

IN THE IOWA DISTRICT COURT FOR POLK COUNTY

IN THE MARRIAGE OF _____

CASE NO. _____

PETITIONER,

AND CONCERNING

AFFIDAVIT OF FINANCIAL STATUS

RESPONDENT.

I, _____, the Petitioner/Respondent in the above entitled matter, being first duly sworn, state that the following is a true and complete statement of my assets and liabilities, under Division I (and my present income under Division II, if applicable) as of the _____ day of _____, 200___. (To be signed on page (2)).

DIVISION I - NET WORTH STATEMENT

(Required in all dissolution cases § 598.13)

ASSETS

(Attach additional sheets if necessary)

Description	Ownership (H) (W) (J)	Market Value	Encumbrance	Net Value
Real Estate				
(a) Homestead	{ }	\$	\$	\$
(b) Other (describe)	{ }	\$	\$	\$
Vehicles (make, year)				
(a)	{ }	\$	\$	\$
(b)	{ }	\$	\$	\$
(c)	{ }	\$	\$	\$
Life Insurance (Cash Value)				
(a)	{ }	\$	\$	\$
(b)	{ }	\$	\$	\$
(c)	{ }	\$	\$	\$
Securities				
(a)	{ }	\$	\$	\$
(b)	{ }	\$	\$	\$
(c)	{ }	\$	\$	\$
Cash & Bank Accounts				
(a)	{ }	\$	\$	\$
(b)	{ }	\$	\$	\$
(c)	{ }	\$	\$	\$
Household Contents				
(a) Furniture	{ }	\$	\$	\$
(b) Appliances	{ }	\$	\$	\$
(c) Other:	{ }	\$	\$	\$
Other Assets - Itemize				
(a)	{ }	\$	\$	\$
(b)	{ }	\$	\$	\$
(c)	{ }	\$	\$	\$
Totals				\$ _____
Less other debts - itemized on next page				\$ _____
NET WORTH				\$ _____

Other debts:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total \$ _____

DIVISION II - CURRENT INCOME AND EXPENSE INFORMATION
(To be completed by all parties seeking or resisting alimony or support allowances)

A. Income Source (Including ADC & other support payments)	Gross	Deduction(s) (See below)	Net Income
(a)	\$ _____ per _____	\$ _____	\$ _____
(b)	\$ _____ per _____	\$ _____	\$ _____
(c)	\$ _____ per _____	\$ _____	\$ _____
(d)	\$ _____ per _____	\$ _____	\$ _____
		Total	\$ _____

Deductions Explained (specify Income Source (a), (b), (c), etc.)

Income Source ()	\$ _____ per _____	for _____
()	\$ _____ per _____	for _____
()	\$ _____ per _____	for _____
()	\$ _____ per _____	for _____
()	\$ _____ per _____	for _____

B. Affiant's estimate of the other spouse's income (including ADC & other support payments)	Gross	Deduction(s) (See below)	Net Income
(a)	\$ _____ per _____	\$ _____	\$ _____
(b)	\$ _____ per _____	\$ _____	\$ _____
(c)	\$ _____ per _____	\$ _____	\$ _____
(d)	\$ _____ per _____	\$ _____	\$ _____
		Total	\$ _____

Deductions Explained (specify Income Source (a), (b), (c), etc.)

Income Source ()	\$ _____ per _____	for _____
()	\$ _____ per _____	for _____
()	\$ _____ per _____	for _____
()	\$ _____ per _____	for _____
()	\$ _____ per _____	for _____

C. Residential Arrangements: Are both spouses living in the same dwelling? _____
 If there are children, which spouse or other person has physical care of the children? _____
 Do the children reside in the family dwelling or elsewhere? _____

D. Personal Expenses For Support of Affiant (and _____ children)
 (Note: Report all expenses uniformly either weekly or monthly):

House payment or rent	\$ _____	per _____
Meals or food	\$ _____	per _____
Clothing	\$ _____	per _____
Car expense, transportation	\$ _____	per _____
Medical, dental	\$ _____	per _____
Utilities & telephone	\$ _____	per _____
Other expenses	\$ _____	per _____
_____	\$ _____	per _____
_____	\$ _____	per _____

Installment Payments and Other Debts Payable to:

_____	\$ _____	per _____
_____	\$ _____	per _____
_____	\$ _____	per _____

Affiant Requests: \$ _____ per _____ Total of Division B: \$ _____ as child support

\$ _____ per _____ as temporary alimony
\$ _____ per _____ as temporary attorneys fees

PETITIONER/RESPONDENT

Subscribed and Sworn to before me this _____ day of _____, 200__.

NOTARY PUBLIC IN AND FOR THE STATE OF IOWA

COMPLETING YOUR FINANCIAL AFFIDAVIT

It is important that you complete the enclosed Financial Statement as accurately and as thoroughly as possible. Provide supporting documentation for the items that request it. Only the items listed under "MY DEDUCTIONS" are allowed when determining net income. These are deductions permitted by the mandatory Supreme Court guidelines. Please try to return the completed statement to me within 10 days of receiving it. If you have any questions about how to fill out the statement, please contact the office. **THE FINANCIAL STATEMENT MAY BE FILED WITH THE COURT AND MAY BECOME PUBLIC RECORD.**

I. NET WORTH STATEMENT

Under the column labeled (H)(W)(J)- indicate the ownership of the asset.

