

STATE OF MAINE

PROBATE COURT

County: _____

Docket No. _____

DISTRICT COURT

Location: _____

Docket No. _____

IN RE: _____
(Minor Name)

CHILD SUPPORT AFFIDAVIT

19-A M.R.S. § 2004(1)(A)

18-C M.R.S. § 5-204(5)

Name _____ <i>(Person filling out this affidavit)</i>	Date of birth _____
SS Number Disclosure Required on separate form	
Address _____ <i>(street) (town or city) (state) (zip)</i>	

1. Gross income from wages, salary, and/or self-employment

Current employment information

Employer Name: _____ Self-employed

Address: _____

► **Required: I have attached copies of my most recent W-2 form and two (2) pay stubs, or tax return or 1099 form if self-employed.**

A. How much did you earn last year? \$ _____

B. How much do you currently earn?

Salary and wages (gross pay) \$ _____ every week biweekly month other _____

OR

Hourly wage \$ _____ and number of hours worked _____ per week biweekly month other _____

(1B) \$ _____

Put here amount expected this year

2. OTHER GROSS INCOME

Do NOT include TANF, SSI, general assistance or food stamps.

	<i>Expected this year</i>
Unemployment benefits	\$ _____
Workers' compensation	\$ _____
Social Security	\$ _____
Disability	\$ _____
Pension or annuity	\$ _____
Spousal support (alimony)	\$ _____
Rental or mortgage income	\$ _____
Bonuses	\$ _____
Commissions/tips	\$ _____
Other _____	\$ _____

Total : (2) \$ _____

3. EMPLOYMENT FRINGE BENEFITS

Total value of employment benefits you expect to receive this year

that reduce your living expenses (car, housing, cell phone, meals, etc.) (3) \$ _____

4. TOTAL GROSS INCOME EXPECTED THIS YEAR

(Add 1B, 2, and 3)

(4) \$ _____

*Put here and on line 3 of
Child Support Worksheet*

5. YEARLY SUPPORT YOU PAY FOR OTHER CHILDREN

Child support you pay for children who are not involved in this case.

Name of child	To whom paid	Amount
_____	_____	_____
_____	_____	_____

(5) \$ _____

*Put total here and on line 4b
of Child Support Worksheet*

6. WEEKLY HEALTH INSURANCE COST

▶ **Required: I have attached a copy of my health insurance premium sheet.**

A. *Cost of health insurance for yourself only.* \$ _____

B. *Additional cost you pay for health insurance for the children
in this case.*

(6B) \$ _____

*Put this amount on line 9
of Child Support Worksheet*

7. WEEKLY CHILD CARE COSTS

▶ **Required: I have attached a copy of documentation showing the cost of child care.**

Child care costs you pay so you can work or train to work.

(7) \$ _____

*Put this amount on line 10
of Child Support Worksheet*

8. WEEKLY EXTRAORDINARY MEDICAL EXPENSES

Amount you actually pay for each child's permanent or recurring illness.

Name of child	Reason for expense	Amount
_____	_____	_____
_____	_____	_____

(8) \$ _____

*Put total here and on line 11
of Child Support Worksheet*

9. OTHER CHILDREN IN YOUR HOME

*Other children living in your home who are not involved in this case and whom you are legally
obligated to support.*

Name of child	Date of birth	Relationship to you	Name of child	Date of birth	Relationship to you
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

10. OTHER INFORMATION (check all that apply)

Other benefits received on behalf of the child and amount (such as adoption subsidies): _____

Other facts you think the court should know that may affect the amount of child support ordered:

11. ASSETS AND DEBTS

Current value of your assets:

Real estate \$ _____

Cash/bank accounts \$ _____

Retirement plans/IRAs/401(k)s/pensions/annuities \$ _____

Other (such as a business interest or life insurance) \$ _____

Current balance of your debts:

Mortgages \$ _____ Loans \$ _____ Credit Cards \$ _____ Other \$ _____

On my oath, and to the best of my knowledge and belief, this affidavit is complete **with required attachments** and includes all of my income, assets, and debts.

Date: _____

Signature

STATE OF MAINE

_____ COUNTY

Personally appeared the above named, _____, and made oath that the foregoing statements are true under penalty of perjury.

Before me,

Date: _____

Attorney at Law / Notary Public / Register / Clerk