the court clerk. Make sure to bring picture identification to show the notary public or court clerk. A notary public can usually be found at a bank and sometimes at a courthouse.

If the Financial Affidavit for Child Support is not served and filed

- The court will determine a parent's income based on credible evidence, which may include documentation of current or recent income, testimony of the other parent concerning recent earnings and income levels, or wage reports filed with the Department of Employment and Economic Development. The court may determine potential income for a parent if a parent is voluntarily unemployed or underemployed, employed less than a full-time, or when there is no evidence of any income.
- If the court decides that a parent did not have access to documents to complete the financial affidavit, the court may consider testimony by that parent as credible evidence of income.