

**IN THE CIRCUIT COURT OF _____ COUNTY, ARKANSAS
(DOMESTIC RELATIONS DIVISION)**

STATE OF ARKANSAS)
)
COUNTY OF _____)

AFFIDAVIT OF FINANCIAL MEANS

Revised 6/2007

Plaintiff

V.

No. _____

Defendant

The affiant, being duly sworn, says under penalty of perjury that affiant is the **(PLAINTIFF) (DEFENDANT)** (strike out one) herein, has prepared this financial statement, knows the contents thereof, and that it is true and correct.

MY INCOME

(Complete Block 23 on page 5 FIRST)

	How often are you paid?	Amount
1.	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly (26 times a year) <input type="checkbox"/> Monthly <input type="checkbox"/> bimonthly (twice a month, 24 times a year) <input type="checkbox"/> other	
1. a.	Net Pay: (Take-home) (from line 23.h)	\$
1. b.	Allowable Deductions: (from line 23.g)	\$
1. c.	Other Deductions: (from line 24.i.)	\$

2. Number of dependents, including self, claimed for tax withholding purposes: ____

3. Additional amount, if any, withheld for tax purposes: \$_____

OTHER INCOME, FUNDS & LIQUID ASSETS AVAILABLE TO ME

4.	Funds:	Amount:	Source of funds/assets:
4.a.	All other income received (state source, amount and how often received):	\$	
4.b.	Cash on hand or in banks:	\$	
4.c.	Stocks & bonds, etc.:	\$	
4.d.	All other child support:	\$	

THE CHILDREN

5.	Financial Responsibility of my children:	Number of children:
5.a.	Number of children I have with opposing party:	#
5.b.	Number of other children I have and support:	#
5.c.	Total Number of children living with me whom I support:	#

5.d.	Full Name of child(ren) born or legally adopted of this marriage:	Date of Birth:
1.		
2.		
3.		
4.		

MY MONTHLY EXPENSES

6.	Expense:	Amount:		Expense:	Amount
a.	Rent/house payment	\$	k.	Drugs	\$
b.	Gas & Electricity	\$	l.	Life Insurance	\$
c.	Water	\$	m.	Health Insurance	\$
d.	Telephone	\$	n.	Auto Insurance	\$
e.	Food	\$	o.	Fire Insurance	\$
f.	Clothing	\$	p.	Transportation	\$
g.	Laundry & Cleaning	\$	q.	Other:	\$
h.	Child care	\$	r.	Other:	\$
i.	Car Payment	\$	s.	Other:	\$
j.	Medical	\$	t.	Other:	\$
				Total:	\$

Place a check mark by all expenses which are not being paid currently.

CREDITORS

(Complete items 26, 27 & 28 on page 6 & 7 FIRST)

	Whose debts:	Total Owed: (A)	Total of Monthly payments: (B)
7.	Joint Debts:	\$	\$
8.	Plaintiff's Debts:	\$	\$
9.	Defendant's Debts:	\$	\$

GENERAL INFORMATION ABOUT PARTIES

(Do not guess concerning information about opposing party)

	Information about:	Plaintiff	Defendant
10.	Name:		
11.	Address:		
12.	SSN (last four digits)		
13.	Date of Birth:		
14.	Phone No.: (home)		
15.	Phone No.: (work)		
16.	Employer:		
17.	Employer Address:		

18.	Employer Phone #		
19.	Opposing party's net ___ weekly, ___ biweekly ___ monthly, or ___ bimonthly Income:		
20.	Other income of opposing party:		
21.	Number of children of opposing party:		

INCOME

20. How often are you paid?

___ weekly
52 times a year

___ biweekly
26 times a year

___ bimonthly
24 times a year

___ monthly
12 times a year

___ other
Explain

YOUR NET PAY

(Gross pay minus payroll deductions)

