

STATE OF MAINE

PROBATE COURT

County: \_\_\_\_\_

Docket No. \_\_\_\_\_

DISTRICT COURT

Location: \_\_\_\_\_

Docket No. \_\_\_\_\_

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

(Minor Name)

CHILD SUPPORT AFFIDAVIT

19-A M.R.S. § 2004(1)(A)

18-C M.R.S. § 5-204(5)

Name _____ <i>(Person filling out this affidavit)</i>	Date of birth _____
<b>SS Number Disclosure Required on separate form</b>	
Address _____ <i>(street) (town or city) (state) (zip)</i>	

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.*

	<i>Expected this year</i>
Unemployment benefits	\$ _____
Workers' compensation	\$ _____
Social Security	\$ _____
Disability	\$ _____
Pension or annuity	\$ _____
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**

*(Add 1B, 2, and 3)*

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

*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	Reason for expense	Amount
_____	_____	_____
_____	_____	_____

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

*Put total here and on line 11  
of Child Support Worksheet*

**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.*

Name of child	Date of birth	Relationship to you	Name of child	Date of birth	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 \$ \_\_\_\_\_

On my oath, and to the best of my knowledge and belief, this affidavit is complete **with required attachments** and includes all of my income, assets, and debts.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

**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: \_\_\_\_\_

\_\_\_\_\_  
Attorney at Law / Notary Public / Register / Clerk