

**State of Minnesota**

**District Court**

County \_\_\_\_\_

Judicial District: \_\_\_\_\_  
Court File Number: \_\_\_\_\_  
Case Type: \_\_\_\_\_

In Re the Marriage of:  
\_\_\_\_\_

\_\_\_\_\_  
Plaintiff / Petitioner

vs / and

**Financial Affidavit  
For Child Support**

\_\_\_\_\_  
Defendant / Respondent

\_\_\_\_\_  
Intervenor

STATE OF MINNESOTA )  
COUNTY OF \_\_\_\_\_ ) SS  
(County where Affidavit Signed)

My name is \_\_\_\_\_. I am the  
(check one)  (Petitioner/Plaintiff)  (Respondent/Defendant) 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	\$		
<b>Total monthly income received:</b>			\$

3. Proof of my income is attached to form #CON112 (also called 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: \_\_\_\_\_

Subscribed and sworn before me this

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

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_  
Notary Public/ Deputy Court Administrator

Telephone: (\_\_\_\_\_) \_\_\_\_\_