

State of Minnesota

District Court

| | |
|------------------|--------------------------|
| County of: _____ | Judicial District: _____ |
| | Court File Number: _____ |
| | Case Type: _____ |

In Re the Marriage of:

**Financial Affidavit for
Child Support**

Petitioner (first, middle, last)

and

Respondent (first, middle, last)

Intervenor

My name is _____ . I am the

Petitioner Respondent in this case, and I state the following information:

1. I am the parent of _____ joint children who are the subject of this court action.

2. My sources of income are:

| Monthly Income Received | Amount | Monthly Income Received | Amount |
|---------------------------------------|--------|---|--------|
| Salary and Wages (before deductions) | | Social Security Received (social security disability, retirement, survivors' benefit) | |
| Self-Employment | | Child's Derivative Social Security or Veteran's Benefits | |
| Unemployment Benefits | | Workers' Compensation | |
| Commissions | | Pension or Annuity Payments | |
| Spousal Maintenance Recieved | | Military and Naval Retirement | |
| | | Other source of income (list source below) | |
| | | | |
| Total monthly income received: | | | |

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

4. Number of non-joint children who live in my home: _____

5. Spousal Maintenance I am court ordered to pay: _____ per month
A copy of the court order is attached as proof.

6. Child support I am court ordered to pay for non-joint children
and who do not live in my home: _____ per month
A copy of the court order is attached as proof.

7. Health care coverage information (*check one or more that apply*)

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

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

8. 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.

9. There is a court order for parenting time with the joint children Yes No

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

Dated: _____

County and State where signed

Signature

Name:

Address:

City/State/Zip:

Telephone:

E-mail address: