

# AFFIDAVIT OF FINANCIAL INFORMATION

Before signing a court document or getting involved with a court case, it's important to see an attorney to make sure you understand your legal rights and responsibilities. The Self-Help Center has information on finding an attorney.

Name of Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self

**SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO**

Petitioner's Name on the Petition that started this case: \_\_\_\_\_ Case Number: DO\_\_\_\_\_

**AFFIDAVIT OF FINANCIAL INFORMATION**

Respondent's Name: \_\_\_\_\_

I am the  Petitioner or  Respondent

**INSTRUCTIONS:**

**DON'T LEAVE ANYTHING BLANK:** If a question doesn't apply, write "NA" for "not applicable". If you don't know the answer or are guessing, say that.

Round all amounts to the nearest dollar.

If there's not enough room for your answers, attach more paper.

After completing the form, **file the following with the court:**

- Affidavit of Financial Information
- Copies of your two most recent pay stubs
- If you're court-ordered to pay child support or arrears for children of other relationships: Proof of your payments over the last 12 months

And **give copies of the following to the other party:**

- Affidavit of Financial Information and any attachments
- Proof of your year-to-date income from all sources, including your two most recent pay stubs
- Complete copies of your federal income tax returns for the last three years with all schedules and attachments
- Your W-2 and 1099 forms from all sources of income for the last three years
- If you are 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

Are you sending copies of the items listed above to the other party?  Yes  No. If No, why not?  
\_\_\_\_\_

**OATH:**

I've read this Affidavit. The facts and financial information in it are true and correct. I understand that it might be perjury if I list false information. I understand that if I leave anything blank or list wrong information, the judge might order sanctions against me, including fees and expenses under Rule 31, Arizona Rules of Family Law Procedure.

Date: \_\_\_\_\_ My Signature: \_\_\_\_\_

**GENERAL INFORMATION:**

My Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current Address: \_\_\_\_\_

Last date that I and the other party lived together: \_\_\_\_\_

*For married or divorced parties:*

Date of Our Marriage: \_\_\_\_\_

Our divorce is  pending or  final. If final: Date of Divorce: \_\_\_\_\_

**Children:** These are all the children who are under 18 and are my and the other party's biological or adopted children:

Name	Birthdate	Last 4 Digits of Social Security Number

**Household:** These are all the people who live in my household:

Name	Relationship to Me	Birthdate	Gross Monthly Income

**Other People I Support:** These are all other people who I support and who are not already listed above:

Name	Relationship to Me	Age	Lives with Me? (Y/N)	I'm Court-Ordered to Support Them? (Y/N)

**Attorney's Fees:** Attorney's fees I've paid in this case: \$ \_\_\_\_\_

Where I got the money to pay those fees: \_\_\_\_\_

**Employment:**

My job/occupation/profession/title: \_\_\_\_\_

My current employer's name: \_\_\_\_\_

Current employer's address: \_\_\_\_\_

Date current employment began: \_\_\_\_\_

How often I'm paid:  Weekly  Every other week  Monthly  Twice a month  
 Other: \_\_\_\_\_

If I'm not working, it's because: \_\_\_\_\_

Previous employer's name: \_\_\_\_\_

Previous employer's address: \_\_\_\_\_

Previous job/occupation/profession/title: \_\_\_\_\_

Date previous job began: \_\_\_\_\_ Date previous job ended: \_\_\_\_\_

Why I left previous job: \_\_\_\_\_

Gross monthly pay at previous job: \$ \_\_\_\_\_

Total gross income from last three years' tax returns:

Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_

My total gross income from January 1 of this year to the date of this Affidavit: \$ \_\_\_\_\_

**Education/Training:**

	School Name	# of Years There	Last Year There	Degree Earned
High School				
College				
Post-Graduate				
Occupational Training				

**INCOME:**

**Gross Monthly Income:**

*What to list:* 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 payable jointly to you and your spouse.

*Monthly average:* Use a monthly average for items that change from month to month.

*Monthly total for weekly or biweekly income:* Multiply weekly income by 4.33 to get the monthly total. Multiply income received every other week by 2.165 to get the monthly total.

Gross monthly salary/wages ..... \$ \_\_\_\_\_  
Rate of Pay: \$ \_\_\_\_\_ per [ ] hour [ ] week [ ] month [ ] year  
Expenses my employer pays for:  
*Include all amounts your employer reimburses you for, including travel for work and to distant job sites, per diem, and living expenses for time spent at another job site.*  
Automobile provision or allowance..... \$ \_\_\_\_\_  
Auto expenses, such as gas, repairs, and insurance ..... \$ \_\_\_\_\_  
Lodging ..... \$ \_\_\_\_\_  
Other (explain): \_\_\_\_\_ \$ \_\_\_\_\_  
Commissions/Bonuses ..... \$ \_\_\_\_\_  
Tips ..... \$ \_\_\_\_\_  
Self-employment income ..... \$ \_\_\_\_\_  
Social Security benefits..... \$ \_\_\_\_\_  
Worker's compensation and/or disability income ..... \$ \_\_\_\_\_  
Unemployment compensation ..... \$ \_\_\_\_\_  
Gifts/Prizes..... \$ \_\_\_\_\_  
Spousal support (alimony) payments from a previous marriage ..... \$ \_\_\_\_\_  
Rental income (net after expenses)..... \$ \_\_\_\_\_  
Contributions to household living expenses by others ..... \$ \_\_\_\_\_  
Other (explain): *Include dividends, pensions, interest, trust income, annuities, etc.* \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**Total Gross Monthly Income: \$ \_\_\_\_\_**

