STATE OF WYOMING) IN THE DISTRICT COURT
) ss
COUNTY OF _____) _____ JUDICIAL DISTRICT

Plaintiff:_____,) Civil Action Case No. _____
(Print name of person filing))
)
vs.) **CONFIDENTIAL**
)
Defendant:_____.)
(Print name of other parent)

CONFIDENTIAL
FINANCIAL AFFIDAVIT
W.S. §20-2-308

A financial affidavit must be completed by each parent. You must attach copies of your tax returns and W-2 forms for the most recent two years and a copy of the total amount of wages you have earned so far this year. **Parents who are self-employed must supply verified income and expense statements from their business for the two most recent years.**

THE UNDERSIGNED, _____, hereby swears or affirms,
(Print Your Name)
under penalty of perjury, that the following answers are correct and complete.

PERSONAL INFORMATION

1. Your Name: (First, Middle, Last) _____

   Gender: ☐ Male ☐ Female

2. Your Present Address: _____

   City, State, Zip Code: _____

   How long have you resided at this location? _____

   Your Mailing Address (if different from above) _____

   City, State, Zip Code: _____

3. Your Home Phone Number: (___) _____

   Your Cell Phone Number: (____) _____

A Message Phone Number: (___)_____

4. Your Social Security Number is: _____

5. Your Date of Birth is:_____

6. Your Education is: _____years of high school; _____years of college;

_____ years of trade school; _____ years other (list training) _____

7. List your degree(s) or certificate(s):_____

8. List all child(ren) involved in **this matter**:

Child's Name	**Sex**	**Birth Date**	**Social Security No.**	**Does this child live with you?**
	☐ **M** ☐ **F**			☐ **Yes** ☐ **No**
	☐ **M** ☐ **F**			☐ **Yes** ☐ **No**
	☐ **M** ☐ **F**			☐ **Yes** ☐ **No**
	☐ **M** ☐ **F**			☐ **Yes** ☐ **No**
	☐ **M** ☐ **F**			☐ **Yes** ☐ **No**

☐ Additional sheets of paper are attached (if needed)

9. List **YOUR** minor children (not named above) who **live with you**:

Child's Name	**Birth Date**	**Social Security No.**

☐ Additional sheets of paper are attached (if needed)

10. List **YOUR** minor children (not named above) who do **not live with you** but for whom **YOU** are court-ordered to pay child support:

Child's Name	Birth Date	Social Security No.
Court and Date of Order	Support/Month	Arrears (Amount Past Due)
Child's Name	Birth Date	Social Security No.
Court and Date of Order	Support/Month	Arrears (Amount Past Due)
Child's Name	Birth Date	Social Security No.
Court and Date of Order	Support/Month	Arrears (Amount Past Due)
Child's Name	Birth Date	Social Security No.
Court and Date of Order	Support/Month	Arrears (Amount Past Due)

☐ Additional sheets of paper are attached (if needed)

11. Do you owe back child support (arrears) in this case? If so, how much? $_____.

12. List any income-qualified state or federal benefits that your child(ren) receive (POWER, Medicaid, Kid Care, Title 19, General Assistance, Food Stamps, Supplemental Security Income, etc.):

CHILD'S NAME	BIRTH DATE	STATE	TYPE OF BENEFIT

☐ Additional sheets of paper are attached (if needed)

INCOME & EXPENSE INFORMATION

13. Are you currently: ☐ Employed ☐ Self-Employed ☐ Unemployed

☐ If you are employed, please provide the following:

Job No. 1:

Employer's Name: _____

Employer's Address: _____

City, State, Zip Code: _____

Employer's Phone: _____

Your Occupation: _____

Your Hourly Wage or Monthly Salary: _____

Job No. 2:

Employer's Name: _____

Employer's Address: _____

City, State, Zip Code: _____

Employer's Phone: _____

Your Occupation: _____

Your Hourly Wage or Monthly Salary: _____

Job No. 3:

Employer's Name: _____

Employer's Address: _____

City, State, Zip Code: _____

Employer's Phone: _____

Your Occupation: _____

Your Hourly Wage or Monthly Salary: _____

☐ Add additional sheets of paper if necessary to list additional jobs.

How many hours do you work each week?

Job No. 1:	**Job No. 2:**	**Job No. 3**
Regular _____	Regular _____	Regular _____
Overtime _____	Overtime _____	Overtime _____
Total _____	Total _____	Total _____

How often do you receive overtime compensation? _____

How often are you paid:

Job No. 1:	**Job No. 2:**	**Job No. 3**
☐ weekly	☐ weekly	☐ weekly
☐ every two weeks	☐ every two weeks	☐ every two weeks
☐ twice per month	☐ twice per month	☐ twice per month
☐ monthly	☐ monthly	☐ monthly
☐ annually	☐ annually	☐ annually

Date of your last salary increase or decrease: _____

14. List all income you have received for the last 12 months:

Income Source	**Monthly Amount**	**Income Source**	**Monthly Amount**
Gross Wages**	Job 1 - $ _____ Job 2 - $_____ Job 3 - $_____	Annuity	$
Unemployment	$	Spousal Support	$
Workers' Compensation	$	Contract Receipts	$
Social Security Benefits (Excluding SSI)	$	Rental Income	$
Retirement	$	Fringe Benefits/Bonuses	$
Interest/Dividend Income	$	Profit (Loss) from Self-Employment	$
Reimbursements	$	Other _____	$
Veterans' Disability	$	Other _____	$

****Gross Wage -** Monthly amounts are calculated by multiplying weekly amount by 52 and dividing by 12; multiplying bi-weekly (every two weeks) amounts by 26 and dividing by 12; and multiplying semi-monthly (i.e., paid on the 1st and 15th) amounts by 24 and dividing by 12.

