

MAINE JUDICIAL BRANCH

\_\_\_\_\_ Plaintiff

DISTRICT COURT

V.

Location (Town): \_\_\_\_\_

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.

	Expected this year
Unemployment benefits	\$ _____
Workers' compensation	\$ _____
Social Security	\$ _____
Disability	\$ _____
Pension or annuity	\$ _____
Spousal support (alimony)	\$ _____
Rental or mortgage income	\$ _____
Bonuses	\$ _____

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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 (car, housing, cell phone, meals, etc.)

(3) \$ \_\_\_\_\_

**4. TOTAL GROSS INCOME EXPECTED THIS YEAR**

(4) \$ \_\_\_\_\_

(Add 1B, 2, and 3)  
 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) \$ \_\_\_\_\_

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 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) \$ \_\_\_\_\_

Put this amount on line 9  
 of Child Support Worksheet

**7. WEEKLY CHILD CARE COSTS**

►  **Required:** I have attached a copy of documentation showing the 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	To whom paid	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(8) \$ \_\_\_\_\_

Put total here and on line 11 of  
 Child Support Worksheet

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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.

Child Name	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 child 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 a business interest or life insurance) \$ \_\_\_\_\_


Current balance of your debts:

Mortgages \$ \_\_\_\_\_ Loans \$ \_\_\_\_\_ Credit Cards \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

This affidavit is complete with required attachments and includes 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 5 years in prison and a fine of up to \$5,000.00 if I give false information to the court.

Date (mm/dd/yyyy): \_\_\_\_\_

 \_\_\_\_\_  
Signature of  plaintiff  defendant  other party

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STATE OF MAINE

\_\_\_\_\_ COUNTY

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

Before me,

Date (mm/dd/yyyy): \_\_\_\_\_

▶ \_\_\_\_\_  
 Attorney at Law  Notary Public  Clerk

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