

**See Instructions (FAM101) for help in filling out this form.**

State of Minnesota

District Court

County of: \_\_\_\_\_

Court File Number: \_\_\_\_\_

Judicial District: \_\_\_\_\_

Case Type: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

AND

\_\_\_\_\_  
Respondent

\_\_\_\_\_  
Intervenor

**Financial Affidavit (FAM102)**

My name is \_\_\_\_\_.

The following information is true and correct:

1. **Marital Status.** I am currently:

- Married.                                       Separated.                                       Divorced.  
 Living with a companion.                       Single.

2. **Employment.** I am currently:

- Unemployed.  
 Employed. I have \_\_\_\_\_ (number) jobs.

- If more than 1 job, include information about the first job below. Then fill out the *Jobs Attachment* at the end of this *Financial Affidavit* with information about your other jobs.

**Job #1**

- a. Employer: \_\_\_\_\_
- b. Employer's Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_
- c. Occupation or type of work: \_\_\_\_\_
- d. I started working at this job on \_\_\_\_\_ (date).

e. I work \_\_\_\_\_ (number) hours per week at this job.

f. Gross pay (before taxes and deductions): I earn \$\_\_\_\_\_ per:

Hour.       Week.       Month.       Year.

Other: \_\_\_\_\_

This amount  does/ does not include overtime pay.

3. **Previous Employment.** Details about the jobs I had before my current job: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Other Income.** I have the following additional sources of income:

- List the amount received, how often received, and any other important information.

Commissions: \_\_\_\_\_

Annuity payments: \_\_\_\_\_

Military/Naval retirement: \_\_\_\_\_

Spousal maintenance received: \_\_\_\_\_

Self-employment: \_\_\_\_\_

Pension: \_\_\_\_\_

Unemployment benefits: \_\_\_\_\_

Workers' Compensation: \_\_\_\_\_

Disability payments: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. **Proof of my income** is attached to **Form 11.2** and supports this *Financial Affidavit*.

6. **Public Assistance or Supplemental Security Income (SSI) for myself and/or children.**

I receive the following for myself or for our joint children:

- No Public Assistance.
- No SSI.
- Public Assistance or SSI as follows:
  - SSI received for: \_\_\_\_\_
  - MSA (Minnesota Supplemental Security Aid)
  - GA (General Assistance)
  - SNAP (Supplemental Nutrition Assistance Program, also known as food stamps)
  - MFIP (Minnesota Family Investment Program), MFIP Diversional Work Program (DWP), or Work Participation Cash Benefit
  - MinnesotaCare or MA (Medical Assistance)
  - Child-care Assistance
  - Other: \_\_\_\_\_

**7. Public Assistance or Supplemental Security Income (SSI) for Other Party and/or Children.**

The other party receives the following for just the other party or for our joint children:

- Unknown.
- No Public Assistance.
- No SSI.
- Public Assistance or SSI as follows:
  - SSI received for: \_\_\_\_\_
  - MSA (Minnesota Supplemental Security Aid)
  - GA (General Assistance)
  - SNAP (Supplemental Nutrition Assistance Program, also known as food stamps)
  - MFIP (Minnesota Family Investment Program), MFIP Diversional Work Program (DWP), or Work Participation Cash Benefit
  - MinnesotaCare or MA (Medical Assistance)
  - Child-care Assistance
  - Other: \_\_\_\_\_

**8. Spousal Maintenance.** About spousal maintenance:

- a. Spousal maintenance does not apply to me. I do not receive spousal maintenance, and I have not been ordered to pay spousal maintenance to anyone.

- b. I am court-ordered to pay: \$ \_\_\_\_\_ per month in spousal maintenance to:
- the other party.
  - someone else (not to the other party in *this* case).
- If court-ordered to pay spousal maintenance, include a copy of the court order as proof.
- c. There is a court order saying I am to receive \$ \_\_\_\_\_ per month in spousal maintenance from:
- the other party.
  - someone else (not to the other party in *this* case).
- If you receive spousal maintenance, include the amount in #4 above (“Other Income”).

### **Children**

- A **joint child** is a child you have with the other party in this case.
- A **non-joint child** is a child you have with someone other than the other party in this case.

#### **9. Joint Children.**

The other party and I do not have any children together (there are no joint children).

**or**

The other party and I are the parents of \_\_\_\_\_ (number) **joint children** who are the subject of this court case.

#### **10. Non-Joint Children.**

I do not have any **non-joint children**.

**or**

I have \_\_\_\_\_ (total number) **non-joint children** who are still minors.

The number of my non-joint children who live in my home: \_\_\_\_\_

**Child Support** I am court-ordered to pay for my **non-joint children** who *do not* live in my home: \$ \_\_\_\_\_ per month. A copy of the court order is included as proof.

### **Medical Insurance (Health Care Coverage), Child Care, and Parenting Time**

- If you and the other party do not have joint children together, you may check the box below and skip #11, #12, and #13.

Check this box if the “Medical Insurance, Child Care, and Parenting Time” section does not apply because there are no joint children.

**11. Health Care Coverage Information** (check all that apply):

**I have health care coverage for the joint children in place.**

- This includes dental coverage.
- This does not include dental coverage.

The cost of monthly health care coverage for myself: \$\_\_\_\_\_ per month.

The cost of monthly health care coverage for the joint children: \$\_\_\_\_\_ per month.

**I have health care coverage for the joint children available.**

- This includes dental coverage.
- This does not include dental coverage.

The cost of monthly health care coverage for myself: \$\_\_\_\_\_ per month.

The cost of monthly health care coverage for the joint children: \$\_\_\_\_\_ per month.

**The other parent provides health care coverage for the joint children.**

- This includes dental coverage.
- This does not include dental coverage.
- I do not know if this includes dental coverage.

The cost of monthly health care coverage for the joint children: \$\_\_\_\_\_ per month, or  Unknown.

**To my knowledge, the joint children receive Medical Assistance/MinnesotaCare.**

**12. Child-care Information** (check one):

- There are child-care expenses for the joint children in the amount of \$\_\_\_\_\_ per month.
- There are no monthly child-care expenses for the joint children.
- I am unaware of any monthly child-care expenses for the joint children.

13. There is a court order for **parenting time** with the joint children (check Yes or No):

Yes     No

14. **Other Information.** I would like the court to know the following information about my financial situation:

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I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

County and state where signed:

Address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Jobs Attachment

Continued from #2 ("Current Employment") of the *Financial Affidavit* (FAM102).

**Job #** \_\_\_\_\_

- a. Employer: \_\_\_\_\_
- b. Employer's Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_
- c. Occupation or type of work: \_\_\_\_\_
- d. I started working at this job on \_\_\_\_\_ (date).
- e. I work \_\_\_\_\_ (number) hours per week at this job.
- f. Gross pay (before taxes and deductions): I earn \$ \_\_\_\_\_ per:  
 Hour.     Week.     Month.     Year.  
 Other: \_\_\_\_\_

This amount  does/ does not include overtime pay.

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**Job #** \_\_\_\_\_

- a. Employer: \_\_\_\_\_
- b. Employer's Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_
- c. Occupation or type of work: \_\_\_\_\_
- d. I started working at this job on \_\_\_\_\_ (date).
- e. I work \_\_\_\_\_ (number) hours per week at this job.
- f. Gross pay (before taxes and deductions): I earn \$ \_\_\_\_\_ per:  
 Hour.     Week.     Month.     Year.  
 Other: \_\_\_\_\_

This amount  does/ does not include overtime pay.