

MAINE JUDICIAL BRANCH

IN RE: _____

DISTRICT COURT

Location (Town): _____

Docket No.: _____

CHILD PROTECTION FINANCIAL AFFIDAVIT

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

CHILD(REN) WHO ARE THE SUBJECT OF THIS PROCEEDING:

Name of child(ren): _____

Relationship to applicant: _____

PERSONAL INFORMATION:

Name: _____ Date of birth (mm/dd/yyyy): _____

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

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Language Services: For language assistance and interpreters, contact a court clerk or interpreters@courts.maine.gov.

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Spousal support \$_____ per week bi-weekly month other:_____
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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