

YOU MUST PROVIDE THE COURT WITH PROOF OF YOUR INCOME AND ASSETS ON THIS FORM PRIOR TO YOUR COURT APPEARANCE.

Family Court of the State of New York
County of Chemung
In the Matter of a Proceeding for Support
Under Article 4 of the Family Court Act

Docket No. _____

Petitioner

-against-

Financial Disclosure Affidavit

Respondent

State of New York)
)
County of Chemung)

I AM THE (PETITIONER) (RESPONDENT) IN THIS MATTER AND THE FOLLOWING IS A STATEMENT OF MY INCOME AND EXPENSES, ASSETS AND LIABILITIES:

I. PERSONAL INFORMATION:

a) NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ TELEPHONE NO.: _____

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

GROUP HEALTH INSURANCE IS MADE AVAILABLE TO ME BY MY EMPLOYER?
YES _____ NO _____

b) CHILDREN WHO RESIDE IN MY HOUSEHOLD:

Name: _____ Age: _____ Relationship to Me: _____

c) ADULTS WHO RESIDE IN MY HOUSEHOLD:

Name: _____ Age: _____ Relationship to Me: _____

d) I AM NOW DIRECTED BY COURT ORDER TO PAY SUPPORT FOR A CHILD OR CHILDREN NOT THE SUBJECT OF THIS PETITION?
YES _____ NO _____

II. INCOME:

a) WEEKLY GROSS SALARY OR WAGES: \$ _____
 HOURS WORKED PER WEEK: _____
 NUMBER OF TAX DEPENDENTS CLAIMED: _____

b) WEEKLY DEDUCTIONS:

Social Security \$ _____
 Medicare Tax \$ _____
 New York Disability \$ _____
 Federal Tax \$ _____

c) INCOME FROM OTHER SOURCES: (Specify, for example, part-time jobs, tips, rents, bonuses, pensions, dividends, unemployment insurance benefits, disability benefits, public assistance, etc.)

		How Paid? (check one)	
_____	\$ _____	Per Week _____	Per Month _____
_____	\$ _____	Per Week _____	Per Month _____
_____	\$ _____	Per Week _____	Per Month _____
_____	\$ _____	Per Week _____	Per Month _____

d) TOTAL GROSS INCOME LAST YEAR: \$ _____

III. EXPENSES:

	Per Month
RENT / MORTGAGE.....	\$ _____
REAL ESTATE TAXES (Not included in mortgage payment).....	\$ _____
UTILITIES:	
Gas/Electric.....	\$ _____
Oil.....	\$ _____
Water.....	\$ _____
Other (specify).....	\$ _____
FOOD.....	\$ _____
CLOTHING.....	\$ _____
AUTOMOBILE:	
Insurance.....	\$ _____
Gas/Oil.....	\$ _____
Repairs/Maintenance.....	\$ _____
MEDICAL:	
Doctors/Hospitals.....	\$ _____
Dentists.....	\$ _____
Medication/Prescriptions.....	\$ _____
Other (specify).....	\$ _____
INSURANCE:	
Life.....	\$ _____
Medical.....	\$ _____
Home/Fire.....	\$ _____
CHILD CARE.....	\$ _____
RECREATION/ENTERTAINMENT.....	\$ _____
OTHER MONTHLY EXPENSES (Specify):	
_____	\$ _____
_____	\$ _____

(attach additional page if necessary)

IV. LIABILITIES: Mortgages, Loans & Debts

Payment Per Month

- a. Owed to: _____ \$ _____
 Purpose: _____
 Date Incurred: _____ Current Balance: \$ _____
 By (check one): Husband _____ Wife _____ Joint _____
 Are you making the Payments? _____
 Are the payments current? _____
- b. Owed to: _____ \$ _____
 Purpose: _____
 Date Incurred: _____ Current Balance: \$ _____
 By (check one): Husband _____ Wife _____ Joint _____
 Are you making the Payments? _____
 Are the payments current? _____
- c. Owed to: _____ \$ _____
 Purpose: _____
 Date Incurred: _____ Current Balance: \$ _____
 By (check one): Husband _____ Wife _____ Joint _____
 Are you making the Payments? _____
 Are the payments current? _____
- d. Owed to: _____ \$ _____
 Purpose: _____
 Date Incurred: _____ Current Balance: \$ _____
 By (check one): Husband _____ Wife _____ Joint _____
 Are you making the Payments? _____
 Are the payments current? _____

(ATTACH ADDITIONAL PAGE IF NECESSARY)

V. ASSETS:

- a. Real Estate -- marital home:
 Address: _____
 Market Value: \$ _____
 Mortgage Owed: \$ _____
 How Owned (check one): Husband _____ Wife _____ Joint _____

- b. Other real estate owned by you individually or jointly with another:
 Address: _____
 Market Value: \$ _____
 Mortgage Owed: \$ _____

- c. Cash on hand: \$ _____

Savings Accounts: Bank Balance
 _____ \$ _____
 _____ \$ _____

Checking Accounts:
 _____ \$ _____
 _____ \$ _____

Stocks & Bonds: Value
 description: _____ \$ _____
 description: _____ \$ _____
 description: _____ \$ _____

If any of the above accounts or stocks & bonds are jointly owned with another, specify ownership:

d. Automobiles: Year Make Value
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

If any of the above automobiles are jointly owned with another, specify ownership:

e. Other property
(recreational vehicles, boats, etc.):

<u>Item</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

If any of the above property is jointly owned with another, specify ownership:

VI. DRIVER'S LICENSE:

My Driver's License ID number is: _____ State: _____

THE FOREGOING STATEMENT HAS BEEN CAREFULLY READ BY ME AND I STATE IT IS TRUE AND ACCURATE.

Signature (Petitioner/Respondent)

Sworn to before me this _____ day of _____, _____

Notary Public

YOU ARE ALSO REQUIRED TO ATTACH A CURRENT AND REPRESENTATIVE PAYCHECK STUB AND MOST RECENTLY FILED STATE AND FEDERAL INCOME TAX RETURNS TO THIS FORM.

YOU MAY BE REQUIRED TO FURNISH PAST AND PRESENT INCOME TAX RETURNS; EMPLOYER STATEMENTS; PAY STUBS; CORPORATE AND BUSINESS TAX RETURNS; AND RECEIPTS FOR EXPENSES OR SUCH OTHER MEASURES OF VERIFICATION IF THE COURT DETERMINES APPROPRIATE.