

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**

- Your Name: (First, Middle, Last) \_\_\_\_\_  
Gender:  Male  Female
- 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: \_\_\_\_\_
- 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?
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> 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?

<b>Job No. 1:</b>	<b>Job No. 2:</b>	<b>Job No. 3</b>
Regular _____	Regular _____	Regular _____
Overtime _____	Overtime _____	Overtime _____
Total _____	Total _____	Total _____

How often do you receive overtime compensation? \_\_\_\_\_

How often are you paid:

<b>Job No. 1:</b>	<b>Job No. 2:</b>	<b>Job No. 3</b>
<input type="checkbox"/> weekly	<input type="checkbox"/> weekly	<input type="checkbox"/> weekly
<input type="checkbox"/> every two weeks	<input type="checkbox"/> every two weeks	<input type="checkbox"/> every two weeks
<input type="checkbox"/> twice per month	<input type="checkbox"/> twice per month	<input type="checkbox"/> twice per month
<input type="checkbox"/> monthly	<input type="checkbox"/> monthly	<input type="checkbox"/> monthly
<input type="checkbox"/> annually	<input type="checkbox"/> annually	<input type="checkbox"/> 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 1<sup>st</sup> and 15<sup>th</sup>) 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 verified income and expense statements from your business, 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.**





**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 Plaintiff/Plaintiff's Attorney's Name and Address)

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Print name