STATE OF NEW Y FAMILY COURT: Of In the Matter of a P		_
PLAINTIFF'S NAM S.S.# VS.	IE, Petitioner,	FINANCIAL DISCLOSURE AFFIDAVIT
DEFENDANT'S NA S.S.#	AME, Respondent.	Docket No.

NOTICE: YOU ARE REQUIRED TO ATTACH TO THIS FORM A CURRENT AND REPRESENTATIVE PAYCHECK STUB AND COPIES OF YOUR MOST RECENTLY FILED STATE AND FEDERAL INCOME TAX RETURNS, INCLUDING A COPY OF THE W-2 WAGE AND TAX STATEMENT(S) SUBMITTED WITH THE RETURNS. YOU MAY ALSO BE REQUIRED TO PRODUCE OTHER PAYCHECK STUBS, EMPLOYMENT OR BUSINESS RECORDS AND PROOF OF CLAIMED EXPENSES. YOU ARE ALSO REQUIRED TO PROVIDE INFORMATION RELATING TO ALL ACCIDENT, LIFE AND HEALTH INSURANCE PLANS AVAILABLE TO YOU FOR THE PROVISION OF INSURANCE, HEALTH CARE, DENTAL CARE, OPTICAL CARE, PRESCRIPTION DRUG AND OTHER PHARMACEUTICAL AND HEALTH-RELATED BENEFITS FOR THE CHILD(REN) FOR WHOM SUPPORT IS SOUGHT.

STATE OF NEW YORK)
COUNTY OF ERIE) ss:

, the **-SELECT ONE-** herein, residing at , being duly sworn, deposes and says that the following is an accurate statement of my income from all sources, my liabilities, my assets and my net worth, from whatever sources, and whatever kind and nature, and wherever situated:

I. INCOME FROM ALL SOURCES

The correct amount of the child support obligation is presumed to be a percentage of income as defined by law. The percentages are set forth in Addendum A. Other pertinent information is set forth in Addendum B and C. List your income from all sources as follows:

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- a. Wages and Salaries (as reportable on Federal and State income tax returns):
 - i. Employer's Name:

Employer's Address:

- ii. Number of members in the household:
- iii. Number of dependants:
- iv. Hours worked per week:
- v. Weekly gross salary or wages: \$
- vi. Weekly Deductions:
 - 1. Social Security/Medicare (FICA) Tax: \$
 - 2. New York State Tax:
 - 3. Federal Income Tax:
 - 4. Other Payroll Deductions:
- vii. Income from other members of the household:

NOTE: ATTACH INCOME FROM OTHER EMPLOYERS ON SEPARATE PAGES.

- b. <u>Self-Employment Income</u> (Describe and list self- employment income; attach to this form the most recently filed Federal and State income tax returns, including all schedules):
- c. Interest and Dividends
- d. Other Income
 - i. Worker's Compensation:
 - ii. Disability Benefits:
 - iii. Unemployment Insurance Benefits:
 - iv. Social Security Benefits:
 - v. Veteran's Benefits:
 - vi. Pension and Retirement Benefits:
 - vii. Fellowships/Stipends/Annuities:
- e. <u>Income from other sources</u>: (List here and explain any other income including but not limited to: non-income producing assets; employment 'perks' and reimbursed expenses; fringe benefits as a result of employment; periodic income, personal injury settlements; non-reported income; and money, goods and services provided by relatives and friends):
- II. **ASSETS** The Court can consider the assets of the custodial parent and/or the non-custodial parent in its award of child support. List your assets as follows:
 - a. Savings Account Balance

Name of Bank:

Current Balance: \$

b. Checking Account Balance

Name of Bank: Current Balance: \$

	C.	Automobile(s) (year and make:) Loan Information: Value: \$
	d.	Residence Owned (address:) Value: \$
	e.	Other Real Estate Owned (address:) Value: \$
	f.	Other Assets (For example: stocks, bonds, trailers, boat, etc.): Value \$
	g.	Driver's, professional, recreational, sporting and other licenses and permits held (provide name of issuing agency, license number and attach a copy if possible):
III.	DFDI	JCTIONS FROM INCOME The Court allows certain deductions from income
		to applying the child support percentages. List the deductions that apply to
	-	is follows:
	,	
	b.	Unreimbursed employee business expenses \$ Maintenance actually paid to a spouse not a party to this action * \$
		Maintenance actually paid to a spouse who is a party to this action \$
		Child support actually paid on behalf of a non-subject child(ren)* \$ 5
	e. f.	Family Assistance \$ Supplemental Security Income \$
		Maintenance actually paid to a spouse who is a party to this action Child support actually paid on behalf of a non-subject child(ren)* Family Assistance Supplemental Security Income NYC/Yonkers Income Tax FICA
		FICA \$
		*Attach to this form a copy of the appropriate Court Order
IV.	CHIL ACCI parer share and p rated exper insura childr provis	LTH INSURANCE, UNREIMBURSED HEALTH-RELATED EXPENSES, D CARE, EXPENSES, EDUCATIONAL EXPENSES AND LIFE AND IDENT INSURANCE POLICIES As part of the child support obligation, at shall be directed to provide health insurance coverage, pay a pro-rated of the cost or premiums to obtain or maintain the health insurance coverage by a pro-rated share of unreimbursed health- related expenses, pay a proshare of child care expenses and in the Court's discretion pay educational anses. The Court may direct you to purchase and maintain life and/or accident cance benefits or assign benefits on existing policies for the benefit of your ren. List your information as follows and cross out or delete inapplicable sions: I have health insurance coverage through [specify]: employer or organization private purchase New York State "Child Health Plus" program New York State Medical Assistance Program
		program new fork State Medical Assistance Program

			have health insurance	coverag	je [If this bo	x is checked, sl	kip to ¶
	IV b]. i.	Му с	overage includes			•	ug, 🗌
	ii.		portion of the cost of the				or
			gh my employment is				, .
			cost of the insurance pa				ne
		perio	-	•			
	iii. The person(s) covered by my insurance is/are:						
	iv. My policy number is:						
	V.		rage does does				
		additi	onal cost to me to inclu	ude my (child(ren) w	ould be [specify	/ cost
			ach type of benefit; if be	enefit ur	navailable, s	so indicate]:	
			Medical:	\$	per		
			Dental:	\$	per	•	
			Optical:	\$	per		
			Prescription Drugs:	\$ \$ \$	per		
		5.	Other:	\$	per	•	
		Tl	Specify:				·
	VI.		name and address of m	iy prima	ry (and sec	condary) nealth	insurer
	viii	is/are	:. rimary (and secondary)	\ hoalth	nlan admini	ietrator ie/aro: (i	ndicato
	VII.		e, address and telephor		•	,	Tiulcale
			oyer or organization):	ie nam	ber or come	act person for	
	viii		e are \square medical, \square de	ental 🗀	nrescriptio	n drug 🗀 optic	ral
	VIII.		her health care benefit				
			able to the child(ren) th				
			ction [indicate name ar	_		е .ее с ре	
			e benefit costs are as f				
b.	My ch	nild ca	re provider is:	The ave	rage numbe	er of hours of ch	nild
			ed per week are		_		
C.	. My child's educational needs and expenses are:						
d.	I have	e the f	ollowing life and accide	ent insur	ance policie	es:	
	i.		<u>nsurance</u>				
			e of Insurer:				
			ficiary/Beneficiaries:				
		Policy	Value: \$				
		Name	e of Insurer:				

Beneficiary/Beneficiaries:

Policy Value: \$

ii. Accident Insurance

Name of Insurer: Policy Value: \$

Name of Insurer: Policy Value: \$

This information is current as of

- V. VARIANCE FROM THE PERCENTAGES The Family Court Act allows the Court to order support different from the percentages if the Court finds that the support based upon the percentages would be unjust or inappropriate due to certain factors. The factors are set forth in Addendum D. The following is/are the factor(s) that the Court should consider in this case:
- VI. **EXPENSES** In ordering support by the percentages the Court is not obligated to consider expenses. However, if the Court varies from the percentages, expenses may be considered. List your expenses as follows: [List all expenses on a weekly or monthly basis; however, you must be consistent: if any items are paid monthly, divide by 4 to obtain the weekly payment; if any items are paid weekly, multiply by 4 to obtain the monthly payment).

I am listing my expenses on a **-SELECT ONE-** basis:

	g, expenses en a ====			
a.	Rent or mortgage payment		\$	
b.	. Mortgage interest and amortization \$			
c.	Realty taxes (if not included in n	nortgage payment)	\$	
d.	Insurance on realty		\$	
e.	Utilities:		\$	
	(Gas \$ Electric/Water \$	Telephone \$	Cable \$)
f.	Garbage collection	•	\$	•
g.	Household repairs		\$	
	(specify:)			
h.	Food		\$	
i.	Charge accounts, loans, etc			
	i. Account:			
	Current Balance		\$	
	ii. Account:			
	Current Balance		\$	
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	iii. Account:		
	Current Balance	\$	
j.	Auto expenses:	\$	
	(Gas \$ Maintenance \$ Insurance & fees \$	Loan_\$)
k.	Public transportation	\$	
l.	Life insurance	\$	
m.	Health insurance	\$	
n.	Clothing	\$	
	(self \$ others \$ (explain:))		
0.	Laundry and dry cleaning	\$	
p.	Education and tuition	\$	
	(explain:)		
q.	Child care	\$	
r.	Contributions	\$	
s.	Union dues Mandatory	\$	
t.	Entertainment	\$	
u.	Miscellaneous personal expenses	\$	
	(specify:)		
٧.	Other	\$	
	(specify:)		

VII. **LIABILITIES, LOANS AND DEBTS** In ordering support by the percentages the Court is not obligated to consider liabilities, loans, and debts. However, if the Court varies from the percentages, they may be considered. List your liabilities, loans and debts as follows:

a. Creditor:

Purpose:

Date Incurred:

Total Balance Due: \$

b. Creditor:

Purpose:

Date Incurred:

Total Balance Due: \$

c. Creditor:

Purpose:

Date Incurred:

Total Balance Due: \$

d. Creditor:

Purpose:

Date Incurred:

Total Balance Due: \$

Date Incurred: Total Balance Due: \$	
NOTE : ATTACH TO THIS FORM IN DEBTS.	NFORMATION REGARDING ANY ADDITIONAL
	-SELECT ONE-
	Print or Type Name
	Signature of Attorney, if any
	Attorney's Name (Print or Type)
	Attorney's Address and Telephone Number
I have carefully read the foregoing s	statement and attest to its truth and accuracy.
	-SELECT ONE-
Sworn to before me this day of,	
(Deputy)Clerk of the Court Notary Public	-

e. Creditor: Purpose: