

IN THE CIRCUIT COURT OF _____ COUNTY, ARKANSAS
_____ DIVISION

STATE OF ARKANSAS }
COUNTY OF _____ } ss

AFFIDAVIT OF FINANCIAL MEANS
Revised 02-02

PLAINTIFF
Vs. Case No. _____

DEFENDANT

BOTH PARTIES MUST COMPLETE AND EXCHANGE THIS AFFIDAVIT PRIOR TO ANY HEARING. BOTH PARTIES MUST SUPPLY THE ORIGINAL NOTARIZED AFFIDAVIT TO THE COURT. THE COURT WILL PUNISH PERJURY BY APPROPRIATE ACTION.

The affiant, being duly sworn, says under penalty of perjury that affiant is the [Plaintiff/Defendant/Party] (circle one) to this support action herein, has prepared this financial statement, knows the contents thereof, and that it is true and correct.

Attach additional pages as needed.

INCOME
Complete Item 29.

1. My weekly take-home pay [from Item 29(i)] is \$_____.
2. I claim _____ dependents for the purpose of determining my State of Arkansas withholding. I claim _____ dependents for the purpose of determining my federal withholding. I [did/did not] (circle one) claim myself as a dependent. I [do/do not] (circle one) have an additional amount withheld from my payroll checks for tax purposes and, if so, that amount is \$_____ per [week/pay period] (circle one) and itemized below. All other deductions taken from my payroll check before I receive it total \$_____ [from Item 29(j)(8)].
3. I receive total payments, periodic, or otherwise, from the following sources: _____ in the following amount(s) of \$_____.
4. I have cash on hand in the amount of \$_____ from the following sources: _____
5. I have on deposit in banks and savings institutions the amount of \$_____ from the following source(s): _____.
6. I have stocks and bonds in the amount of \$_____ and their source was _____.

CREDITORS

Complete Items 30, 31 and 32.

7. Debts in the name of plaintiff only: ALL CREDITORS LISTED UNDER ITEM 30:

(a) TOTAL UNPAID BALANCES: \$ _____
(b) TOTAL MONTHLY PAYMENTS: _____

8. Debts in the name of defendant only: ALL CREDITORS LISTED UNDER ITEM 31:

(a) TOTAL UNPAID BALANCES: \$ _____
(b) TOTAL MONTHLY PAYMENTS: _____

9. Debts in our JOINT NAMES are: ALL CREDITORS LISTED UNDER ITEM 32:

(a) TOTAL UNPAID BALANCES: \$ _____
(b) TOTAL MONTHLY PAYMENTS: _____

AVERAGE MONTHLY EXPENSES

10. My present average monthly expenses to support myself and _____ children are:

HOUSEHOLD

Mortgage or rent payments \$ _____
Property taxes and insurance \$ _____
Electricity \$ _____
Water, garbage & sewer \$ _____
Telephone (including cell) \$ _____
Fuel, oil or natural gas \$ _____
Repairs & Maintenance \$ _____
Lawn (and pool) care \$ _____
Pest Control \$ _____
Housewares \$ _____
Food & Grocery items \$ _____
Meals outside home \$ _____
Other \$ _____

INSURANCES

Health \$ _____
Life \$ _____
Other Insurance \$ _____

OTHER EXPENSES NOT LISTED

Household help \$ _____
Dry Cleaning \$ _____
My Clothing \$ _____
My Hair Care \$ _____
My Cosmetics \$ _____
Newspaper, etc \$ _____

AUTOMOBILE EXPENSE

Car/lease payment \$ _____
Gasoline and Oil \$ _____
Repairs \$ _____
Auto Tag and Title \$ _____
Insurance \$ _____

PETS

Food \$ _____
Grooming \$ _____
Veterinarian \$ _____

PERSONAL

Other _____ \$ _____
_____ \$ _____

Membership dues \$ _____
Professional dues \$ _____
Social Dues \$ _____
Entertainment \$ _____
Vacations \$ _____
Publications \$ _____
Church/Charity \$ _____
Miscellaneous \$ _____
Other \$ _____

CHILDREN'S EXPENSES

Nursery or babysitting \$ _____
School tuition \$ _____
School supplies \$ _____
Lunch money \$ _____
Allowance \$ _____
Clothing \$ _____
Medical, Dental, Drugs \$ _____
Vitamins \$ _____
Barber/Beauty parlor \$ _____
Cosmetics/Toiletries \$ _____
Gifts for Holidays/Birthdays \$ _____
Other _____ \$ _____
_____ \$ _____
_____ \$ _____

MEDICAL EXPENSES

Physician \$ _____
Dental \$ _____
Medicines \$ _____
Hospital \$ _____
Glasses \$ _____
Other _____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____

Place a check mark next to those not being paid currently.

