

FORM 2: AFFIDAVIT OF FINANCIAL INFORMATION

Name: _____
Mailing Address: _____
City, State, Zip Code: _____
Daytime Phone Number: _____
Evening Phone Number: _____
Representing: Self Petitioner Respondent
State Bar Number: _____

ARIZONA SUPERIOR COURT, COUNTY OF _____

Case No. _____

Petitioner/~~Plaintiff~~

ATLAS No. _____

Respondent

AFFIDAVIT OF FINANCIAL INFORMATION

Affidavit of _____
(Name of Person Whose Information is on this Affidavit)

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

WARNING TO ~~BOTH~~ PARTIES: This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party and to the judge. ~~If you do not do this, the court may order you to pay a fine.~~

I have read the following document and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me. I also understand that, if I fail to provide the required information or give misinformation, the judge may order sanctions against me, including assessment of fees ~~for fines and expenses~~ under Rule 31-~~Arizona Rules of Family Law Procedure.~~

Date

Signature of Person Making Affidavit

Case No. _____

INSTRUCTIONS

- 1. Complete the entire Affidavit in black ink.** If the spaces provided on this form are inadequate, use separate sheets of paper to complete the answers and attach them to the Affidavit. Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.
- ~~2. Answer the following statements YES or NO. If you mark NO, explain your answer on a separate piece of paper and attach the explanation to the Affidavit.~~ You must provide the other party with copies of the following:
- ~~A. Proof of your year to date income from all sources, including your two most recent pay stubs.~~
 - ~~B. Complete copies of your federal income tax returns for the last three years with all schedules and attachments.~~
 - ~~C. All W-2 and 1099 forms from all sources of income for the last three years.~~
 - ~~D. If self-employed, a member of a partnership, or a shareholder of a closely held corporation, complete copies of the business federal income tax returns for the last three years with all schedules and attachments.~~
- ~~[] YES [] NO I have provided the other party with copies of the documents described above. If no, explain your answer.~~
- _____
- _____

1. GENERAL INFORMATION:

- A. Name: _____ Date of Birth: _____
- B. Current Address: _____
- C. Date of Marriage: _____ Date of Divorce: _____
- D. Last date when you and the other party lived together: _____
- E. Full name(s) of child(ren) common to the parties (in this case), ~~their~~ date(s) of birth, and Social Security Number(s) (last 4 digits only):

Name	Date of Birth	Last Four Digits of Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. The name, date of birth, relationship to you, and gross monthly income for each individual who lives in your household:

Name	Date of Birth	Relationship to you	Income
_____	_____	_____	_____
_____	_____	_____	_____

Case No. _____

G. Any other person for whom you contribute support:

Name	Age	Relationship to You	Reside With You (Y/N)	Court Order to Support (Y/N)
------	-----	---------------------	-----------------------	------------------------------

H. Attorney's Fees paid in this matter \$ _____. Source of funds _____

2. EMPLOYMENT INFORMATION:

A. Your job/occupation/profession/title: _____

Name and address of current employer: _____

Date employment began: _____

How often are you paid: [] Weekly [] Every other week [] Monthly [] Twice a month [] Other _____

B. If you are not working, why not? _____

C. Previous employer name and address: _____

Previous job/occupation/profession/title: _____

Date previous job began: _____ Date previous job ended: _____

Reason you left job: _____

Gross monthly pay at previous job: \$ _____

D. Total gross income from last three (3) years' tax returns. ~~(attach copies of pages 1 and 2 of your federal income tax returns for the last three (3) years):~~

Year 20 \$ _____ Year 20 \$ _____ Year 20 \$ _____

E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): \$ _____

3. YOUR EDUCATION/TRAINING: List name of school, length of time there, year of last attendance, and degree earned:

A. High School: _____

B. College: _____

C. Post-Graduate: _____

D. Occupational Training: _____

4. YOUR GROSS MONTHLY INCOME:

- List **all** income you receive from **any** source, whether private or governmental, taxable or not.
- List all income payable to you individually **and all non-wage income** ~~or~~ payable jointly to you and your spouse.
- Use a monthly average for items that vary from month to month.
- Multiply weekly income ~~and deductions~~ by 4.33 **to arrive at the monthly total.** Multiply biweekly income by 2.165 to arrive at the ~~total amount for the~~ **monthly total.**

