STA	TE OF WYOMING)		IN THE DISTRICT COURT
COL	JNTY OF) ss)		JUDICIAL DISTRICT
Petit	tioner:		Ci	ivil Action Case No
	(Print name of person filing	g))		
vs.)	<u>C</u> (<u>ONFIDENTIAL</u>
Resp	oondent:)		
	(Print name of other party)			
		CONFI FINANCIA W.S. §		IDAVIT
	A financial affidavit must	be completed	by each	parent. You must attach copies of your tax
retur	rns and W-2 forms for the mo	ost recent two	years an	nd a copy of the total amount of wages you
have	e earned so far this year. Par	rents who are	self-en	nployed must supply verified income and
expe	ense statements from their b	ousiness for th	e two m	ost recent years.
	THE UNDERSIGNED,			, hereby swears or affirms,
unde	er penalty of perjury, that the	Print Your National (Print Your National Print	ame) Vers are	correct and complete.
		PERSONAL	INFO	RMATION
1.	Your Name: (First, Middl	le, Last)		
	Gender:	Male		Female
2.	Your Present Address:			
	City, State, Zip Code:			
	How long have you reside	d at this location	on?	
	Your Mailing Address (if	different from	above)	
	City, State, Zip Code:			
3.	Your Home Phone Number	er: ()		
	Your Cell Phone Number:	:()		
CN E	CCVSR08 Confidential Financial Aff			

	A Message Phon	e 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 your degree(List all child(ren)	. ,				
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
A	dditional sheets of	paper are attac	hed (if needed)			
9.	List YOUR mind	or children (not	t named above)	who live	with you:	
Child'	's Name		Birth Date	Soc	cial Security N	0.
	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 sup	oport (arrears) in this case? If so,	how much? \$
12. List <u>any</u> income-qualified	state or federal benefits that your	child(ren) receive (POWER,
Medicaid Vid Care Title 10 Con	and Aggistance Food Stomes St	unnlamantal Casumity Income

12.	List <u>any</u> income-qualified state or federal benefits that your child(ren) receive (POWER,
Medic	aid, 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:
	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 1	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	of paper if necessary to	list additional jobs.			
How many hours d	o you work each week	?			
Job No. 1:	Job No. 2:	Job No	0.3		
Regular		Regula			
Overtime			me		
Total	Total	Total			
How often do you receive overtime compensation?					
How often are you paid:					
Job No. 1: weekly every two weeks twice per month monthly annually Job No. 2: weekly every two weeks every two weeks every two weeks month monthly monthly monthly annually Job No. 3 every two weekly every two weeks meekly every two weeks meekly every two weekly every two weeks month monthly monthly monthly annually					
•	alary increase or decrea have received for the l				
Income Source	Monthly Amount	Income Source	Monthly Amount		
Gross Wages**	Job 1 - \$	Annuity	\$		
	Job 2 - \$				
	Job 3 - \$				
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 amou bi-weekly (every two weeks) an 15 th) amounts by 24 and dividin Additional sheets of pa	nounts by 26 and dividing b	by 12; and multiplying semi-mor			

,	Gross income:	\$	per month
	(Amount of income from all sources before deductions)		
В.	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
Н.	Current Child Support Paid for Other Children:		per month
l.	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:		
	- Trumber of Bependents elamined for Tax Turpeses.		
of a	Please provide copies of pay-stubs for all pay Attach copies of your tax returns and W-2 for cumulative earning statement(s) for the current yea	ms for the	e most recent two years
	Attach copies of your tax returns and W-2 for cumulative earning statement(s) for the current year	rms for the	
Il	Attach copies of your tax returns and W-2 for cumulative earning statement(s) for the current year YOU ARE SELF-EMPLOYED : Please list the	ms for the	; :
Il	Attach copies of your tax returns and W-2 for cumulative earning statement(s) for the current year YOU ARE SELF-EMPLOYED: Please list the Gross income:	ms for the	
III A.	Attach copies of your tax returns and W-2 for cumulative earning statement(s) for the current year YOU ARE SELF-EMPLOYED: Please list the Gross income: *amount of income from all sources before deductions	rms for the r following \$	g: per month
Il	Attach copies of your tax returns and W-2 for cumulative earning statement(s) for the current year YOU ARE SELF-EMPLOYED: Please list the Gross income: *amount of income from all sources before deductions Federal Income Tax:	rms for the r following \$ \$	g: per month per month
III A. B.	Attach copies of your tax returns and W-2 for cumulative earning statement(s) for the current year YOU ARE SELF-EMPLOYED: Please list the Gross income: *amount of income from all sources before deductions Federal Income Tax: State Income Tax:	rms for the r following \$ \$ \$	per month per month per month
A. B. C.	Attach copies of your tax returns and W-2 for cumulative earning statement(s) for the current year YOU ARE SELF-EMPLOYED: Please list the Gross income: *amount of income from all sources before deductions Federal Income Tax: State Income Tax: Social Security Tax:	following \$ \$ \$ \$	per month per month per month per month per month
A. B. C. D.	Attach copies of your tax returns and W-2 for cumulative earning statement(s) for the current year FYOU ARE SELF-EMPLOYED: Please list the Gross income: *amount of income from all sources before deductions Federal Income Tax: State Income Tax: Social Security Tax: Medicare Tax:	following \$ \$ \$ \$ \$ \$	per month per month per month per month per month per month
A. B. C. D.	Attach copies of your tax returns and W-2 for cumulative earning statement(s) for the current year YOU ARE SELF-EMPLOYED: Please list the Gross income: *amount of income from all sources before deductions Federal Income Tax: State Income Tax: Social Security Tax: Medicare Tax: Unreimbursed Business Expenses:	following \$ \$ \$ \$ \$ \$ \$ \$ \$	per month
III A. B. C. D. E.	Attach copies of your tax returns and W-2 for cumulative earning statement(s) for the current year FYOU ARE SELF-EMPLOYED: Please list the Gross income: *amount of income from all sources before deductions Federal Income Tax: State Income Tax: Social Security Tax: Medicare Tax: Unreimbursed Business Expenses: Premium Paid for Child(ren)'s Health Insurance:	following \$ \$ \$ \$ \$ \$ \$ \$	per month
A. B. C. D. E. F.	Attach copies of your tax returns and W-2 for cumulative earning statement(s) for the current year YOU ARE SELF-EMPLOYED: Please list the Gross income: *amount of income from all sources before deductions Federal Income Tax: State Income Tax: Social Security Tax: Medicare Tax: Unreimbursed Business Expenses:	following \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	per month
A. B. C. D. E. F. G.	Attach copies of your tax returns and W-2 for cumulative earning statement(s) for the current year YOU ARE SELF-EMPLOYED: Please list the Gross income: *amount of income from all sources before deductions Federal Income Tax: State Income Tax: Social Security Tax: Medicare Tax: Unreimbursed Business Expenses: Premium Paid for Child(ren)'s Health Insurance: Current Child Support Paid for Other Children:	following \$	per month
II A. B. C. D. E. F. G. H.	Attach copies of your tax returns and W-2 for cumulative earning statement(s) for the current year FYOU ARE SELF-EMPLOYED: Please list the Gross income: *amount of income from all sources before deductions Federal Income Tax: State Income Tax: State Income Tax: Social Security Tax: Medicare Tax: Unreimbursed Business Expenses: Premium Paid for Child(ren)'s Health Insurance: Current Child Support Paid for Other Children: Total Mandatory Deductions:	following \$ \$ \$ \$ \$ \$ \$	per month per month
II A. B. C. D. E. F. G. H. I.	Attach copies of your tax returns and W-2 for cumulative earning statement(s) for the current year FYOU ARE SELF-EMPLOYED: Please list the Gross income: *amount of income from all sources before deductions Federal Income Tax: State Income Tax: Social Security Tax: Medicare Tax: Unreimbursed Business Expenses: Premium Paid for Child(ren)'s Health Insurance: Current Child Support Paid for Other Children: Total Mandatory Deductions: Net Income (line A minus line I):	following \$ \$ \$ \$ \$ \$ \$	per month per month

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		
		TILL				
Additional sheets of	of paper are attach	ed (if needed)				
18. Has anyone been or is there any other me				n) involved in this case, NO		
If yes, please lis	st who is ordered	to provide insurance:				
Are the children	n currently covere	ed by insurance?	YES NO			
If yes, please lie	st who is providin	g the insurance:				
☐ If you a current written proof covered under your p	from your insur	oviding insurance for cance carrier verifyin	•	_		
Is health insura YES	nce available for t	the minor child(ren) the	hrough your em	aployment?		
If yes, how much is the monthly premium to cover ONLY the minor child(ren) on the policy?						
19. Attach the following	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 Sel	f-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.
	<u>OATH</u>
my in	I have read and understand the provisions of the above perjury statute. I affirm that Confidential Financial Affidavit (including attachments) contains a complete disclosure of accome from all sources and that the representations made herein concerning my income are attentioned to the best of my knowledge. I am aware that the court may punish as perjury any itally 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)
STAT	JURAT TE OF
COU	TE OF)
	Subscribed and sworn to before me on this day of
	WITNESS my hand and official seal.
	Notarial Officer
Му С	ommissions Expires:

CERTIFICATE OF SERVICE

I certify that on	(date) the original of this Confidential
Financial Affidavit was filed w	ith the Clerk of District Court; and, a true and accurate copy of
this document was served on th	e other party by Hand Delivery OR Faxed to this number
	OR
and addressed to the following:	
(Print Petitioner/Petitioner's At	
	1 our signature
	Print name