

Uniform Support Affidavit Instructions for Form 6F

The Uniform Support Affidavit must be completed when the payment of child support is an issue. It provides basic information about expenses and ability to pay.

CAUTION: Please read the instructions for and use UTCR Form 2.100 for all forms which may contain Social Security Numbers. There may be attachments submitted with the Uniform Support Affidavit that have Social Security Numbers in them. It is your responsibility to redact (black out) any Social Security Numbers on the attachments or copies.

Child living with:

Name of Child	Age	Me	Other Parent	Other

7. List all people living in your household (other than children named in item 6 above):

Name	Age	Relationship to You	Monthly Income

8. List your other dependents or children not listed in items 6 or 7 above:

Name	Age	Relationship to You	Monthly Income

9. ENTER THE FOLLOWING INFORMATION FROM SCHEDULES INDICATED:

- A. TOTAL GROSS INCOME (From page 5, item 16.D.) : _____
- B. TOTAL EXPENSES OF CHILDREN (From Schedule 1, item 1.) : _____
- C. TOTAL MONTHLY EXPENSES (From Schedule 1, item 6.) : _____

10. (a) Are you or your present spouse entitled to receive **court-ordered** child support for any children now living with you? YES NO If "YES," complete the following and ATTACH A COPY OF ALL SUCH CHILD SUPPORT ORDERS.

<u>Name of Child</u>	<u>Age</u>	<u>Relation to You</u>	<u>Support Amount</u>

(b) Are those support payments being made? YES NO

11. Are you required to pay a court-ordered child support obligation for a child of yours who is not listed in item 6 above? YES NO If "YES," complete the following and ATTACH A COPY OF ALL CHILD SUPPORT ORDERS.

<u>Name of Child</u>	<u>Age</u>	<u>Name of Recipient</u>	<u>Monthly Support Amount</u>

12. Are you ordered to pay or entitled to receive court-ordered spousal support? YES NO If "YES," complete the following and ATTACH A COPY OF ALL SUCH SPOUSAL SUPPORT ORDERS.

<u>Owed To</u>	<u>Paid By</u>	<u>Monthly Support Amount</u>
Owed Until: _____ (Date or Event): _____		

13. Are you incurring child care costs on behalf of the children listed in item 6 above? YES NO If "YES," complete the following and **attach documentation** verifying the information provided below:

<u>Name of child</u>	<u>Day-care Provider and Address</u>	<u>Monthly (gross amount before application cost) of any tax credit or subsidy</u>

14. Do you receive any subsidy for such care? If so, amount \$ _____ per month.

15. MEDICAL AND DENTAL ELECTIONS – The child support recipient may elect to require the support payor to name the child(ren) as the beneficiary on a health/dental insurance plan. If so elected, the child support may be adjusted by an amount equal to all or a portion of the cost to parent who provides the child’s(ren’s) portion of the health/dental insurance premium. Please choose:

- I wish to require health/dental insurance coverage by the other party and understand that a portion of the premium may be deducted from support.
- I do not wish to require health/dental insurance coverage by the other party.
- I provide health/dental insurance through my employer; see page 6, item 18, of this schedule, for information.

ATTACHMENTS

REQUIRED

OPTIONAL

- | | |
|---|--|
| <input type="checkbox"/> Last four (4) payroll stubs. | <input type="checkbox"/> Child care documentation if you want this considered. |
| <input type="checkbox"/> Most recent federal and state income tax return. | <input type="checkbox"/> Medical/dental insurance documentation. |
| <input type="checkbox"/> Copies of any and all relevant child/spousal support orders. | |

(INCOME, DEDUCTIONS AND MEDICAL/DENTAL INSURANCE)

You must complete and submit the following attachments. Copies of recent: (1) federal and state income tax returns, (2) last four pay stubs, and (3) if self-employed, most recent profits and loss statement.

16. Your Monthly Gross Income:

A. From Employment: If paid weekly, multiply weekly income by 4.3 to arrive at a monthly gross income and insert below. If paid every two weeks, multiple two weeks' income by 2.15 and insert below:

<u>Description</u>	<u>Monthly Amount</u>
Gross Hourly Wage: _____	
Average Number of Hours Worked Per Week: _____	
Gross Monthly Income:	_____
Gross Monthly Tips/Commissions/Bonuses (identify):	_____
SUBTOTAL 16.A.	_____

B. From Self-Employment: If you own an interest in partnership or in a closely held corporation, attach last year's schedule K-1 and/or corporation federal income tax return:

<u>Description</u>	<u>Monthly Amount</u>
Gross Receipts:	_____
Expense Reimbursements:	_____
Rental Income:	_____
Royalty Income:	_____
Less Ordinary/Necessary Expenses:	(_____)
Plus Monthly Portion of Accelerated Component of any Depreciation	_____
Allowance or Investment Tax Credits:	_____
SUBTOTAL 16.B.	_____

C. Other Sources of Income: (Please attach verification of any income available to you as listed below):

<u>Description</u>	<u>Monthly Amount</u>
Dividends:	_____
Interest Income:	_____
Trust Income:	_____
Contract Payments (less underlying debt):	_____
Annuity Income:	_____
Retirement Benefits-Pension/IRA/Keogh (nonsocial security):	_____
Social Security Income:	_____
Workers' Compensation Benefits Per Week Multiplied by 4.3 =	_____ per month
Unemployment Benefits Per Week Multiplied by 4.3=	_____ per month
Disability Income:	_____
Gift or Prizes:	_____
Spousal Support:	_____
Expense Reimbursements and/or Per Diem Allowance (not listed in item B. above):	_____
ADC Benefits:	_____
FCAS (food stamps):	_____
Other (specify): _____	_____

SUBTOTAL 16.C. _____

D: Summary of Your Gross Income:

<u>Description</u>	<u>Monthly Amount</u>
Income from Employment (item 16.A. above):	_____
Self-Employed Income (item 16.B. above):	_____
Other Income (item 16.C. above):	_____

YOUR TOTAL MONTHLY GROSS INCOME: ENTER HERE and on this Affidavit Page 2, line 9.A. 16.D. _____

17. Your Monthly Deductions from Gross Income:

A. Mandatory Deductions:

Number or exemptions claimed by you: _____

<u>Description</u>	<u>Monthly Amount</u>
State Income Taxes:	_____
Federal Income Taxes:	_____
Social Security (FICA):	_____
Workers' Compensation Insurance Premium:	_____
Wage Withholding, Wage Assignment or Garnishment: (Paid to: _____)	_____
Medical Insurance for the Parties' Joint Children if Additional Premium Total Premium _____ – less cost of coverage for yourself + other dependants =	_____

SUBTOTAL OF MANDATORY: 17.A. _____

B. Optional Deductions:

<u>Description</u>	<u>Monthly Amount</u>
Retirement/Profit Sharing:	_____
Savings Plan:	_____
Credit Union:	_____
Other:	_____

SUBTOTAL OF OPTIONAL: 17.B. _____

C. Summary of Deductions:

Mandatory--from item 17.A. above: _____

Optional--from item 17.B. above: _____

TOTAL MONTHLY DEDUCTIONS 17.C. _____

18. Information for Medical and Dental Insurance Coverage: (For children listed on page 2, item 6, of this Affidavit which is currently provided or available for the benefit of those children.):

- I provide this (complete information below) HEALTH INSURANCE DENTAL INSURANCE
- Other parent provides this (complete if known)

Name of Insurance Company: _____
 Plan or Group Name: _____
 Plan/Group Number: _____
 Individual I.D. Number: _____
 Address for Claims Submission: _____
 Phone Number for Information: _____
 Amount of Annual Deductible: _____
 Gross Monthly Premium Actually Paid by You
 (exclude amounts paid by your employer): _____
 Monthly Premium to Cover Only You: _____
 Dependent's Portion of Monthly Premium: _____

Are there dependents other than children on page 2, item 6, of this Affidavit enrolled with plan? YES NO

If Yes, total number of other dependants: _____

Certificate of Document Preparation. You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

- I selected this document for myself and I completed it without paid assistance.
- I paid or will pay money to _____ for assistance in preparing this form.

I certify that my answers and this information on this affidavit and the attached schedules are true to the best of my knowledge and ability. I further certify that the information on the attached documents is true to the best of my knowledge and ability.

