CONTAINS NONPUBLIC DIGITAL INFORMATION

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 _____ Date of birth _____
(Person 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	$_____
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	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.

For District Court filings only:
☐ 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: _____ _____
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