	In the	Court for	County, State of
In re:	VS.	Petitioner))) Case No:))) Division:)
		FINANCIAL AFFIDAVI	T (SHORT FORM)
STATE	E OF		
	TY OF		
depose knowle	es and says that edge and belief.	the following information is	, who being duly sworn, true and correct according to his/her best
	OYMENT ANI		
SOC.	SEC. NO		
DATE	OF BIRTH:		
PAY P	ERIOD:		
RATE	OF PAY:		
If you			unemployed or change jobs, describe the your income. If currently unemployed, n you expect to be employed, and the pay

Business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income.)	
Disability benefits	
Workers' compensation	
Unemployment compensation	
Pension, retirement or annuity payments	
Social Security benefits	
Spousal support received from previous marriage	
Interest and dividends	
Rental income (gross receipts minus ordinary any necessary expenses required to produce income)	
Income from royalties, trusts or estates	
Reimbursed expenses and in kind payments to the extent that they reduce personal living expenses	
Gains derived from dealing in property (not including non-recurring gains)	
Itemize any other income of a recurring nature	
TOTAL MONTHLY INCOME	\$
LESS MONTHLY DEDUCTIONS	
Federal, state and local income taxes (corrected for filing status and actual number of withholding allowances)	
FICA or self-employment tax (annualized)	
Mandatory union dues	
Mandatory retirement	
Health insurance payments Court-ordered support payments for the children actually paid	
TOTAL DEDUCTIONS	\$
TOTAL NET INCOME	\$