

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

File #: _____
Docket #: _____
Court Date, Time, and Part: _____

I, _____, the (Petitioner) (Respondent) herein, residing at _____,¹ 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 _____)

¹ 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.

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: _____ Value: \$ _____
Model: _____

House/Apt Owned: Address: _____
Market value: \$ _____ Mortgage: \$ _____

Other assets: Details: _____ Value: \$ _____
(other real estate, car, boat, snowmobile, stocks, bonds, IRA's etc.)

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: _____ \$ _____

Child care: \$ _____ Transportation

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

Gasoline: \$ _____

Food: \$ _____ Public transportation: \$ _____

Clothing: \$ _____

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

Owed to: _____ For: _____

Balance: \$_____ Payment: \$_____ monthly weekly

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

I affirm this ___ day 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