☐ Additional sheets of paper are attached (if needed)

15. **IF YOU ARE EMPLOYED:** Please complete list and calculate the following:

A. **Gross income**: $_____ per month
(Amount of income from all sources before deductions)
B. Federal Income Tax: $_____ per month
C. State Income Tax: $_____ per month
D. Social Security Tax: $_____ per month
E. Medicare Tax: $_____ per month
F. Mandatory Retirement/Pension: $_____ per month
G. Premium Paid for Child(ren)'s Health Insurance: $_____ per month
H. Current Child Support Paid for Other Children: $_____ per month
I. **Total Mandatory Deductions**: $_____ per month

J. **Net Income** (line A minus line I): $_____ per month

K. Income Tax Filing Status: _____

L. Number of Dependents Claimed for Tax Purposes:_____

☐ Please provide copies of pay-stubs for all payroll deductions.

☐ Attach copies of your tax returns and W-2 forms for the most recent two years and a copy of a cumulative earning statement(s) for the current year

16. **IF YOU ARE SELF-EMPLOYED**: Please list the following:

A. **Gross income** : $_____ per month
*amount of income from all sources before deductions
B. Federal Income Tax: $_____ per month
C. State Income Tax: $_____ per month
D. Social Security Tax: $_____ per month
E. Medicare Tax: $_____ per month
F. Unreimbursed Business Expenses: $_____ per month
G. Premium Paid for Child(ren)'s Health Insurance: $_____ per month
H. Current Child Support Paid for Other Children: $_____ per month
I. **Total Mandatory Deductions**: $_____ per month

J. **Net Income** (line A minus line I): $_____ per month

K. Income Tax Filing Status: _____

L. Number of Dependents Claimed for Tax Purposes:_____

☐ **Attach <u>verified income and expense statements from your business,</u> copies of your personal and business tax returns, and 1099 forms for the most recent two years**.

17. List your work experience for the last three years:

COMPANY AND LOCATION	DATES FROM - TO	JOB DESCRIPTION/ TITLE	SALARY OR WAGE	REASON YOU LEFT

☐ Additional sheets of paper are attached (if needed)

18. Has anyone been ordered to provide health insurance for the child(ren) involved in this case, or is there any other medical provision in an existing court order? ☐ YES ☐ NO

If yes, please list who is ordered to provide insurance: _____

Are the children currently covered by insurance? ☐ YES ☐ NO

If yes, please list who is providing the insurance:_____

☐ **If you are currently providing insurance for your children, you must provide current written proof from your insurance carrier verifying the names of the actual person(s) covered under your policy.**

Is health insurance available for the minor child(ren) through your employment?
☐ YES ☐ NO

If yes, how much is the monthly premium to cover **ONLY** the minor child(ren) on the policy?
$_____

19. **Attach the following to this *Confidential Financial Affidavit*:**

If Employed:

☐ **Copies of my last two years income tax returns;**
☐ **Copies of my W-2 Forms for the last two years; and**
☐ **Copies of statements of earnings from each of my employers showing cumulative pay for this year.**

If Self-Employed:

☐ **Verified income and expense statements for the business for the two most recent years; and**
☐ **Copies of my last two years personal income tax returns.**
☐ **Copies of my last two years business income tax returns.**

PERJURY STATUTE

20. Wyoming Statute § 6-5-301 (Perjury) provides:

(a) A person commits perjury if, while under a lawfully administered oath or affirmation, he knowingly testifies falsely or makes a false affidavit, certificate, declaration, deposition or statement, in a judicial, legislative or administrative proceeding in which an oath or affirmation may be required by law, touching a matter material to a point in question.

(b) Perjury is a felony punishable by imprisonment for not more than five (5) years, a fine of not more than five thousand dollars ($5,000.00), or both.

OATH

I have read and understand the provisions of the above perjury statute. I affirm that this Confidential Financial Affidavit (including attachments) contains a complete disclosure of my income from all sources and that the representations made herein concerning my income are accurate to the best of my knowledge. I am aware that the court may punish as perjury any materially false statements knowingly made with intent to defraud or mislead.

DATED this _____ day of _____, 20____.

_____
Your Signature
(**Sign only in front of Notarial Officer or Court Clerk)**

JURAT

STATE OF _____)
) ss.
COUNTY OF _____)

Subscribed and sworn to before me on this _____ day of _____20____, by

_____.

WITNESS my hand and official seal.

_____
Notarial Officer

My Commissions Expires: _____

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original of this Confidential Financial Affidavit was filed with the Clerk of District Court; and, a true and accurate copy of this document was served on the other party by ☐ Hand Delivery OR ☐ Faxed to this number _____ OR ☐ by placing it in the United States mail, postage pre-paid, and addressed to the following:

(Print Defendant/Defendant's Attorney's Name and Address)

TO: _____

_____

_____

_____
Your signature

_____
Print name