

### Financial Disclosure Affirmation (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 #: \_\_\_\_\_

County of \_\_\_\_\_

Docket #: \_\_\_\_\_

Court Date, Time, and Part: \_\_\_\_\_

I, \_\_\_\_\_, the (Petitioner) (Respondent) herein, residing at \_\_\_\_\_, being duly affirmed, depose, and say 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:

**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 (Food Stamps), 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? \_\_\_\_\_

**Child Care** (Provide receipts)

My childcare provider is \_\_\_\_\_

The average number of hours per week that I need childcare is \_\_\_\_\_.

The cost is \$\_\_\_\_\_ per \_\_\_\_\_

<sup>1</sup> Unless ordered confidential, pursuant to Family Court Act §154-b, because of a risk that disclosure would place the health, safety or liberty of the party at risk. See Form GF-21 and GF-21a, available at [www.nycourts.gov](http://www.nycourts.gov).

**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  None  through my job  privately purchased  Medicaid  Medicare.

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: \_\_\_\_\_

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

Savings Account: Bank name: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Checking Account: Bank name: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Automobile: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Model: \_\_\_\_\_

House/Apt Owned: Address: \_\_\_\_\_

Other assets: (other real estate, car, boat, snowmobile, stocks, bonds, IRA's etc.) Market value: \$ \_\_\_\_\_ Mortgage: \$ \_\_\_\_\_

Details: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Details: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**Expenses** The following are my monthly expenses

Rent or mortgage: \$ \_\_\_\_\_ Health insurance: \$ \_\_\_\_\_

Utilities Gas: \$ \_\_\_\_\_ Other Insurance Life: \$ \_\_\_\_\_

Phone/TV/internet: \$ \_\_\_\_\_ Auto: \$ \_\_\_\_\_

Electric: \$ \_\_\_\_\_ Home/Fire: \$ \_\_\_\_\_

Other: \_\_\_\_\_ Other: \_\_\_\_\_ \$ \_\_\_\_\_

Childcare: \$ \_\_\_\_\_ Transportation

School tuition and expenses: \$ \_\_\_\_\_ Auto payment: \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_ Gasoline: \$ \_\_\_\_\_

Clothing: \$ \_\_\_\_\_ Public transportation: \$ \_\_\_\_\_

Medical/Dental/Prescription: \$ \_\_\_\_\_ Other: \_\_\_\_\_ \$ \_\_\_\_\_

Contributions \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

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

Owed to: \_\_\_\_\_ For: \_\_\_\_\_

Balance: \$ \_\_\_\_\_ Payment: \$ \_\_\_\_\_  monthly  weekly

I affirm that the above information is true and correct as of (date) \_\_\_\_\_.

I affirm this \_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the above statements are true, and I understand that this document may be filed in an action or proceeding in a court of law.

\_\_\_\_\_  
Signature