A. Gross salary/wages per month \$ _____

- **Attach copies of your two most recent pay stubs.**

Rate of **P** pay \$ _____ per [] hour [] week [] month [] year

Case No. _____

B. Expenses paid for by your employer:	
1. Automobile provision or allowance	\$ _____
2. Auto expenses, such as gas, repairs, insurance	\$ _____
3. Lodging	\$ _____
4. Other (E explain) _____	\$ _____
C. Commissions/ B bonuses	\$ _____
D. Tips	\$ _____
E. Self-employment I income (S see below)	\$ _____
F. Social Security benefits	\$ _____
G. Worker's compensation and/or disability income	\$ _____
H. Unemployment compensation	\$ _____
I. Gifts/ P prizes	\$ _____
J. Payments from prior spouse	\$ _____
K. Rental income (net after expenses)	\$ _____
L. Contributions to household living expense by others	\$ _____
M. Other (E explain): _____	\$ _____
(Include dividends, pensions, interest, trust income, annuities or royalties.)	
TOTAL:	\$ _____

5. SELF-EMPLOYMENT INCOME (if applicable):

~~If you are self-employed, attach a copy of the Schedule C for your business from your last tax return and the most recent income/expense statement from your business.~~

If you are self-employed, a member of a partnership, or a shareholder of a closely held corporation, provide the following information:

Name, address and telephone no. of business: _____

Type of business entity: _____
State and ~~D~~ date of incorporation/~~formation~~: _____
Nature of your interest: _____
Nature of business: _____
Percent ownership: _____
Number of shares of stock: _____
Total issued and outstanding shares: _____
Gross sales/revenue last 12 months: _____

INSTRUCTIONS

Both parties must answer item 6 if either party asks for child support. These expenses include only those expenses for children who are common to the parties, which means one party is the birth/adoptive mother and the other is the birth/adoptive father of the children.

Formatted: Font: 12 pt

6. SCHEDULE OF ALL MONTHLY EXPENSES FOR CHILDREN:

- **DO NOT LIST** any expenses for the other party, or child(ren) who live(s) with the other party, **unless** you are paying those expenses.
- Use a monthly average for items that vary from month to month.

Case No. _____

- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HEALTH INSURANCE:

1. Total monthly cost \$ _____
2. Premium cost to insure you alone \$ _____
3. Premium cost to insure child(ren) common to the parties \$ _____
4. List all people covered by your insurance coverage:

5. Name of insurance company and ~~P~~ policy/~~G~~ group ~~N~~ number:

B. DENTAL/VISION INSURANCE

1. Total monthly cost \$ _____
2. Premium cost to insure you alone \$ _____
3. Premium cost to insure child(ren) common to the parties \$ _____
4. List all people covered by your insurance coverage:

5. Name of insurance company and ~~P~~ policy/~~G~~ group ~~N~~ number:

C. UNREIMBURSED MEDICAL AND DENTAL EXPENSES:

- (~~C~~ost to you after, or in addition to, any insurance reimbursement)
1. Drugs and medical supplies \$ _____
 2. Other _____ \$ _____
- TOTAL:** \$ _____

D. CHILD CARE COSTS:

1. Total monthly child care costs \$ _____
(~~D~~o not include amounts paid by D.E.S.)
2. Name(s) of child(ren) cared for and amount per child:

_____ \$ _____
_____ \$ _____
_____ \$ _____
3. Name(s) and address(es) of child care provider(s):

E. EMPLOYER PRETAX PROGRAM:

Do you participate in an employer program for pretax payment of child care expenses (Cafeteria Plan)? [] YES [] NO

F. COURT ORDERED CHILD SUPPORT:

1. Court ordered current child support for child(ren) **not common to the parties** \$ _____
2. Amount of any arrears payment \$ _____
3. Amount per month actually paid in last 12 ~~mon~~ths. \$ _____
 - **Attach proof that you are paying**

Case No. _____

4. Name(s) and relationship of minor child(ren) who you support or who live with you, but are **not** common to the parties:

