

Name of Person Filing: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Daytime Phone Number: _____
 Evening Phone Number: _____
 ATLAS Number (if applicable): _____
 Attorney Bar Number (if applicable): _____
 Representing: Self Petitioner Respondent
 (For Attorneys Only) State Bar Number: _____

SUPERIOR COURT OF ARIZONA MOHAVE COUNTY

(Name of Petitioner)

AND

(Name of Respondent)

Case No. _____

AFFIDAVIT OF FINANCIAL INFORMATION

Affidavit of : _____
(Name of Person Whose Information is on this Affidavit)

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

WARNING TO PARTIES: This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party, and to the judge.

I have read the following document and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me. I also understand that if I fail to provide the required information or give misinformation, the judge might order sanctions against me, including assessment of fees and expenses.

DATE: _____

Signature of Person Making Affidavit

INSTRUCTIONS

1. **Complete the entire Affidavit in black ink.** If there is not enough space provided on this form, use separate sheets of paper to complete the answers and attach them to the Affidavit. Number and label any attached answers to match those on the Affidavit form. Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.

2. You must provide the other party with copies of the following:
 - A. Proof of your year to date income from all sources, including your two most recent pay stubs.
 - B. Complete copies of your federal income tax return for the last three years with all schedules and attachments.
 - C. All W-2 and 1099 forms from all sources of income for the last three years.
 - D. If self-employed, a member of a partnership or a shareholder of a closely held corporation, complete copies of the business federal income tax returns for the last three years with all schedule and attachments.

YES NO I have provided the other party with copies of the documents described above. If no, explain your answer.

1. GENERAL INFORMATION:

- A. Name: _____ Date of Birth: _____
- B. Current Address: _____
- C. Date of Marriage: _____ Date of Divorce: _____
- D. Last date when you and the other party lived together: _____

E. Full name(s) of child(ren) common to the parties (in this case), dates of birth and Social Security Number(s) (last 4 digits only)::

| Name | Date of Birth | Last Four Digits of Social Security Number |
|-------|---------------|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

F. The name, date of birth, relationship to you and gross monthly income for each individual who lives in your household:

| Name | Date of Birth | Relationship to you | Income |
|-------|---------------|---------------------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

G. Any other person for whom you contribute support:

| Name | Age | Relationship to You | Reside With You (Y/N) | Court Order to Support (Y/N) |
|-------|-------|---------------------|-----------------------|------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

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H. Attorney's Fees paid in this matter \$ _____. Source of funds _____

2. EMPLOYMENT INFORMATION

A. Your job/occupation/profession/title: _____
Name and address of current employer: _____

Date current employment began: _____
How often are you paid: weekly every other week monthly
 other _____

B. If you are not working, why not? _____

C. Previous employer name and address: _____
Previous job/occupation/profession/title: _____
Date previous job began: _____
Date previous job ended: _____
Reason you left job: _____
Gross monthly pay at previous job: \$ _____

D. Total gross income from last three (3) years' tax returns.
Year _____ \$ _____ Year _____ \$ _____ Year _____ \$ _____

E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): \$ _____

3. YOUR EDUCATION/TRAINING: List name of school, length of time there, year of last attendance, and degree earned:

A. High School: _____
B. College: _____
C. Post-Graduate: _____
D. Occupational Training: _____

4. YOUR GROSS MONTHLY INCOME:

- List **all** income you receive from **any** source, whether private or governmental, taxable or not,
- List all income payable to you individually and all non-wage income payable jointly to you and your spouse.
- Use a monthly average for items that vary from month to month.
- Multiply weekly income by 4.33 to arrive at the monthly total. Multiply biweekly income by 2.165 to arrive at the monthly total.

A. Gross salary/wages per month \$ _____
(attach sealed copies of your two most recent pay stubs)
Rate of Pay \$ _____ per hour week month year

B. Expenses paid for by your employer:
1. Automobile provision of allowance \$ _____

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| | | |
|---------------|--|----------|
| 2. | Auto expenses, such as gas, repairs, insurance | \$ _____ |
| 3. | Lodging | \$ _____ |
| 4. | Other (Explain) _____ | \$ _____ |
| C. | Commissions/Bonuses | \$ _____ |
| D. | Tips | \$ _____ |
| E. | Self-employment income (see below) | \$ _____ |
| F. | Social Security benefits | \$ _____ |
| G. | Worker's compensation and/or disability income | \$ _____ |
| H. | Unemployment compensation | \$ _____ |
| I. | Gifts/prizes | \$ _____ |
| J. | Payments from prior spouse | \$ _____ |
| K. | Rental income (net after expenses) | \$ _____ |
| L. | Contributions to household living expense by others | \$ _____ |
| M. | Other (explain:) _____ | \$ _____ |
| | (include dividends, pensions, interest, trust income, annuities, or royalties) | |
| TOTAL: | | \$ _____ |

5. SELF-EMPLOYMENT INCOME (if applicable):

If you are self-employed, a member of a partnership, or a shareholder of a closely held corporation, provide the following information:

Name, address and telephone no. of business

Type of business entity

State and date of incorporation/formation

Nature of your interest

Nature of your business

Percent ownership

Number of shares of stock

Total issued and outstanding shares

Gross sales/revenue last 12 months

INSTRUCTIONS

Both parties must answer item 6 if either party asks for child support. These expenses include only those expenses for children who are common to the parties, which means one party is the birth/adoptive mother and the other is the birth/adoptive father of the children.

