



**Plaintiff/Petitioner 2 (if filing jointly)**

Education: (Check highest level achieved)

☐ Grade School    ☐ High School    ☐ Associate  
☐ Bachelor's    ☐ Post Graduate

Other Technical Certifications:

Active Member of the U.S. Military

☐ Yes    ☐ No

Education: (Check highest level achieved)

☐ Grade School    ☐ High School    ☐ Associate  
☐ Bachelor's    ☐ Post Graduate

Other Technical Certifications:

Active Member of the U.S. Military

☐ Yes    ☐ No

**SECTION II - INCOME**

	<u><b>Plaintiff/Petitioner 1</b></u>	<u><b>Plaintiff/Petitioner 2</b></u>
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Employment	_____	_____
Employer	_____	_____
Payroll address	_____	_____
Payroll city, state, zip	_____	_____
Scheduled paychecks per year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52

**A. YEARLY INCOME, OVERTIME, COMMISSIONS AND BONUSES FOR PAST THREE YEARS**

Base yearly income (employment income)	\$ _____	3 years ago	20 _____	\$ _____
	\$ _____	2 years ago	20 _____	\$ _____
	\$ _____	Last year	20 _____	\$ _____
Yearly overtime, commissions and/or bonuses	\$ _____	3 years ago	20 _____	\$ _____
	\$ _____	2 years ago	20 _____	\$ _____
	\$ _____	Last year	20 _____	\$ _____

**B. COMPUTATION OF CURRENT INCOME**

Base yearly income (employment income)	\$ _____	\$ _____
Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)	\$ _____	\$ _____

Unemployment compensation	\$ _____	\$ _____
Disability benefits		
<input type="checkbox"/> Workers' Compensation		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Retirement benefits		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Spousal support received	\$ _____	\$ _____
Interest and dividend income (source)		
_____	\$ _____	\$ _____
Other income (type and source)		
_____	\$ _____	\$ _____
<b>TOTAL YEARLY INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>

Supplemental Security Income (SSI) or public assistance	\$ _____	\$ _____
Court-ordered child support that you receive for minor and/or dependent child(ren) not of the marriage or relationship	\$ _____	\$ _____

### SECTION III – CHILDREN AND HOUSEHOLD RESIDENTS

Minor and/or dependent child(ren) who is/are adopted by or born from this marriage or relationship:

Name	Date of birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to the above children:

Plaintiff/Petitioner has \_\_\_\_\_ other minor biological or adopted child(ren).

Defendant/Respondent has \_\_\_\_\_ other minor biological or adopted child(ren).

There are \_\_\_\_\_ adults in your household.

#### **SECTION IV – EXPENSES**

List monthly expenses below for your present household.

##### **A. CHILD RELATED EXPENSES**

Court ordered child support paid for other children	\$	_____
Cost for child care	\$	_____
Special and unusual needs of child(ren) (not included elsewhere)	\$	_____
Unusual parenting time travel	\$	_____
	\$	_____
Other: _____	\$	_____
	\$	_____
<b>TOTAL MONTHLY :</b>		\$ _____

##### **B. MANDATORY PAYROLL DEDUCTIONS**

Mandatory retirement plan contribution	\$	_____
Union Dues	\$	_____
Uniform Fees	\$	_____
Other: _____	\$	_____
	\$	_____
<b>TOTAL MONTHLY :</b>		\$ _____

##### **C. INSURANCE PREMIUMS**

Medical	\$	_____
Dental	\$	_____
Vision	\$	_____
Other: _____	\$	_____
<b>TOTAL MONTHLY</b>		\$ _____

(not covered by insurance)

### E.MISCELLANEOUS MONTHLY EXPENSES

**GRAND TOTAL MONTHLY EXPENSES (Sum of A through E):** \$

*(Do not sign until Notary Public is present)*

\_\_\_\_\_  
Your Signature

Notary Public

Commission Expiration Date: