

STATE OF NEW YORK :
FAMILY COURT: COUNTY OF ERIE

In the Matter of a Proceeding for Support

PLAINTIFF'S NAME,

S.S.#

Petitioner,

VS.

DEFENDANT'S NAME,

S.S.#

Respondent.

FINANCIAL DISCLOSURE
AFFIDAVIT

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:

- 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. Self-Employment Income (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. Income from other sources: (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: \$

I do not have health insurance coverage [If this box is checked, skip to ¶ IV b].

- i. My coverage includes medical dental, prescription drug, optical, other health care services or benefits [specify]:
 - ii. The portion of the cost of the insurance paid by my employer or through my employment is \$ _____ per [specify time period]:
The cost of the insurance paid by me is \$ _____ per [specify time period]: _____.
 - iii. The person(s) covered by my insurance is/are:
 - iv. My policy number is:
 - v. Coverage does does not presently include my child(ren). The additional cost to me to include my child(ren) would be [specify cost for each type of benefit; if benefit unavailable, so indicate]:
 - 1. Medical: \$ _____ per _____.
 - 2. Dental: \$ _____ per _____.
 - 3. Optical: \$ _____ per _____.
 - 4. Prescription Drugs: \$ _____ per _____.
 - 5. Other: \$ _____ per _____.Specify: _____
 - vi. The name and address of my primary (and secondary) health insurer is/are:
 - vii. My primary (and secondary) health plan administrator is/are: (indicate name, address and telephone number of contact person for employer or organization):
 - viii. There are medical, dental, prescription drug, optical, other health care benefits [specify]: _____ insurance benefits available to the child(ren) through an individual who is not a party to the action [indicate name and relationship]:
These benefit costs are as follows:
- b. My child care provider is: _____. The average number of hours of child care incurred per week are _____.
 - c. My child's educational needs and expenses are: _____.
 - d. I have the following life and accident insurance policies:
 - i. Life Insurance
Name of Insurer:
Beneficiary/Beneficiaries:
Policy Value: \$ _____

Name 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:

- a. Rent or mortgage payment \$
- b. Mortgage interest and amortization \$
- c. Realty taxes (if not included in mortgage 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 \$

- 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:))
- o. 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:)
- v. 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: \$

e. Creditor:
Purpose:
Date Incurred:
Total Balance Due: \$

NOTE: ATTACH TO THIS FORM INFORMATION REGARDING ANY ADDITIONAL DEBTS.

-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 statement and attest to its truth and accuracy.

-SELECT ONE-

Sworn to before me this
day of _____, _____ .

(Deputy)Clerk of the Court
Notary Public