

MAINE JUDICIAL BRANCH

\_\_\_\_\_ Plaintiff DISTRICT COURT  
 V. Location (Town): \_\_\_\_\_  
 \_\_\_\_\_ Defendant Docket No.: \_\_\_\_\_  
 \_\_\_\_\_ Other Party

OR

IN RE: \_\_\_\_\_

FAMILY MATTERS AND CHILD PROTECTION FINANCIAL AFFIDAVIT

(If more space is needed, attach additional sheets.)

PERSONAL INFORMATION:

Name: \_\_\_\_\_ Date of birth (mm/dd/yyyy): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_

SS Number Disclosure required on separate form

Marital status:  single  married  divorced  separated  widowed  
 I live:  alone  with spouse  with partner  with parent  with friend  homeless

INCOME:

1. EMPLOYMENT

a. Where do you work? (list employer name/address/telephone number)  
 Employer name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_

b. Length of time employed: \_\_\_\_\_  Full time  Part time  Seasonal

c. If not currently employed, when and where were you last employed? \_\_\_\_\_

d. Do you anticipate being employed or having other income within the near future?  Yes  No  
 If yes, explain: \_\_\_\_\_

2. ANNUAL INCOME Last year: \$ \_\_\_\_\_ Anticipated this year: \$ \_\_\_\_\_

3. MONTHLY/WEEKLY INCOME

a. Gross Income  
 Salary and wages (gross pay) \$ \_\_\_\_\_ per  week  bi-weekly  month  other: \_\_\_\_\_  
 Unemployment \$ \_\_\_\_\_ per week  
 Social Security \$ \_\_\_\_\_ per month  
 Spousal support \$ \_\_\_\_\_ per  week  bi-weekly  month  other: \_\_\_\_\_

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Other income (pension/workers' comp/bonuses/interest/dividends/rental, etc.):
\$\_\_\_\_\_ per [ ] week [ ] bi-weekly [ ] month [ ] other: \_\_\_\_\_

Do you receive employment fringe benefits such as meal allowance or use of a car? [ ] Yes [ ] No
If yes, describe: \_\_\_\_\_
Amount: \$\_\_\_\_\_ per [ ] week [ ] bi-weekly [ ] month [ ] other: \_\_\_\_\_

b. Other Income

TANF (AFDC) \$\_\_\_\_\_ per month
Child Support \$\_\_\_\_\_ per month

c. The following deductions come out of my pay in addition to taxes: (provide amounts)

Child support - \$\_\_\_\_\_ Debt payments \$\_\_\_\_\_ Insurance \$\_\_\_\_\_ Other - \$\_\_\_\_\_

4. Do you expect to receive any payments such as retroactive government benefits, tax refunds, settlements, etc.?

[ ] Yes [ ] No
If yes, describe: \_\_\_\_\_

5. Does anyone owe you money? [ ] Yes [ ] No

If yes, describe: \_\_\_\_\_

ASSETS AND DEBTS

6. ASSETS (provide current values)

Real estate \$\_\_\_\_\_ Car/truck \$\_\_\_\_\_ Boat/rec. vehicles \$\_\_\_\_\_
Bank accounts \$\_\_\_\_\_ Pension \$\_\_\_\_\_ Securities \$\_\_\_\_\_
Any other item worth over \$50: \_\_\_\_\_

7. DEBTS

Mortgage balance \$\_\_\_\_\_ Monthly payment \$\_\_\_\_\_
Loan balances \$\_\_\_\_\_ Monthly payment \$\_\_\_\_\_
Credit card debts \$\_\_\_\_\_ Monthly payment \$\_\_\_\_\_

DEPENDENTS

8. Minor children (provide names and dates of birth (mm/dd/yyyy)): \_\_\_\_\_

9. The children live with [ ] me [ ] other parent [ ] other: \_\_\_\_\_ [ ] some with me/some with others.

10. I pay support of \$\_\_\_\_\_ per [ ] week [ ] bi-weekly [ ] month [ ] other: \_\_\_\_\_
for (list children) \_\_\_\_\_

11. Total child support paid last year: \$\_\_\_\_\_ ; this year to date: \$\_\_\_\_\_

12. Do you have other dependents? If so, list: \_\_\_\_\_

13. Does anyone provide you with support? (spouse/partner/parent, etc.) [ ] Yes [ ] No
If yes, identify: \_\_\_\_\_

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CHILD RELATED COSTS

14. Cost of health insurance: \$ \_\_\_\_\_ per  week  bi-weekly  month  other: \_\_\_\_\_ for (list children) \_\_\_\_\_

(To determine this amount, deduct the cost of insurance for yourself from the cost for the family.)

15. Weekly child care costs so you can work or train to work: \$ \_\_\_\_\_ for (list children) \_\_\_\_\_

16. Do any of your children have regular recurring medical expenses? (for example, asthma medication)  Yes  No If yes, give details and amount (only include amount you actually pay out of pocket): \_\_\_\_\_

OTHER

17. Describe any other facts you believe are important to understand your financial situation.

On my oath, and to the best of my knowledge and belief, this affidavit is true 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 if I give false information to the court.

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

Signature of applicant

STATE OF MAINE

\_\_\_\_\_ County

Personally appeared the above named applicant, \_\_\_\_\_, and made Oath that the foregoing statements are true.

Before me,

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

Attorney at Law  Notary Public  Clerk

Based on review of the parent's financial circumstances, including an interview with the parent, I make the following recommendation:

Eligible  Not eligible  Partially eligible \$ \_\_\_\_\_

RECOMMENDATION: \_\_\_\_\_

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

\_\_\_\_\_  
Screener

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