

Penobscot Indian Nation
Judicial System



12 Wabanaki Way
Indian Island, Maine
04468

PENOBSCOT NATION

Indian Island,ss

Docket No. _____

_____, Plaintiff

CHILD SUPPORT AFFIDAVIT

v.

_____, Defendant

Name _____ <i>(Parent filling out this Affidavit)</i>	Social Security No. On a separate form _____
Address _____ <i>(street)</i>	Date of Birth _____ <i>(town or city) (state) (zip)</i>

Name and address of present employer:

1. GROSS INCOME FROM WAGES, SALARY, AND SELF-EMPLOYMENT

Attach copies of most recent W-2 form and pay stub.

A. How much did you earn last year? \$ _____
B. How much do you expect to earn this year? (1B)\$ _____

2. OTHER GROSS INCOME

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

Expected this year.

Unemployment benefits	\$ _____
Workers' compensation	\$ _____
Social Security	\$ _____
Disability	\$ _____
Pension or annuity	\$ _____
Alimony	\$ _____
Rental or Mortgage income	\$ _____
Bonuses	\$ _____
Interest/Dividends	\$ _____
Commissions/Tips	\$ _____
Capital gains	\$ _____
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)

(4) \$ _____

Put here and on line 3 of Child Support Worksheet

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) \$ _____
_____	_____	_____	<i>Put total here and on line 4B of Child Support Worksheet</i>
_____	_____	_____	

6. WEEKLY HEALTH INSURANCE COST

Attach a copy of your health insurance premium sheet

- a. *Cost of health insurance for yourself only.* \$ _____
- b. *Additional cost you pay for health insurance for the children in this case.* (6B) \$ _____

7. WEEKLY CHILD CARE COSTS

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) \$ _____
_____	_____	_____	<i>Put total here and on line 11 of Child Support Worksheet</i>
_____	_____	_____	

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	Date of birth	Relationship to you
_____	_____	_____
_____	_____	_____

10. OTHER FACTS

Other facts you think the Judge should know that may affect the amount of child support ordered.

11. ASSETS AND DEBTS

Current value of your assets:

Real estate \$ _____ *Vehicles (including recreational vehicles)* \$ _____
Cash/Bank accts/CDs \$ _____ *Stocks/bonds* \$ _____
Retirement Plans/IRAs/401(k)s /pensions/annuities \$ _____
Other (such as a business interest or life insurance) \$ _____

Current balance of your debts:

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

On my oath, and the best of my knowledge and belief, this affidavit is complete and includes all of my income, assets, and debts.

Date: _____

Signature

Personally appeared _____ who made oath to the foregoing affidavit, before me:

Dated: _____

(Attorney) (Notary Public) (Deputy Clerk)