Monthly child support I receive for my children from other relationships who live with me:  
\$ \_\_\_\_\_

**Self-Employment:**

*Fill out this section if: Fill out this section only if you are self-employed, a member of a partnership, or a shareholder of a closely held corporation.*

Business name: \_\_\_\_\_  
Business address: \_\_\_\_\_  
Business phone number: \_\_\_\_\_  
Type of business entity: \_\_\_\_\_  
State and date of incorporation/formation: \_\_\_\_\_  
Nature of my interest: \_\_\_\_\_  
Nature of business: \_\_\_\_\_  
Percent ownership: \_\_\_\_\_  
Number of shares of stock: \_\_\_\_\_  
Total issued and outstanding shares: \_\_\_\_\_  
Gross sales/revenue over the last 12 months: \_\_\_\_\_

**EXPENSES:**

**Monthly Expenses for Children We Have in Common:**

*Fill out this section if: Fill out this section only if you and the other party have biological or adopted children together under age 18 or 18 and still in high school.*

*What to list: List only expenses that you pay yourself for those children.*

*Future expenses: If you list an expense you think you'll have in the future but don't have now, put an asterisk (\*) next to the amount.*

**Health Insurance:**

Total monthly cost ..... \$ \_\_\_\_\_

Premium cost to insure just me and not the children: \$ \_\_\_\_\_

Premium cost to insure just the children and not me: \$ \_\_\_\_\_

*You must list these premium costs. You can get them from your Human Resources Department.*

Names of all people covered by my insurance:

\_\_\_\_\_  
Name of insurance company and Policy/Group Number:

\_\_\_\_\_  
Do you have health insurance available to you?  Yes  No

If Yes, are you enrolled in that insurance?  Yes  No

**Dental/Vision Insurance:**

Total monthly cost ..... \$ \_\_\_\_\_

Premium cost to insure just me and not the children: \$ \_\_\_\_\_

Premium cost to insure just the children and not me: \$ \_\_\_\_\_

*You must list these premium costs. You can get them from your Human Resources Dept.*

Names of all people covered by my insurance:

\_\_\_\_\_  
Name of insurance company and Policy/Group Number:

**Unreimbursed Medical And Dental Expenses:**

*This is the cost to you that insurance doesn't reimburse.*

Co-payments ..... \$ \_\_\_\_\_  
Drugs and medical supplies ..... \$ \_\_\_\_\_  
Other (*explain*): \_\_\_\_\_ \$ \_\_\_\_\_

**Total A: Total Of Health Insurance, Dental/Vision Insurance, And Unreimbursed Medical And Dental Expenses: .....** \$ \_\_\_\_\_

**Employer Pretax Program:**

Do you participate in an employer program for pretax payment of child care expenses ("Cafeteria Plan")?  Yes  No

**Child Care Costs:**

Total monthly child care costs (*do not include amounts that DES pays*) ..... \$ \_\_\_\_\_

Names of children receiving child care and cost per child:

Name: \_\_\_\_\_ \$ \_\_\_\_\_  
Name: \_\_\_\_\_ \$ \_\_\_\_\_  
Name: \_\_\_\_\_ \$ \_\_\_\_\_  
Name: \_\_\_\_\_ \$ \_\_\_\_\_

Child care providers:

Name	Address

**Extraordinary Expenses:**

Monthly amount of extraordinary expenses for gifted or handicapped children (*explain*): \_\_\_\_\_ \$ \_\_\_\_\_

**Total B: Total Of Child Care Costs and Extraordinary Expenses .....** \$ \_\_\_\_\_

**Monthly Expenses From Other Relationships:**

**Court-Ordered Support For Children Of Other Relationships:**

These are all the children under age 18, or 18 and still in high school, who I support or who live with me and who are not the other party's children:

Name	Relationship to Me

Monthly amount of child support I'm court-ordered to pay for children of other relationships ..... \$ \_\_\_\_\_

Monthly amount of arrears I'm court-ordered to pay for children of other relationships ..... \$ \_\_\_\_\_

Monthly amount of that child support and those arrears that I actually paid over the last 12 months: \$ \_\_\_\_\_

**Court-Ordered Spousal Support (Alimony) From Previous Marriages:**

Monthly amount of court-ordered spousal support I actually pay to spouses from previous marriages ..... \$ \_\_\_\_\_

<b>Total C: Total Of Expenses From Other Relationships ..... \$ _____</b>
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**My Monthly Expenses:**

