

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT

JUDICIAL DISTRICT

Petitioner: _____,)
(Print name of person filing))

Civil Action Case No. _____

vs.)

CONFIDENTIAL

Respondent: _____)
(Print name of other party) .)

**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 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
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> 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?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> 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

<u>INCOME & EXPENSE INFORMATION</u>
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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.

PERJURY STATUTE

21. Wyoming Statute § 6-5-301, (1977, as amended) [Perjury] provides:

(a) A person commits perjury if, while under a lawfully administered oath or affirmation, he knowingly testifies falsely or makes a false affidavit, certificate, declaration, deposition or statement, in a judicial, legislative or administrative proceeding in which an oath or affirmation may be required by law, touching a matter material to a point in question.

(b) Perjury is a felony punishable by imprisonment for not more than five (5) years, a fine of not more than five thousand dollars (\$5,000.00), or both.

OATH

I have read and understand the provisions of the above perjury statute. I affirm that this Confidential Financial Affidavit (including attachments) contains a complete disclosure of my income from all sources and that the representations made herein concerning my income are accurate to the best of my knowledge. I am aware that the court may punish as perjury any materially false statements knowingly made with intent to defraud or mislead.

DATED this ____ day of _____, 20__.

Your Signature
(Sign only in front of Notarial Officer or Court Clerk)

JURAT

STATE OF _____)
) ss.
COUNTY OF _____)

Subscribed and sworn to before me on this ____ day of _____ 20__, by
_____.

WITNESS my hand and official seal.

Notarial Officer

My Commissions Expires: _____

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original of this document was filed with the Clerk of District Court; and, a true and accurate copy of this document was served on the other party by Hand Delivery OR Faxed to this number _____ OR by placing it in the United States mail, postage pre-paid, and addressed to the following:

(Print Other Party's/Other Party's Attorney's Name and Address)

TO: _____

Your signature

Print name