G. COURT ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony):

1. Court ordered spousal maintenance/support you actually pay to previous spouse: \$ _____

H. EXTRAORDINARY EXPENSES:

1. For **Children** (~~E~~ducational ~~E~~xpense/~~S~~pecial ~~N~~eeds/~~O~~ther): \$ _____
Explain: _____

2. For **Self**: \$ _____
Explain: _____

INSTRUCTIONS	
Both parties You must answer items 7 and 8 if either party is requesting:	
<ul style="list-style-type: none"> • Spousal maintenance • Division of expenses • Attorneys' fees and costs • Adjustment or deviation from the child support amount • Enforcement <u>of prior orders</u> 	

Formatted: Indent: Left: 36 pt, First line: 0 pt, Bulleted + Level: 1 + Aligned at: 90 pt + Tab after: 108 pt + Indent at: 108 pt, Don't adjust space between Latin and Asian text, Tab stops: Not at 108 pt

7. SCHEDULE OF ALL MONTHLY EXPENSES:

- Do NOT list any expenses for the other party, or children who live with the other party unless you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HOUSING EXPENSES:

1. House payment:		
a. First M mortgage	\$	_____
b. Second M mortgage	\$	_____
c. Homeowners' A ssociation F ee	\$	_____
d. Rent	\$	_____
2. Repair & upkeep	\$	_____
3. Yard work/ P ool/ P est C ontrol	\$	_____
4. Insurance & taxes not included in house payment	\$	_____
5. Other (E xplain) _____	\$	_____
TOTAL:	\$	_____

B. UTILITIES:

1. Water, sewer, and garbage	\$	_____
2. Electricity	\$	_____
3. Gas	\$	_____
4. Telephone	\$	_____

Case No. _____

- 5. Mobile phone/pager \$ _____
 - 6. Internet Pprovider \$ _____
 - 7. Cable/Ssatellite television \$ _____
 - 8. Other (Eexplain:) _____ \$ _____
- TOTAL:** \$ _____

C. FOOD:

- 1. Food, milk, and household supplies \$ _____
 - 2. School lunches \$ _____
 - 3. Meals outside home \$ _____
- TOTAL:** \$ _____

D. CLOTHING:

- 1. Clothing for you \$ _____
 - 2. Uniforms or special work clothes \$ _____
 - 3. Clothing for children living with you \$ _____
 - 4. Laundry and dry-cleaning \$ _____
- TOTAL:** \$ _____

E. TRANSPORTATION OR AUTOMOBILE EXPENSES:

- 1. Car insurance \$ _____
 - 2. List all cars and individuals covered:

 - 3. Car payment, if any \$ _____
 - 4. Car repair and maintenance \$ _____
 - 5. Gas and oil \$ _____
 - 6. Bus fare/parking fees \$ _____
 - 7. Other (explain): _____ \$ _____
- TOTAL:** \$ _____

F. MISCELLANEOUS:

- 1. School tuition \$ _____
- 2. School supplies \$ _____
- 3. School activities or fees \$ _____
- 4. Extracurricular activities of child(ren) \$ _____
- 5. Church/contributions \$ _____
- 6. Newspapers, magazines and books \$ _____
- 7. Barber and beauty shop \$ _____
- 8. Life insurance (beneficiary: _____) \$ _____
- 9. Disability insurance \$ _____
- 10. Recreation/entertainment \$ _____
- 11. Child(ren)'s allowance(s) \$ _____
- 12. Union/Pprofessional dues \$ _____
- 13. Voluntary retirement contributions and savings deductions \$ _____
- 14. Family gifts \$ _____

Case No. _____

15. Pet Expenses \$ _____
 16. Cigarettes \$ _____
 17. Alcohol \$ _____
 18. Other (explain): _____ \$ _____
TOTAL: \$ _____

8. ~~G. OUTSTANDING OTHER DEBTS AND ACCOUNTS:~~ List all debts and installment payments you currently owe that are but do not include items listed above, in Item 8 ~~“Monthly Schedule of Expenses”~~. Follow the format below. Use additional paper if necessary.

Creditor Name	Purpose of Debt	Unpaid Balance	<u>Minimum Monthly Payment</u>	Date of Your Last Payment	<u>Amount of Last Monthly Payment</u>
<u>TOTAL OF LAST MONTHLY PAYMENTS:</u>					\$ _____

8. TOTAL OF ALL MONTHLY EXPENSES FROM ITEMS 6 & 7 ABOVE: \$ _____