6. SCHEDULE OF ALL MONTHLY EXPENSES FOR CHILDREN:

- **DO NOT LIST** any expenses for the other party, or child(ren) who live(s) with the other party, **unless** you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HEALTH INSURANCE:

1. Total monthly cost \$ _____
2. Premium cost to insure you alone \$ _____
3. Premium cost to insure child(ren) common to the parties \$ _____
4. List all people covered by your dependent coverage:

5. Name of insurance company and policy/group number:

B. DENTAL/VISION INSURANCE:

1. Total monthly cost \$ _____
2. Premium cost to insure you alone \$ _____
3. Premium cost to insure child(ren) common to the parties \$ _____
4. List all people covered by your insurance coverage:

5. Name of insurance company and policy/group number:

C. UNREIMBURSED MEDICAL AND DENTAL EXPENSES:

- (cost to you after, or in addition to, any insurance reimbursement)
1. Drugs and medical supplies \$ _____
 2. Other \$ _____
- TOTAL:** \$ _____

D. CHILD CARE COSTS:

1. Total monthly child care costs (do not include amounts paid by D.E.S.) \$ _____
2. Name(s) of child(ren) cared for and amount per child:

_____ \$ _____
_____ \$ _____
_____ \$ _____
3. Name(s) and address(es) of child care provider(s):

- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HOUSING EXPENSES:

1. House payment:
 - a. First Mortgage \$ _____
 - b. Second Mortgage \$ _____
 - c. Homeowners association fee \$ _____
 - d. Rent \$ _____
2. Repair & upkeep \$ _____
3. Yard work/pool/pest control \$ _____
4. Insurance & taxes not included in house payment \$ _____
5. Other (explain) _____ \$ _____

TOTAL: \$ _____

B. UTILITIES:

1. Water, sewer and garbage \$ _____
2. Electricity \$ _____
3. Gas \$ _____
4. Telephone \$ _____
5. Mobile phone/pager \$ _____
6. Internet provider \$ _____
7. Cable/satellite television \$ _____
8. Other (explain:) _____ \$ _____

TOTAL: \$ _____

C. FOOD:

1. Food, milk and household supplies \$ _____
2. School lunches \$ _____
3. Meals outside home \$ _____

TOTAL: \$ _____

D. CLOTHING:

1. Clothing for you \$ _____
2. Uniforms or special work clothes \$ _____
3. Clothing for children living with you \$ _____
4. Laundry and dry-cleaning \$ _____

TOTAL: \$ _____

E. TRANSPORTATION OR AUTOMOBILE EXPENSES:

1. Car insurance \$ _____
2. List all cars and individuals covered:

3. Car payment, if any \$ _____

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- 4. Car repair and maintenance \$ _____
- 5. Gas and oil \$ _____
- 6. Bus fare/parking fees \$ _____
- 7. Other (explain): _____ \$ _____

TOTAL: \$ _____

F. MISCELLANEOUS:

- 1. School tuition \$ _____
- 2. School supplies \$ _____
- 3. School activities or fees \$ _____
- 4. Extracurricular activities of child(ren) \$ _____
- 5. Church/contributions \$ _____
- 6. Newspapers, magazines and books \$ _____
- 7. Barber and beauty shop \$ _____
- 8. Life insurance (beneficiary: _____) \$ _____
- 9. Disability insurance \$ _____
- 10. Recreation/entertainment \$ _____
- 11. Child(ren)'s allowance(s) \$ _____
- 12. Union/professional dues \$ _____
- 13. Voluntary retirement contributions & savings deductions \$ _____
- 14. Family gifts \$ _____
- 15. Pet expenses \$ _____
- 16. Cigarettes \$ _____
- 17. Alcohol \$ _____
- 18. Other (explain): _____ \$ _____

TOTAL: \$ _____

G OTHER DEBTS: List all debts and installment payments you currently owe that are not listed above. Follow the format below. Use additional paper if necessary.

| Creditor Name | Purpose of Debt | Unpaid Balance | Min. Monthly Payment | Date of Your Last Payment | Amount of Last Monthly Payment |
|---------------|-----------------|----------------|----------------------|---------------------------|--------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

TOTAL OF LAST MONTHLY PAYMENTS: _____

8. TOTAL OF ALL MONTHLY EXPENSES FROM ITEMS 6 & 7 ABOVE \$ _____