

Financial Disclosure Affidavit (Short Form)

Notice to Parties in a Support Proceeding

You are required to bring this form to Court. Fill it out before you come in on the next court date.

In addition to this form, you must bring with you a copy of:

- Your two (2) most recent pay stubs
- Your most recent Federal and state tax returns,
- Your W-2s and/or 1099 statements
- All documents which prove the amount of other income and/or debt and loans
- Proof of health insurance coverage and cost
- Proof of public assistance

State of New York File #: _____

Docket #: _____

County of _____ Court Date, Time, and Part: _____

I, _____ (print name), being duly sworn, depose and say that the

following is an accurate statement of my income, my assets, my expenses, and my liabilities:

Income Are you self-employed? Yes No

Employer: _____ Hours worked per week _____

Address: _____

Gross income (all jobs): \$ _____ per _____ Take-home income (all jobs): \$ _____ per _____

Other income (Public Assistance, SNAP, Rent, Tips, Unemployment Insurance benefits, Workers' Compensation, Social Security Disability (SSD), Supplemental Security Income (SSI), Pensions and Retirement Benefits, Fellowships/Stipends/Annuities, Investment Income, etc)

Amount	Source
\$ _____ per _____	_____
\$ _____ per _____	_____
\$ _____ per _____	_____

How many people are in your household? Me + _____ others

Income from other household members: \$ _____ per _____

Are you paying additional child support orders? Yes No. If yes, attach copies of all support orders.

How much? \$ _____ To whom? _____

Health Insurance Coverage You must bring in proof of your insurance coverage and the cost. If you have health insurance available through employment, but have not signed up for it, you still must bring proof of the coverage and cost.

My insurance coverage is through my job privately purchased Medicaid Medicare
 I don't have health insurance coverage

My coverage includes Medical Dental Vision Prescription

Insurance Plan Name: _____ Policy #: _____

The cost of my health insurance is

\$ _____ per _____ for a Family Plan.

\$ _____ per _____ for an Individual Plan.

The child(ren)'s health insurance is covered by: my plan the other parent's plan Child Health Plus

Medicaid Other: _____

Child Care (Provide receipts)

My child care provider is _____
The average number of hours per week that I need child care is _____. The cost is \$ _____ per _____

Assets (Include additional page of other assets, if needed)

Savings Account:	Bank name: _____	Balance: \$ _____
Checking Account:	Bank name: _____	Balance: \$ _____
Automobile:	Year: _____ Make: _____ Model: _____	Value: \$ _____
House/Apt Owned:	Address: _____ Market value: \$ _____	Mortgage: \$ _____
Other assets: (other real estate, car, boat, snowmobile, stocks, bonds, trailer, etc.)	Details: _____ Details: _____	Value: \$ _____ Value: \$ _____

Expenses The following are my monthly expenses

Rent or mortgage:	\$ _____	Health insurance:	\$ _____
Utilities	\$ _____	Other insurance	\$ _____
Phone/TV/internet:	\$ _____	Auto:	\$ _____
Electric:	\$ _____	Home/Fire:	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
Child care:	\$ _____	Transportation	\$ _____
School tuition and expenses:	\$ _____	Auto payment:	\$ _____
Food:	\$ _____	Gasoline:	\$ _____
Clothing:	\$ _____	Public transportation:	\$ _____
Medical/Dental/Prescription:	\$ _____	Other: _____	\$ _____
Contributions	\$ _____		\$ _____

Loans and Debt (Include additional page of other loans and debt, if needed)

Owed to: _____ For: _____
Balance: \$ _____ Payment: \$ _____ monthly weekly

Owed to: _____ For: _____
Balance: \$ _____ Payment: \$ _____ monthly weekly

I swear that the above information is true and correct as of (date) _____.

Signature

Sworn to before me on _____

Notary Public / (Deputy) Clerk of the Court