



Lac Courte Oreilles Child Support Services  
 13526 W. Trepania Road, Suite 202  
 Hayward, WI 54843  
 Phone: (715) 318-5916  
 Fax: (715) 318-6080

**FINANCIAL AFFIDAVIT**

**CP:** \_\_\_\_\_ **Court Case No.:** **TBD**  
**NCP:** \_\_\_\_\_ **MTS Case No.:** \_\_\_\_\_

Complete this form, provide all attachments listed below and return it to:

LAC COURTE OREILLES CHILD SUPPORT SERVICES  
 13526 W. TREPANIA ROAD, SUITE 202  
 HAYWARD, WI 54843

If you are not a parent to the child(ren) on this case, you do not need to complete this form.

**Attach copies of the following information. We do not return originals.**

1. Complete copies of your state and federal tax returns for the last two years, including all supporting schedules, attachments, W-2 forms and 1099 forms.
2. Copies of your last eight paycheck stubs.
3. Any Court Order(s) identifying the number of overnights each parent has with the child(ren) each year.
4. If health insurance is available through your employer, documentation of the cost for that insurance (identify cost of single vs. family).
5. If a child is close to age 18, please provide an anticipated graduation date for that child and where enrolled in school.

Name		Age	Date of Birth		
Address		City		State	Zip Code
Home Phone	Cell Phone		Work Phone		
Employer		Occupation			

Highest degree completed (check one):

- Some high school  
  GED/HS Diploma  
  Some college  
  2 year degree  
  4 year degree  
  Post graduate/professional

Child(ren's) Name(s)	Date of Births	Ages

If more space is needed to list children, use the back of this sheet.

**Total Monthly Income:** \_\_\_\_\_ Indicate types and amounts of income below.

Gross Monthly Income: \_\_\_\_\_ (before taxes and deductions)  
 (If you have a weekly income, multiply it by 4.3. If you have a bi-weekly income, multiply it by 2.15.)

Other Income: \_\_\_\_\_ Indicate sources and amounts of other income below.

Public Assistance:	Social Security:	Disability:
Rents:	Unemployment:	Child Support:
Pension:	Other:	Spouse's Gross Monthly Income:
Other Household Member's Income:		Per Capita: (amount and frequency)

**Total Monthly Deductions from Gross Income:** \_\_\_\_\_ Indicate types and amounts of deductions below.

Federal Income Tax:	Social Security:	Insurance:
State Income Tax:	Retirement:	Other:

**Net Monthly Income:** \_\_\_\_\_ (total income after taxes and deductions)

**Total Monthly Expenses:** \_\_\_\_\_ Indicate types and amounts of expenses below.

Mortgage/Rent: (circle one)	Food:	Auto expenses (gas, oil, etc.):
Property taxes:	Clothing (include children):	Auto insurance:
Homeowners insurance:	Debts (total from list below):	Child care expenses:
Utilities (heat, water, sewer):	Uninsured medical expenses:	Entertainment:
Telephone:	Uninsured dental expenses:	Laundry:
Cable:	Life Insurance policy premiums:	Misc:

**Debts** (not including home mortgage)

Creditor	Balance	Monthly Payment

If more space is needed to list debts, use the back of this sheet.

**Assets/Liabilities**

Real Estate

1. Address: \_\_\_\_\_  
 Single-family home    Rental property    Business Property

Original cost: \_\_\_\_\_ Mortgage balance: \_\_\_\_\_ Current market value: \_\_\_\_\_

2. Address: \_\_\_\_\_  
 Single-family home    Rental property    Business Property

Original cost: \_\_\_\_\_ Mortgage balance: \_\_\_\_\_ Current market value: \_\_\_\_\_

**Business Interests**

Name/Address of Business	Type of Business	% of Ownership	Value minus indebtedness

**Vehicles**

	Vehicle #1	Vehicle #2	Vehicle #3
Year/Make			
Model			
Mileage/Condition			
Present Value			
Mortgage/Lien			
Net Value			

(Net Value – present value minus mortgage/lien)

**Household furniture and appliances** (approximate value): \_\_\_\_\_

**Bank Accounts** (checking, savings, certificate of deposit accounts, etc.)

Financial Institution	Balance of Account	Type

If more space is needed to list accounts, use the back of this sheet.

**Life Insurance**

Company Name	Premiums	Face Value	Cash Value
	\$            per		
	\$            per		
	\$            per		

**Health Insurance**

	Medical Insurance	Dental Insurance
Company name		
Cost of family policy		
Policy book available?		
Effective date		
Persons covered		

If more space in needed to list covered persons, use the back of this sheet.

**Retirement Plan of Profit Sharing Account**

Company Name	Value to Date

**Stocks and Securities**

Name

Value


**Other Assets** (boats, horses, motorcycles, etc.)

Type

Value


Note any change in circumstances since the last child support order was set: (change in income; change in custody, overnight visitation arrangements or any children turning age 18 and out of high school etc.)

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I declare that the information provided, along with any attachments, is complete, true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date