Dated this _____ day of _____, 20____.

Signature

SIGNED AND SWORN to before me this _____ day of _____, 20____.

Notary Public for _____/Court Clerk
My Commission Expires: _____

SCHEDULE 1
(Monthly Expenses and Rebutting Factors)

You must complete this schedule and prepare and submit the attachments requested in this schedule if either party seeks spousal support or any change from the uniform child support guidelines. These are the total household expenses you must pay each month. Utility bills should be averaged over the year. Any other annual, quarterly, or other periodic payments should be converted to a monthly average. **DO NOT LIST ANY EXPENSE IF IT IS DEDUCED FROM YOUR WAGES. ONLY INCLUDE DIRECT EXPENSES FOR JOINT CHILDREN IN SECTION 1.**

1. Direct <u>monthly</u> expenses <u>for children of this relationship</u> which you pay:	<u>AMOUNT</u>
A. School Expenses:	_____
School Lunches:	_____
Books, Tuition:	_____
Activities:	_____
Other (Specify):	_____
B. Food (Other than school lunches):	_____
C. Day Care:	_____
D. Clothing:	_____
E. Medical Insurance--Premium Payments:	_____
F. Unreimbursed Health Costs:	_____
G. Unreimbursed Dental Costs:	_____
H. Baby--Sitting (not work-related):	_____
I. Lessons:	_____
J. Grooming Needs:	_____
K. Hobbies, Recreation:	_____
L. Entertainment:	_____
M. Allowances:	_____
N. Transportation:	_____
Gasoline, Oil:	_____
Insurance for Driving-Age Child:	_____
O. Miscellaneous (Specify): _____	_____
_____	_____

TOTAL DIRECT EXPENSES OF CHILDREN: 1. _____

(Add 1.A. thru 1.O.):

ENTER HERE and on Uniform Support Affidavit page 2. Line 9.B.

	<u>Source</u>	<u>Amount</u>	<u>Name</u>
Average Monthly Amount of Child's Income:	_____		

2. FIXED COSTS	<u>Monthly Amount</u>
A. RESIDENCE:	
Mortgage or Rent:	_____
Property Taxes:	_____
(If not included in mortgage)	
Second Mortgage:	_____
Other:	_____

B. UTILITIES:

Electricity: _____
Heat (other than electricity): _____
Water: _____
Garbage: _____
Telephone: _____
Other: _____

C. TRANSPORTATION:

Car Payments: _____
Gas & Oil: _____
Maintenance & Repairs: _____
Other (Specify): _____

D. INSURANCE:

Life: _____
Automobile: _____
Medical/Dental: _____
Residence: _____

E. FOOD AND HOUSEHOLD ITEMS:

(exclude food expenses for
joint children covered in
Schedule 1, Part 1, above) _____

F. CLOTHING:

Grooming/Personal Needs: _____

G. MEDICINE AND PHARMACEUTICAL – Unreimbursed medical/dental costs: _____

H. COURT/DHR-ORDERED SUPPORT PAYMENTS: _____

TOTAL FIXED COSTS (A-H): 2. _____

3. CONSUMER OBLIGATIONS:

<u>NAME OF CREDITORS</u>	<u>BALANCE DUE</u>	<u>MONTHLY PAYMENTS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL MONTHLY PAYMENTS ON CONSUMER OBLIGATIONS: 3. _____

4. DISCRETIONARY EXPENSES:

A. Entertainment: _____
B. Vacations: _____
C. Gifts: _____
D. Religious Contributions: _____

E. Dues and Subscriptions: _____
F. Club Memberships & Dues: _____

TOTAL DISCRETIONARY EXPENSES: 4. _____

5. ADDITIONAL EXPENSES:

TOTAL ADDITIONAL EXPENSES: 5. _____

6. TOTAL EXPENSES EXCLUDING DIRECT EXPENSES OF CHILD
(Add 2, 3, 4 and 5): 6. _____
ENTER HERE and on Uniform Support Affidavit, page 2, line 9C.

7. Other factors that affect my income and expenses or that should be considered to rebut the presumptive child support Calculations (attach supporting documentation whenever possible): _____