GENERAL INFORMATION

- 11. My full name is _____.
- 12. My social security number is _____.
My military I.D. number is _____.
- 13. My Arkansas driver's license number is _____.
- 14. My date of birth is _____.
My place of birth is _____.
- 15. My father's full name is _____.
My mother's full name is _____.
[They/He/She] reside(s) at _____.
My [father and/or mother] [is/are] deceased.
- 16. My present resident address is _____.
- 17a The full names, birth dates and social security numbers of children born (or legally adopted) of this marriage are:

	<u>Name</u>	<u>Birth Date</u>	<u>Soc. Sec. Number</u>
(a)	_____	_____	_____
(b)	_____	_____	_____
(c)	_____	_____	_____
(d)	_____	_____	_____
(e)	_____	_____	_____
(f)	_____	_____	_____

17b The full names, birth dates and social security numbers of Children born out of wedlock to the parties are:

	<u>Name</u>	<u>Birth Date</u>	<u>Soc. Sec. Number</u>
(a)	_____	_____	_____
(b)	_____	_____	_____
(c)	_____	_____	_____

Paternity has _____ has not _____ been established for these children.

17c I also have the obligation to support the following additional children born to me and _____:

	<u>Name</u>	<u>Birth Date</u>	<u>Soc. Sec. Number</u>
(a)	_____	_____	_____
(b)	_____	_____	_____
(c)	_____	_____	_____

Please attach any court orders establishing paternity and establishing a child support obligation.

18. My employer is _____.

19. My employer's full address is _____.

20. My home telephone number is _____.
My work telephone number is _____.

INFORMATION ABOUT OPPOSING PARTY, IF KNOWN (DO NOT GUESS)

21. The opposing party's full name is _____.

22. The opposing party's social security number is _____.
The opposing party's military I.D. number is _____.

23. The opposing party's Arkansas driver's license number is _____.

24. (a) The opposing party's father's full name is _____.
(b) The opposing party's mother's full name is _____.
(c) [They/He/She] reside(s) at _____.
(d) Opposing party's [father and/or mother] [is/are] deceased.

25. The opposing party's present residence address is _____.

26. The opposing party's employer is _____.

27. The opposing party's employer's address is _____.

28. The opposing party's home telephone number is _____.
The opposing party's work telephone number is _____.

INCOME

29. How often are you paid and what are your gross wages, salary or commission due each time? (Check one)

- _____ Weekly (52 times a year)
- _____ Bi-Weekly (26 times a year)
- _____ Semi-Monthly (24 times a year)
- _____ Monthly (12 times a year)
- _____ Other (Explain)

PAYROLL DEDUCTIONS

- (a) GROSS WAGES \$ _____
- (b) Federal income tax withheld \$ _____
- (c) Arkansas income tax withheld \$ _____
- (d) FICA (social security) or railroad retirement \$ _____
- (e) Health insurance (children only) \$ _____
- (f) Court-ordered child support for dependents of previous marriage or previously legally determined adopted or illegitimate children \$ _____
- (g) TOTAL WITHHELD ((b) through (f) above) \$ _____
- (h) NET TAKE-HOME PAY PER PAY PERIOD (Subtract (g) from (a) above) \$ _____
- (i) CONVERT TO WEEKLY TAKE-HOME PAY AND CARRY TO ITEM 1 ABOVE \$ _____

Example: If (h) above is \$300.00 and is received bi-weekly, multiply \$300.00 by 26 (26x300=\$7,800), divide \$7,800 by 52 (\$150.00); carry \$150.00 to Item 1

- (j) OTHER ITEMS WITHHELD FROM MY CHECK ARE:
 - (1) Union dues \$ _____
 - (2) Credit union, thrift plans \$ _____
 - (3) Pension benefits, stock purchase plans _____
 - (4) Charitable contributions \$ _____
 - (5) Debt payments, garnishments \$ _____
 - (6) Life insurance payments \$ _____
 - (7) other (identify) \$ _____

Items (1) through (7) above are not allowed in computing take-home pay.

- (8) TOTAL WITHHELD (sum of items (1) through (7) above) \$ _____

If self-employed, attach copies of your past two years' state and federal income tax returns and a list of all disbursements made to you during the current calendar year.

CREDITORS AND DEBTS

30. Debts in the name of PLAINTIFF only are:

<u>Creditors</u>	<u>Total Unpaid Balance</u>	<u>Monthly Payment</u>
(a) _____	\$ _____	\$ _____
(b) _____	_____	_____
(c) _____	_____	_____
(d) _____	_____	_____
(e) _____	_____	_____
(f) TOTAL:	*\$ _____	**\$ _____
	*Carry forward to Item 7(a)	**Carry forward to Item 7(b)

31. Debts in the name of DEFENDANT only are:

<u>Creditors</u>	<u>Total Unpaid Balance</u>	<u>Monthly Payment</u>
(a) _____	\$ _____	\$ _____
(b) _____	_____	_____
(c) _____	_____	_____
(d) _____	_____	_____
(e) _____	_____	_____
(f) TOTAL:	*\$ _____	**\$ _____
	*Carry forward to Item 8(a)	**Carry forward to Item 8(b)

32. Debts in JOINT names:

<u>Creditors</u>	<u>Total Unpaid Balance</u>	<u>Monthly Payment</u>
(a) _____	\$ _____	\$ _____
(b) _____	_____	_____
(c) _____	_____	_____
(d) _____	_____	_____
(e) _____	_____	_____
(f) TOTAL:	*\$ _____	**\$ _____
	*Carry forward to Item 9(a)	**Carry forward to Item 9(b)

33. The weekly take-home pay of opposing party is \$_____.

34. All other income of the opposing party is \$_____.

