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 for Divorce, Legal Separation, or Custody:
_____

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 parternship, 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 ..... $_____

Total C: Total Of Expenses From Other Relationships ..... $_____

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 Transporation 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: $_____

Total D: Total Of Housing, Utilities, Food, Clothing, Transportation, and Miscellaneous Expenses ..... $_____

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

Total E: Total Of Minimum Monthly Payments for Other Debts ..... $_____

Total of All Monthly Expenses *(Add together Totals A, B, C, D, and E, and enter the total here)*..... **$_____**