

IN THE DISTRICT COURT OF _____ COUNTY STATE OF OKLAHOMA

Plaintiff,

Case No.

v.

Defendant,

FINANCIAL AFFIDAVIT

This document is filed by father/mother (Circle one)

FATHER:	MOTHER:
ADDRESS:	ADDRESS:
CITY, STATE, ZIP	CITY, STATE, ZIP
SOC SEC NO:	SOC SEC NO:
OCCUPATION:	OCCUPATION:
PRIMARY EMPLOYER:	PRIMARY EMPLOYER:
BIRTHDATE:	BIRTHDATE:

If you claim to be a victim of domestic abuse, or claim other good cause, you are not required to disclose your address unless ordered by the Court.

Relationship to child(ren) subject to this action: _____

Child(ren) who is/are the subject of this action:

FIRST	MIDDLE	LAST	Date of Birth Month Day Year	Social Security Number

PRIMARY EMPLOYER NAME: _____

PRIMARY EMPLOYER ADDRESS: _____
Street, City, State, Zip Code

PRIMARY EMPLOYER TELEPHONE: _____

AVERAGE NUMBER OF HOURS WORKED PER WEEK: _____

CIRCLE THE BASIS ON WHICH YOUR PAY IS BASED: HOURLY; WEEKLY; MONTHLY; ANNUALLY AND INDICATE WHAT YOUR PAY IS FOR THE CIRCLED AMOUNT: \$_____.

CIRCLE HOW OFTEN YOU ARE PAID: WEEKLY; EVERY 2 WEEKS; TWICE MONTHLY; MONTHLY;

HOW LONG HAVE YOU WORKED FOR THIS EMPLOYER: _____

SECONDARY EMPLOYER NAME: _____

SECONDARY EMPLOYER ADDRESS: _____
Street, City, State, Zip Code

SECONDARY EMPLOYER TELEPHONE: _____

CIRCLE THE BASIS ON WHICH YOUR PAY IS BASED: HOURLY; WEEKLY; MONTHLY; ANNUALLY AND INDICATE WHAT YOUR PAY IS FOR THE CIRCLED AMOUNT: \$_____.

CIRCLE HOW OFTEN YOU ARE PAID: WEEKLY; EVERY 2 WEEKS; TWICE MONTHLY; MONTHLY

HOW LONG HAVE YOU WORKED FOR THIS EMPLOYER: _____

IF REQUIRED TO DO SO BY THE DISCOVERY CODE; COURT RULE; COURT ORDER IN THIS CASE, PLEASE ATTACH COPIES OF YOUR LAST FOUR (4) PAY STUBS FROM YOUR PRIMARY AND SECONDARY EMPLOYMENT.

INCOME / EXPENSES / ASSETS AND LIABILITIES:

GROSS MONTHLY INCOME	FATHER	MOTHER
Salary		
Wages		
Commissions		
Dividends		
Bonuses		
Severance Pay		
Pensions		
Rent		
Interest Income		
Trust Income		
Annuities		

Social Security Benefits		
Workers' Compensation Benefits		
Unemployment Insurance Benefits		
Disability Insurance Benefits		
Gifts		
Prizes		
All other sources (Specify)		
GROSS MONTHLY INCOME	\$	\$

YOU MUST DISCLOSE ALL GROSS INCOME (12 O.S. § 1170)

IF YOU ARE REQUIRED TO DO SO BY THE DISCOVERY CODE; COURT RULE; COURT ORDER IN THIS CASE, PLEASE INDICATE IF YOU FILED TAX RETURNS FOR THE LAST THREE YEARS: YES/NO (CIRCLE ONE).

IF REQUIRED TO DO SO BY THE DISCOVERY CODE; COURT RULE; COURT ORDER IN THIS CASE, ATTACH COPIES OF YOUR FEDERAL AND STATE INCOME TAX RETURNS FOR THE LAST THREE (3) YEARS INCLUDING ALL SCHEDULES AND ATTACHMENTS. COPIES SHOULD BE PROVIDED TO THE OTHER PARTY IN THE CASE OR HIS/HER ATTORNEY AND THE COURT.

