

COURT OF \_\_\_\_\_  
DIVISION OF DOMESTIC RELATIONS  
\_\_\_\_\_ COUNTY, \_\_\_\_\_

\_\_\_\_\_  
Plaintiff / Petitioner

-vs/and-

\_\_\_\_\_  
Defendant / Petitioner

Enter: \_\_\_\_\_

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

Case No. \_\_\_\_\_

File No. \_\_\_\_\_

CSEA No. \_\_\_\_\_

Judge \_\_\_\_\_

**FINANCIAL DISCLOSURE AFFIDAVIT**

Now comes \_\_\_\_\_ (Obligor) and, after being duly cautioned and sworn, says:

1. ☐ I am employed. My employer **payroll address** is \_\_\_\_\_.  
**City, State, Zip** \_\_\_\_\_  
I receive ☐ 12 ☐ 24 ☐ 26 ☐ 52 paychecks per year.  
☐ I am not employed.

2. I ☐ am; ☐ am not receiving Worker's Compensation under Claim No. \_\_\_\_\_  
I ☐ am; ☐ am not receiving Unemployment Compensation under Claim No. \_\_\_\_\_

3. I ☐ do; ☐ do not have funds on deposit in financial institutions. (List all funds in all accounts in any bank, savings & loan, credit union, regulated investment company, mutual fund or other financial institutions. Account may include one or more of the following: checking, certificate of deposit (CD), investment, savings, individual retirement (IRA), stock options, etc. USE ADDITIONAL PAGES IF NEEDED.)

Name of Financial Inst.	Address of Financial Inst.	Account No.	Name(s) on Account of this Affidavit	Balance as of Date

4. I have the following additional sources of income. (List source, address and amount including, but not limited to pension (public and private) annuities, allowance, sick pay, disability pay or other benefit, commissions, trusts, bonuses, profit sharing payments or distributions, lottery winnings, lump sum payments, and private Worker's Compensation payments).

\_\_\_\_\_  
\_\_\_\_\_

5. I ☐ do; ☐ do not have other assets from which child support/spousal support can be paid or secured. (If affirmative, list all such assets on separate sheet of paper).

\_\_\_\_\_  
Affiant-Obligor

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Attorney for ☐ Obligees ☐ Obligor

\_\_\_\_\_  
Notary Public

I hereby acknowledge receipt of a copy of this affidavit \_\_\_\_\_  
Obligee