

STATE OF WYOMING)
)ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

_____,)
)
Plaintiff,)
)
vs.)
)
_____,)
)
Defendant.)

Civil Action No. _____

**CONFIDENTIAL
FINANCIAL AFFIDAVIT
W.S. §20-2-308**

A financial affidavit must be completed by each parent. You must attach copies of your tax returns and W-2 forms for the most recent two years and by a copy of a cumulative earning statement for the current year. **Parents who are self-employed must supply verified income and expense statements from their business for the two most recent years.**

All financial affidavits and records required by law to be attached to the affidavit shall constitute a confidential file and are subject to inspection by persons other than the parties, their attorneys or the department of family services to the extent necessary to enforce the Child Support Enforcement Act and the Uniform Interstate Family Support Act only by court order. (Wyo. Stat. § 20-2-308(d))

THE UNDERSIGNED, (Print Name) _____, hereby swears or affirms, under penalty of perjury, that the following answers are correct and complete.

PERSONAL INFORMATION

1. Your name: (First, Middle, Last) _____
Gender: Male Female

2. (a) Your present address: _____
 City, State, Zip Code: _____
 Your home phone number: (____) _____
 A message phone number: (____) _____
 How long have you resided at this location? _____

(b) If your mailing address is different than the above address, please provide your mailing address:

3. Your Social Security Number is: _____

4. Check all that apply: Employed Self-Employed Both Unemployed

Parents who are self-employed must supply verified income and expense statements from their business for the last two years.

5. (a) Your present employer: _____

(b) Employer's address: _____

City, State, Zip Code: _____

Employer's phone: _____

(c) Your occupation: _____

6. Your work experience for the last three years is as follows:

COMPANY AND LOCATION	DATES FROM - TO	JOB DESCRIPTION/TITLE	SALARY OR WAGE	REASON YOU LEFT

7. (a) Your education is: _____ years high school; _____ years college;
 _____ years trade school; _____ years other _____.

(b) List your degree(s) or certificate(s) in _____.

8. List the children you are legally responsible for supporting and *who live with you*:

Child's Name	Birth Date	Social Security No.	COURT AND DATE OF ORDER	SUPPORT/ MONTH	ARREARS (Amount Past Due)

9. List any court-ordered support obligation for children who *do not* live with you:

Child's Name	Birth Date	Social Security No.	COURT AND DATE OF ORDER	SUPPORT/ MONTH	ARREARS (Amount Past Due)

10. If you are the parent of any children *not named above*, list them below:

Child's Name	Birth Date	Social Security No.	COURT AND DATE OF ORDER	SUPPORT/ MONTH	ARREARS (Amount Past Due)

11. If you contribute to the support of any children for whom you have no legal obligation, list below:

Child's Name	Birth Date	Social Security No.	Does this child live with you?	OTHER PARENT'S NAME AND ADDRESS	YOUR RELATIONSHIP TO THE CHILD
			Yes No		
			Yes No		
			Yes No		

12. List all child(ren) involved in this civil matter:

Child's Name	Birth Date	Social Security No.	Does this child live with you?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

13. Do you owe back child support (arrears) in this case? If so, how much? \$ _____.

14. Do you owe back child support (arrears) on any other child support obligations? If so, how much? (List **total of all support arrearages for all children, except this case**). \$ _____.

15. Means tested benefits (POWER Program, Health Care Benefits under Title XIX of the Social Security Act or similar state program, General Assistance, Food Stamps, Supplemental Security Income, etc.) are being provided to your children, as follows:

CHILD'S NAME	BIRTH DATE	STATE	TYPE OF BENEFIT	AMOUNT OF BENEFIT

INCOME & EXPENSE INFORMATION

16. (a) List pay dates or otherwise describe pay schedule: _____
 _____ weekly
 _____ every two weeks
 _____ twice per month (i.e. 1st and 15th of every month)
 _____ monthly
 _____ annually

My gross income** (before deductions) is: \$ _____ per month. (Convert annual, bi-monthly, and weekly amounts to monthly amounts).

** Gross income (includes tips, commission and bonuses. Monthly amounts are calculated by multiplying weekly amount by 52 and dividing by 12; multiplying bi-weekly amounts by 26 and dividing by 12; and multiplying semi-monthly amounts by 24 and dividing by 12.

- (b) Please list the deductions taken out of your check by your employer:
(Please provide copies of pay-stubs for all payroll deductions)

Mandatory Deductions		Voluntary Deductions, Continued	
Federal Income Tax		Health, Dental, Vision Insurance	
Social Security Tax		Dues	
Medicare Tax		Bonds	
Current child support for other children		Stock Purchase Plan	
Retirement/Pension deductions (mandatory deductions only)		Flex Benefit Cafeteria Plan	
Other - _____		Disability Insurance	
Other - _____		Life Insurance	
Voluntary Deductions		Charity	
Bank/Credit Union (savings)		Child Care	
Bank/Credit Union (loan)		Other - _____	
Retirement/Deferred Compensation		Other - _____	
Filing Status: _____		Total Monthly Deductions:	\$
No. of Dependents Claimed: _____		Total Monthly Net Income***	\$

*** Net income means gross income less personal income taxes, social security deductions, cost of dependent health care coverage for all dependent children, actual payments being made under preexisting support order for current support of other children, other court-ordered support obligations currently being paid and mandatory pension deductions. Payments towards child support arrearage shall not be deducted to arrive at net income.

- (c) How many hours do you work each week?
 Regular _____ Overtime _____ Total _____
 Is the overtime listed above expected to continue on a consistent basis? [] YES [] NO
 How often do you receive overtime compensation? _____

(d) Date of your last salary increase or decrease: _____.

17. **YOUR INCOME FROM ALL OTHER SOURCES** (Include the monthly average of annual or sporadic income; also include any government benefits):

AMOUNT	INCOME SOURCE	ADDRESS OF SOURCE

18. Has anyone been ordered to provide health insurance, or is there any other medical provision in an existing court order?

Check one: YES NO

If yes, explain: _____

19. Are the child(ren) involved in this case covered by health insurance?

Check one: YES NO

If yes, list the children covered below:

You must provide current written proof from your insurance carrier verifying the names of the actual person(s) covered under your policy.

20. **Attached to this affidavit are:**

1) copies of my last two years income tax returns,

2) copies of my W-2 Forms for the last two years, and

3) copies of statements of earnings from each of my employers showing

cumulative pay for this year. Parents who are self-employed must supply verified income and expense statements from their business for the two most recent years.

CERTIFICATE OF SERVICE

I, _____, swear or affirm that on the _____ day of _____, 20____, I served the foregoing Confidential Financial Affidavit by placing a true and correct copy in the United States mail, first class, postage prepaid, addressed as follows:

To

Address

Phone Number

_____ **Check here if served by personal delivery.**

Signature