DID YOU OR THE OTHER PARTY IN THIS CASE RECEIVE THE EARNED INCOME TAX CREDIT FOR ANY OF THE PAST THREE TAX YEARS _____ YES _____ NO (CHECK ONE).

DEDUCTIONS PER PAY PERIOD:

Itemize pay period deductions from gross income:	FATHER	MOTHER
State income taxes		
Federal income taxes		
Number of exemptions taken		
FICA		
Income Assignment Withholding		
Union or other dues		
Retirement or pension fund		
Savings plan		
Medical Insurance		

Dental Insurance		
Life Insurance		
Other		
Other deductions		
Other deductions		
Other deductions		
Credit Union (specify whether for savings or loan payment)		
TOTAL PAY PERIOD DEDUCTIONS FROM GROSS INCOME	\$	\$
NET PAY PERIOD INCOME (TAKE HOME PAY)	\$	\$

OTHER:

	FATHER	MOTHER
Monthly court-ordered child support paid in other cases*		
Court-ordered visitation travel related expenses		
Regular medical expenses of the children not covered by insurance		

***REQUIRED INFORMATION ON PAY-PERIOD COURT-ORDERED CHILD SUPPORT (ATTACH COPIES OF COURT ORDER (\$)) AND PROOF OF AMOUNTS PAID FOR THE PAST SIX (6) MONTHS.**

**** REQUIRED INFORMATION ON MEDICAL INSURANCE PREMIUM:**

Provider/Name of Plan: _____

Address: _____

Street,

City,

State,

Zip Code

Phone number: _____

Policy Number: _____

Total Premium: \$ _____

Premium for Employee Only: \$ _____

Premium for Employee and Dependents: \$ _____

Premium for Child(ren): \$ _____

Debts:

CREDITOR'S NAME	PURPOSE FOR DEBT	DATE PAYABLE	BALANCE	MONTHLY PAYMENT
TOTAL			\$	\$

PROPERTY WITH A VALUE OF ONE HUNDRED DOLLARS (\$100.00) OR MORE:

If either party claims a property item as their separate property put an F or M beside the description of the property.

All property of the parties known to me owned individually or jointly (indicate who holds or how title held: (F) Father, (M) Mother, Or (J) Jointly). Where space is insufficient for complete information or listing please attach separate schedule.

	VALUE	OWED THEREON
(a) Household furnishings, appliances, and equipment		
(b) Automobiles (Year-Make)		
(c) Securities - stocks bonds		
(d) Cash and Deposit Accounts (banks, Savings loans, credit unions - savings and checking) :		

Life Insurance:

Name & Address of Company	Policy No.	Face Amount	Cash Value Accumulated Div. Or Loan Amount

Profit Sharing, 401K or Retirement Accounts-Interest and Amount:

		Presently Vested	
Name:	\$	\$	
Name:	\$	\$	

Other Personal Property and Assets (Specify with value):

Real Estate (Where more than one parcel of real estate owned, attach sheet with identical information for all additional property):

Address	Type of Property
Original Cost	Date of Acquisition

VERIFICATION

STATE OF OKLAHOMA)
) SS.
COUNTY OF _____)

_____ of lawful age, being first duly sworn, that I am the
(Plaintiff/Defendant) named in the above Financial Affidavit and I declare the statements contained herein are
true and correct.

Party's Signature

Subscribed and sworn to me, a notary public within and for said County and State, on this _____ day of
_____, _____.

NOTARY PUBLIC

My Commission Expires: _____

Firm Name: _____

by: _____

Attorney's Signature

Attorney Name: _____
(Please print or type)

Bar Number: _____

Address: _____
Street

City, State, Zip

Telephone Number: _____

FAX Number: _____