(H)- Husband

(W)- Wife

(J)- Joint

Under the column labeled Market Value, enter the amount of money you believe that the asset would currently sell for. Note that this is seldom the amount you purchased the asset for.

Under the column labeled Encumbrance, please enter the amount owed, if any, on the asset.

NOTE: You do not have to add-up the columns as the computer program we enter the information into does it automatically.

Real Estate: List the purchase price or market value of real estate you own individually and/or with your spouse and the amount of equity in that property.

Vehicles: List the type, year, make, and model of vehicle(s) you own individually and/or with your spouse.

Life Insurance (cash value): List the cash value of any life insurance policies that you and/or your spouse own. Note that cash value is the amount you can withdraw from your life insurance policy, not the amount it pays if you were to die.

Securities: List the value of any stocks, bonds, mutual funds, certificates of deposit and annuities in which you own individually and/or with your spouse.

Cash & Bank Account: List the amount of money in your savings and checking account(s) and joint savings and checking accounts, the name(s) of the bank(s), and the account number(s). Also, list the amount of cash you and/or your spouse have on hand.

Household Contents: List property that is in the household such as appliances, furniture, televisions, etc.

Other Assets: List any and all items that you have not previously listed.

Other Debts: List any and all debts that you and/or your spouse currently have. Note that this does not include listing the amount owed on the assets listed above.

II. CURRENT INCOME AND EXPENSE INFORMATION

Income Source: List the name(s) of your employer(s), your gross income, and income from other sources. Indicate whether the income is per year, per month, twice per month, every two weeks, or per week. Provide me with a copy of your most recent pay stub, or a pay stub that reflects a year-to-date total. If your income is from a source other than an employer, or if you are self-employed, attach copies of your most recent tax returns. Your gross income is your income before any deductions.

MY DEDUCTIONS

Withholding Tax: List the federal and state withholdings as reflected on your pay stub or, if self-employed, the amount listed on your tax returns.

FICA: List the amount of your FICA withholdings. (The FICA withholdings are the sum of your Social Security and Medicare withholdings. If self-employed, provide verification of Medicare withholdings.)

Union Dues: List the amount of your union dues.

Mandatory Pension: List the amount of pension you must contribute. Amounts over the required amount that are optional or voluntary contributions are not allowed as a deduction. Examples of mandatory contributions are IPERS and TIAA/CREF.

Dependent Health Insurance Premium: List the amount of your monthly premium and the names of the children covered by the insurance. This deduction is allowed if children involved in this action are covered. **You must provide actual payment and proof that the dependents have been enrolled.**

If the children are not covered and you anticipate adding them to the insurance, list the amount of your expected health insurance premiums. **You must provide verification of the anticipated premiums to get this deduction.**

Individual Health Coverage or Expense Deductions: List the amount of health coverage or expenses for yourself not covered by your health insurance.

Prior Court-Ordered Child Support or Alimony: List the amount of child support or alimony you have actually paid under a prior court order and the names of the people or agencies where payments were made. If the payments were not made through the Iowa Collection Services Center, **provide proof of payments for the last 12 months**. The prior order must have been entered before an order is entered in this case.

EXAMPLE: You have a son and a daughter, each with a different mother/father. On January 1, 1996, a court orders you to pay \$200 per month for your son. On March 1, 1996, a court date is set to determine your support obligation for your daughter. If you made January and February payments of \$200 per month for your son, you will be allowed a deduction of \$200 in determining your support obligation for your daughter.

Prior Court-Ordered Medical Support (paid): List the dollar amount of medical support the court ordered you to pay (monthly, weekly, etc.) that you actually paid. The medical support order must have been entered by the court before the date of the order in this case. Do not include health insurance premiums that have been paid. **You must provide verification of the prior court order and payments made to receive credit for this deduction.**

Actual Child Care Expense Due to Employment: This deduction is for the CUSTODIAL PARENT ONLY. If you are the custodial parent of children involved in this action, list the amount of your expenses related to employment and the amount of income tax credit you claim. **Proof of child care expenses, such as a copy of the Child and Dependent Care Expenses tax form, must be provided.**

Qualified Additional Dependent Deduction: List the name(s) and birth date(s) of child(ren) of whom you are the legal parent, excluding the children for whom support is being sought under this action. **You must provide proof of legal responsibility for the child(ren)** such as a marriage certificate and birth certificate; a paternity affidavit; a court order establishing paternity; the mother's statement of maternity; or a statement by the other parent admitting paternity, made in court (you can get the in-court statement from the clerk of court). **If you were ordered to pay support for any children, provide copies of the court order.**

YOUR ESTIMATE OF YOUR SPOUSES INCOME

Current Spouse's Income: List the name(s) of your spouse's employer(s), his/her gross income, his/her net income (after deductions), and income from other sources. This information will be used to give us a more complete picture of your financial situation and will not be used to determine your net income.

NOTE: Instead of filling out this part you can provide me with a copy of your spouse's pay stub if available.

MY EXPENSES

Expenses: List your living expenses.

Insurance: List the amount of your insurance premiums for life, home, and auto.

MY DEBTS/INSTALLMENT PAYMENTS

Debts/Installment Payments: List the names of you creditor(s), the item purchased, the payment amount, and the remaining balance.

SIGNATURE

Signature: When you return the financial affidavit sign your name in front of one of my secretaries who is a notary public.