

STATE OF MAINE

DISTRICT COURT

Location _____

Docket No. _____

IN RE:

CHILD PROTECTION
FINANCIAL AFFIDAVIT

(If more space is needed, attach additional sheets.)

CHILD(REN) WHO ARE THE SUBJECT OF THIS PROCEEDING:

Name of Child(ren): _____ Relationship to Applicant: _____

PERSONAL INFORMATION

Name _____ Date of Birth _____

Address _____ Telephone Number _____

SS Number Disclosure Required on separate form

Marital Status single married divorced separated widowed
I live alone with spouse with partner with parent with friend homeless

INCOME:

1. EMPLOYMENT

a. Where do you work? (list employer name/address/telephone number) _____

b. Length of time employed: _____ Full time Part time Seasonal

c. If not currently employed, when and where were you last employed? _____

d. Do you anticipate being employed or having other income within the near future? yes no

If yes, explain _____

2. ANNUAL INCOME Last year: _____ Anticipated this year: _____

3. MONTHLY/WEEKLY INCOME

a. Salary and wages (gross pay) \$ _____ per _____

b. Unemployment \$ _____ per week

c. Social Security \$ _____ per month

d. TANF (AFDC) \$ _____ per month

e. Alimony/child support \$ _____ per _____

f. Other income (pension/workers' comp/interest/dividends/rental etc.)

\$ _____ per _____

Do you receive fringe benefits such as meal allowance or use of a car? yes no

If yes, describe _____

Do you receive any other kind of pay or compensation not included above? yes no

If yes, describe _____

The following deductions come out of my pay in addition to taxes: (Give amounts)

Child support _____ Debt payments _____ Insurance _____ Other _____

4. Do you expect to receive any payments such as retroactive government benefits, tax refunds, settlements, etc?

yes no If yes, describe _____

5. Does anyone owe you money? yes no If yes, describe _____

ASSETS AND DEBTS

1. Assets (Give current values)

Real estate _____ Car/truck _____ Boat/rec. vehicles _____

Bank accounts _____ Pension _____ Securities _____

Any other item worth over \$50 _____

2. Debts

Mortgage balance _____ Monthly payment _____

Loan balances _____ Monthly payment _____

Credit card debts _____ Monthly payment _____

DEPENDENTS

Children (give names and dates of birth) _____

The children live with me other parent other some with me/some with others

I pay support of : _____ per _____ for _____

Total child support paid last year _____; this year to date _____

Do you have other dependents? If so, list: _____

Does anyone provide you with support? (Spouse/partner/parent, etc.) yes no If yes, identify: _____

CHILD RELATED COSTS

Cost of health insurance for children _____

(To determine this amount, deduct the cost of insurance for yourself from the cost for the family.)

Weekly child care costs so you can work or train to work _____

Do any of your children have regular recurring medical expenses? (for example, asthma medication)

yes no If yes, give details and amount _____

OTHER

Describe any other facts you believe are important to understand your financial situation.

ON MY OATH, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS AFFIDAVIT IS TRUE AND INCLUDES ALL OF MY INCOME, ASSETS AND DEBTS.

Date: _____

Signature

Subscribed and sworn to before me:

Date: _____

(Attorney)(Notary)(Deputy Clerk)

Based on review of the parent's financial circumstances, including an interview with the parent, I make the following recommendation:

Eligible Not eligible Partially eligible \$ _____

RECOMMENDATION: _____

Date:

Screener: