

PENOBSCOT NATION JUDICIAL SYSTEM

____ Plaintiff

TRIBAL COURT

Location: Indian Island

v.

Docket No: _____

____ Defendant

____ Other Party (if any)

CHILD SUPPORT AFFIDAVIT

19-A M.R.S. § 2004(1)(A)

Name _____ Date of birth (mm/dd/yyyy) _____
(Parent filling out this affidavit)

SS Number Disclosure required on separate form

Address _____
(street) (town or city) (state) (zip)

1. Gross income from wages, salary, and/or self-employment

Current employment information

Employer Name: _____ ☐ Self-employed

Address: _____

► ☐ **Required: I have attached copies of my most recent W-2 form and two (2) pay stubs, or tax return or 1099 form if self-employed.**

A. How much did you earn **last year**? \$ _____

B. How much do you currently earn?

Salary and wages (gross pay) \$ _____ every ☐ week ☐ biweekly ☐ month ☐ other _____

OR

Hourly wage \$ _____ and number of hours worked per ☐ week ☐ biweekly ☐ month
☐ other _____

(1B) \$ _____

Put here amount expected this year

2. Other Gross Income

Do NOT include TANF,SSI, general assistance or food stamps.

	<i>Expected this year</i>
Unemployment benefits	\$ _____
Workers' compensation	\$ _____
Social Security	\$ _____
Disability	\$ _____
Pension or annuity	\$ _____
Alimony	\$ _____
Rental or mortgage income	\$ _____
Bonuses	\$ _____
Commissions/Tips	\$ _____
Other _____	\$ _____

Total: (2) \$ _____

3. EMPLOYMENT FRINGE BENEFITS

Total value of employment benefits you expect to receive this year that reduce your living expenses (ca, housing, insurance, meals, etc.)

(3) \$ _____

4. TOTAL GROSS INCOME EXPECTED THIS YEAR

(Add 1B, 2, and 3) Put here and on line 3 of Child Support Worksheet

(4) \$ _____

5. YEARLY SUPPORT YOU PAY FOR OTHER CHILDREN

Child support you pay for children who are not involved in this case.

Name of child	To whom paid	Amount
---------------	--------------	--------

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(5) \$ _____

Put total here and on line 4b of Child Support Worksheet

6. WEEKLY HEALTH INSURANCE COST

► ☐ **Required:** I have attached a copy of my health insurance sheet.

a. Cost of health insurance for yourself only. \$ _____

b. Additional cost you pay for health insurance for the children in this case.

(6B) \$ _____

Put this amount on line 9 of Child Support Worksheet

7. WEEKLY CHILD CARE COSTS

► ☐ **Required:** I have attached a copy of documentation showing cost of child care.

Child care costs you pay so you can work or train to work

(7) \$ _____

Put this amount on line 10 of Child Support Worksheet

8. WEEKLY EXTRAORDINARY MEDICAL EXPENSES

Amount you actually pay for each child's permanent or recurring illness

Name of child	Reason for expense	Amount
---------------	--------------------	--------

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(8) \$ _____

Put this amount on line 10 of Child Support Worksheet

9. OTHER CHILDREN IN YOUR HOME

Other children living in your home who are not involved in this case and whom you are legally obligated to support.

Name of child	DOB (mm/dd/yyyy)	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. OTHER INFORMATION (check all that apply)

☐ Other benefits received on behalf of the child and amount (such as adoption subsidies)

☐ Other facts you think the court should know that may affect the amount of support ordered: _____

11. ASSETS AND DEBTS

Current value of your assets:

Real estate \$ _____ Cash/bank accounts \$ _____

Retirement plans/IRAS/401(k)s/pensions/annuities \$ _____

Other (such as business interest or life insurance) \$ _____

Current balance of your debts:

Mortgages \$ _____ Loans \$ _____ Credit Cards \$ _____ Other \$ _____

☐ This affidavit is complete with required attachments and include all of my income, assets, and debts.

☐ I swear under penalty of perjury that the above statements are true and correct. I understand that these statements are made for use as evidence in court and that I am subject to prosecution for perjury punishable by up to 1 year in jail and a fine of up to \$5,000.00 if I give false information to court.

Date: _____

► _____
Signature of ☐ plaintiff ☐ defendant ☐ other party

STATE OF MAINE

PENOBSCOT COUNTY

Personally appeared the above named, _____, and made oath that the foregoing statements are true under penalty of perjury.

Before me,

Date: _____

► _____
☐ Attorney at Law ☐ Notary Public ☐ Clerk