

The State of New Hampshire

_____ COURT

_____ County

Docket No. _____

IN THE MATTER OF: _____
Financial Affidavit of _____

1. General Information

Street Address _____
Town/City, State, Zip _____
Mailing Address, if different _____

Date of Birth _____
Social Security Number _____
Highest Grade or Degree Completed _____
Date of Marriage _____
Date of Separation or Divorce _____

2. Children of the Parties (Full Name, DOB, and SSN)

3. Employment Information

Name, Address, and Phone Number of Employer _____

Date and Place of Last Employment _____

Job Skills _____

7. Assets

Fair Market Value

Related Debt

Additional Information

Homestead _____
Other Real Estate _____
Primary Motor Vehicle _____
Other Motor Vehicles _____
Furniture and Appliances _____
Checking Accounts _____
Investments _____
Life Insurance _____
Business Interests _____
Pensions _____
Retirement Accounts _____

8. Additional Assets – If you have an interest in any property which is held solely by or jointly with any other person or entity, and which has not already been disclosed, or if you are owed money from any source, please explain.

4. Monthly Income - Miscellaneous

AFDC, TANF, and Food Stamps \$ _____
Other Public Assistance \$ _____
Children's Income \$ _____
Child Support from Others \$ _____

5. Monthly Guidelines Calculation Income (Gross)

Base Pay from Salary, Wages \$ _____
Overtime and Shift Differential \$ _____
Commissions, Tips, Bonuses \$ _____
Additional Employment \$ _____
Self-employment \$ _____
Unemployment and Veteran's Benefits \$ _____
Disability, Worker's Compensation \$ _____
Pension and Retirement Benefits \$ _____
Social Security Benefits (SSA) \$ _____
Interest and Dividends \$ _____
Trust and Other Investment Income \$ _____
Rental Income and Business Profits \$ _____
All other Sources \$ _____
Total Section 5 Monthly Income \$ _____

6. Monthly Guidelines Calculation Expenses

Court Ordered Support for Others \$ _____
State Income Taxes \$ _____
Mandatory Pension \$ _____
Health Insurance for Parties' Children \$ _____
Day Care for Parties' Children \$ _____

11. Debts

<i>Who is debt owed to?</i>	<i>Who owes debt?</i>	<i>Balance</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Retirement Plans

Plan or Account Name _____
 Type _____
 Value at Filing _____
 If Defined Benefit, status of vesting and description of Benefit _____

13. Attachments: Paystub Monthly Expenses,
 Schedule C, Other (describe) _____
 Check here if Monthly Expenses form waived.

14. Additional Information

I swear (affirm) that:

- A. To the best of my knowledge and belief, I have fully disclosed all income and all assets having any substantial value; and
- B. I have reasonably estimated the fair market value of each asset; and
- C. I understand that I have a duty to update the information provided in this financial affidavit for each court hearing; and
- D. **I understand that if a support order is issued in this case obligating me to pay support, it shall be my responsibility to immediately provide the Court with any change of address in writing. If I fail to do so, I may be held in default, found in contempt of court and a warrant may be issued for my arrest. (See USO Standing Order SO-4C).**

Date

Signature

State of New Hampshire
County of _____

The person signing this financial affidavit appeared and signed this before me and took oath that the statements set forth in this Financial Affidavit, together with any attachments listed in section 13 above, are true to the best of his or her knowledge and belief.

Date

Notary Public/Justice of the Peace

I certify that a copy of this financial affidavit (and any attachments) was this day mailed/give to (lawyer for other side, if any) (other side, if no lawyer) (DCSS, if State is a party):

The State of New Hampshire

Monthly Expenses of _____

Docket No. _____

NOTE: Round all numbers to the nearest dollar. To convert weekly expenses to monthly, multiply by 4.33.

1. Housing

Rent \$ _____
Mortgage Payment \$ _____
Property Tax \$ _____
Condo Fee \$ _____
Home Maintenance \$ _____
Snow Removal and Lawn Care \$ _____
_____ \$ _____

2. Utilities

Heating Oil \$ _____
Wood and Coal \$ _____
Propane and Natural Gas \$ _____
Telephone \$ _____
Electricity \$ _____
Cable Television \$ _____
Water and Sewer \$ _____
Trash Collection \$ _____
_____ \$ _____

3. Insurance

Homeowner \$ _____
Renter \$ _____
Vehicle \$ _____
Health \$ _____
Life \$ _____
Disability \$ _____

4. Uninsured Health Care

Medical \$ _____
Dental \$ _____
Orthodontics \$ _____
Eye Care/Glasses/Contacts \$ _____
Prescription Drugs \$ _____
Therapy and Counseling \$ _____
_____ \$ _____

5. Transportation

Primary Vehicle Payment \$ _____
Other Vehicle Payments \$ _____
Vehicle Maintenance \$ _____
Gas and Oil \$ _____
Registration and Tax \$ _____
_____ \$ _____

6. General and Personal

Groceries \$ _____
Meals Eaten Out \$ _____
Clothing and Shoes \$ _____
Hair Care \$ _____
Toiletries and Cosmetics \$ _____
Pet Food and Care \$ _____
Church and Charities \$ _____
Laundry and Dry Cleaning \$ _____
Gifts \$ _____
Newspapers and Magazines \$ _____
Education (personal) \$ _____
Dues and Memberships \$ _____
Vacations \$ _____
Entertainment And Recreation \$ _____
Visitation Expenses \$ _____
_____ \$ _____

7. Children's Expenses and Activities

Children's Clothing and Shoes \$ _____
Diapers \$ _____
Day Care \$ _____
School Supplies \$ _____
School Lunches \$ _____
Tuition and Lessons \$ _____
Sports and Camp \$ _____
_____ \$ _____

8. Financial

Federal Income Tax \$ _____
Social Security and Medicare \$ _____
Loan Payments \$ _____
Other Debts \$ _____
Savings \$ _____
401(k) \$ _____
IRA \$ _____
Other Retirement Plans \$ _____
_____ \$ _____
_____ \$ _____

9. Other Expenses

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL MONTHLY EXP. \$ _____