23.	Income:		Amount	
23.a.	Gross Wages		\$	xxxxxxxxxxxx
	Per pay period			
23.b.		Deductions per check:	xxxxxxxxxx	Amount
23.c.		Federal Income Taxes Withheld:	xxxxxxxxxx	\$
23.d.		State Income Taxes Withheld:	xxxxxxxxxx	\$
23.d.		F.I.C.A., and medicare ¹ :	xxxxxxxxxx	\$
23.e.		Health Insurance (children only) ²	xxxxxxxxxx	\$
23.f.		Court ordered child support ³ :	xxxxxxxxxx	\$
23g.		Total withheld: (b) thru (f) above: Carry to line 1.b. on first page.	xxxxxxxxxx	\$

23.h.	Net take-home pay per pay period: (Subtract 23.g. from 23.a.)	\$
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23.i.	<p>¹F.I.C.A. Is Social Security; Include any railroad retirement in F.I.C.A. block.</p> <p>²Include the amount you pay to cover the children only.</p> <p>³Include any court ordered child support for dependents of previous marriages or previously legally legitimated children and adopted children withheld from current paycheck.</p>
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Repeat salary information on a separate attachment for any other salaried positions you have.

OTHER DEDUCTIONS FROM MY PAYCHECK

24.	Item:	Amount:
24.a.	Union Dues:	\$
24.b.	Credit Union, thrift plan payments:	\$
24.c.	Pension Benefits and stock purchase plans:	\$
24.d.	Charitable contributions:	\$

24.e.	Debt payments and/or garnishments:	\$
24.f.	Life Insurance payments:	\$
24.g.	Other (Identify):	\$
24.h.	Other (Identify):	\$
24.i.	Total withheld (total of 24.a thru 24.h) (Carry to 1.c. on page 1):	\$

The above deductions will not be considered as direct deductions from your gross pay.

However, they may affect the amount of the child support obligation.

OTHER COURT ORDERED CHILD SUPPORT

25.	Other court-ordered child support being paid other than by deduction: Attach child support order and proof of payment	\$
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CREDITORS & DEBTS

26. Debts in the names of **BOTH PARTIES** are:

	Creditor:	Total amount owed:	Monthly payment:
		\$	\$
26.a.		\$	\$
26.b.		\$	\$
26.c.		\$	\$
26.d.		\$	\$
26.e.		\$	\$
26.f.		\$	\$
26.g.		\$	\$
26.h.		\$	\$
	Totals:	\$	\$

Attach additional schedules as needed, and then total – Carry to lines 7(A) & 7(B) on page 3.

27. Debts in the name of only the **PLAINTIFF** are:

	Creditor:	Total amount owed:	Monthly payment:
27.a.		\$	\$

27.b.		\$	\$
27.c.		\$	\$
27.d.		\$	\$
27.e.		\$	\$
	Totals:	\$	\$

Attach additional schedules as needed, and then total – Carry to lines 8(A) & 8(B) on page 3.

28. Debts in the name of only the **DEFENDANT** are:

	Creditor:	Total amount owed:	Monthly payment:
28.a.		\$	\$
28.b.		\$	\$
28.c.		\$	\$
28.d.		\$	\$
28.e.		\$	\$
	Totals:	\$	\$

Attach additional schedules as needed, and then total – Carry to lines 9(A) & 9(B) on page 3.

DATED this _____ day of _____, 2007.

AFFIANT

SUBSCRIBED AND SWORN to before me on this _____ day of _____, 2007.

NOTARY PUBLIC

S E A L

My commission Expires:

NOTICE

BOTH PARTIES MUST COMPLETE AND EXCHANGE THIS SEVEN-PAGE AFFIDAVIT PRIOR TO THE TEMPORARY HEARING. BOTH PARTIES MUST SUPPLY THE ORIGINAL NOTARIZED AFFIDAVIT TO THE COURT. THE COURT WILL PUNISH PERJURY BY APPROPRIATE ACTION.