

Docket #: _____

File #: _____

Income and Expenses Statement

This form is used to give the court information about your current financial situation.

- **FAILURE TO SUBMIT FINANCIAL DISCLOSURE AS REQUIRED BELOW MAY RESULT IN AN ORDER FOR CHILD SUPPORT THAT DOES NOT REFLECT YOUR PROPER STATUTORY OBLIGATION.**
- **It is your responsibility to redact any confidential information.**
- **It is your responsibility to provide a copy of this form to the opposing party upon request.**

YOU MUST SUBMIT THE FOLLOWING:

- This form
- Copy of your two (2) most recent pay stubs
- Copy of your most recent tax returns, federal and state or IRS letter that shows that you do not have to file taxes
- Copy of your W-2s and/or 1099 statements
- Bring all documents to prove the amount of other income and/or debt and loans
- Proof of health insurance – Card & Cost figures
- Proof of public assistance

Name: _____ Date of Birth: _____
 Address: _____ Phone: _____ Email: _____

<u>Child's Name</u>	<u>Child's Date of Birth</u>	<u>Child Lives With</u>

Are you paying additional child support orders? Yes No
 If Yes, How much? \$ _____ To whom? _____

Income: Are you self-employed? Yes No
 Employer: _____ Hours worked per week: _____
 Address: _____

Gross weekly salary or wage: \$ _____
 Income from other sources:
 (public assistance, rent, part-time job, tips, dividends, etc.) \$ _____
 Income from other household members: \$ _____

Health Insurance Coverage

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

My coverage includes Medical Dental Vision Prescription All
 Insurance Plan Name: _____ Policy #: _____

I pay/contribute \$ _____ weekly every two weeks monthly
 for a Family Plan.
 for an Individual Plan. A Family Plan would cost \$ _____ weekly every two weeks monthly

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

Assets

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

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

Expenses: The following expenses are monthly weekly.

Rent or mortgage:	\$ _____	Health insurance:	\$ _____
Utilities		Other insurance	
	Gas: \$ _____		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: _____	\$ _____

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

Loans and Debt: Only list the loans and debts you are paying.

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

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

I affirm this ___ day of _____, 20____, 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