*Fill out this section if: Fill out the "My Monthly Expenses" section only if either party asked for any of the following:*

- *spousal support*
- *temporary division of bills*
- *attorney's fees and costs*
- *deviation from the child support guidelines*
- *enforcement of previous court orders*

*What to list: List your own expenses. Do not list expenses for the other party or for children who live with the other party unless you are paying those expenses yourself.*

*Monthly average: Use a monthly average for items that change from month to month.*



*Future expenses: If you list an expense you think you'll have in the future but don't have now, put an asterisk (\*) next to the amount.*

**Housing:**

House payment:  
First mortgage ..... \$ \_\_\_\_\_  
Second mortgage..... \$ \_\_\_\_\_  
Homeowners association fee..... \$ \_\_\_\_\_  
Rent ..... \$ \_\_\_\_\_  
Repair and upkeep..... \$ \_\_\_\_\_  
Yard work/Pool/Pest control..... \$ \_\_\_\_\_  
Insurance and taxes not included in house payment..... \$ \_\_\_\_\_  
Other (*explain*): \_\_\_\_\_ \$ \_\_\_\_\_

**Total Housing Expenses: \$ \_\_\_\_\_**

**Utilities:**

Water, sewer, and garbage ..... \$ \_\_\_\_\_  
Electricity ..... \$ \_\_\_\_\_  
Gas ..... \$ \_\_\_\_\_  
Telephone..... \$ \_\_\_\_\_  
Mobile phone/pager ..... \$ \_\_\_\_\_  
Internet provider..... \$ \_\_\_\_\_  
Cable/Satellite television ..... \$ \_\_\_\_\_  
Other (*explain*): \_\_\_\_\_ \$ \_\_\_\_\_

**Total Utilities Expenses: \$ \_\_\_\_\_**

**Food:**

Food, milk, and household supplies..... \$ \_\_\_\_\_  
School lunches ..... \$ \_\_\_\_\_  
Meals outside the home ..... \$ \_\_\_\_\_

**Total Food Expenses: \$ \_\_\_\_\_**

**Clothing:**

Clothing for me..... \$ \_\_\_\_\_  
Uniforms or special work clothes ..... \$ \_\_\_\_\_  
Clothing for children living with me ..... \$ \_\_\_\_\_  
Laundry and dry-cleaning ..... \$ \_\_\_\_\_

**Total Clothing Expenses: \$ \_\_\_\_\_**

**Transportation:**

Car insurance ..... \$ \_\_\_\_\_  
These are all the cars and people covered by that insurance:  
\_\_\_\_\_  
\_\_\_\_\_  
Car payment ..... \$ \_\_\_\_\_  
Car repair and maintenance ..... \$ \_\_\_\_\_  
Gas and oil ..... \$ \_\_\_\_\_  
Bus fare/parking fees ..... \$ \_\_\_\_\_  
Other (*explain*): ..... \$ \_\_\_\_\_

**Total Transportation Expenses: \$ \_\_\_\_\_**

**Miscellaneous:**

School and school supplies ..... \$ \_\_\_\_\_  
School activities or fees ..... \$ \_\_\_\_\_  
Children's extracurricular activities..... \$ \_\_\_\_\_  
Church/contributions..... \$ \_\_\_\_\_  
Newspapers, magazines, and books..... \$ \_\_\_\_\_  
Barber and beauty shop..... \$ \_\_\_\_\_  
Life insurance (beneficiary's name: \_\_\_\_\_ ) \$ \_\_\_\_\_  
Disability insurance ..... \$ \_\_\_\_\_  
Recreation/entertainment ..... \$ \_\_\_\_\_  
Children's allowances ..... \$ \_\_\_\_\_  
Union/Professional dues ..... \$ \_\_\_\_\_  
Voluntary retirement contributions and savings deductions..... \$ \_\_\_\_\_  
Family gifts ..... \$ \_\_\_\_\_  
Pet expenses ..... \$ \_\_\_\_\_  
Cigarettes ..... \$ \_\_\_\_\_  
Alcohol..... \$ \_\_\_\_\_  
Extraordinary expenses for you (*list any unusual expenses for yourself that are unique to your family and not listed anywhere else on this form*): ..... \$ \_\_\_\_\_

**Total Miscellaneous Expenses: \$ \_\_\_\_\_**

<b>Total D: Total Of Housing, Utilities, Food, Clothing, Transportation, and Miscellaneous Expenses</b> ..... \$ _____
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**Other Debts:**

List all debts and installment payments you currently owe and are paying that are not already listed above.

Creditor Name	Purpose of Debt	Unpaid Balance	Amount of Last Payment	Date of Last Payment	Minimum Monthly Payment

<b>Total E: Total Of Minimum Monthly Payments for Other Debts .....</b>	<b>\$ _____</b>
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**Total of All Monthly Expenses** (Add together Totals A, B, C, D, and E, and enter the total here)..... **\$ \_\_\_\_\_**