

MAINE JUDICIAL BRANCH

Plaintiff
V.

Defendant

Other Party (if any)

DISTRICT COURT
Location (Town): _____
Docket No.: _____

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

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

Current employment information

Employer name: _____ Self-employed
Employer address: _____

Required (if applicable): I have attached copies of my 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 _____

(1B) \$ _____
Put the 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 \$ _____

ADA Notice: The Maine Judicial Branch complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation, contact the Court Access Coordinator, accessibility@courts.maine.gov, or a court clerk.
Language Services: For language assistance and interpreters, contact a court clerk or interpreters@courts.maine.gov.

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Spousal support (alimony)	\$ _____
Rental or mortgage income	\$ _____
Bonuses	\$ _____
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 2 of the 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
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

6. HEALTH INSURANCE COST

► **Required (if applicable):** 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 the Child Support Worksheet

Amount paid: weekly biweekly monthly other: _____

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7. CHILD CARE COSTS

► **Required (if applicable):** I have attached 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 the Child Support Worksheet

Amount paid: weekly biweekly monthly other: _____

8. 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 the Child Support Worksheet

Amount paid: weekly biweekly monthly other: _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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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 business interest or life insurance) \$ _____

Current balance of your debts:

Mortgages \$ _____ Loans \$ _____

Credit Cards \$ _____ Other \$ _____

I certify that (1) this affidavit lists all of my income, costs, debts, and assets; and (2) if applicable, I have included the required proof of income and costs as one attachment.

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

Name and Bar No. (if applicable)

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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