Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

ATLAS Number: _____

Lawyer's Bar Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA
IN COCHISE COUNTY

_____
Petitioner / Party A

Case Number: _____

AFFIDAVIT OF FINANCIAL INFORMATION

_____
Respondent / Party B

Affidavit of _____
(Name of Person Whose Information is on this Affidavit)

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

WARNING TO BOTH PARTIES: This Affidavit is an important document. You must fill out this affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party and to the judge. If you do not do this, the court may order you to pay a fine.

I have read the following documents and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me I also understand that, if I fail to provide the required information or give misinformation, the judge may order sanctions against me, including assessment of fees for fines under Rule 26, Arizona Rules of Family Law Procedure.

_____
Date

_____
Signature of Person Making Affidavit

Case Number: _____

INSTRUCTIONS

1. **Complete the entire Affidavit in black ink. If the spaces provided on this form are inadequate, use separate sheets of paper to complete the answers and attach them to the Affidavit. Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate your read the question. Round all amounts of money to the nearest dollar.**
2. Answer the following statements **YES** or **NO**. If you mark **NO**, explain your answer on a separate piece of paper and attach the explanation to the Affidavit.

☐ YES ☐ NO 1. I listed all sources of my income.

☐ YES ☐ NO 2. I attached copies of my two (2) most recent pay stubs.

☐ YES ☐ NO 3. I attached copies of my federal income tax return for the last three (3) years, and I attached my W-2 and 1099 forms from all sources of income.

1. GENERAL INFORMATION:

A. Name: _____ Date of Birth: _____

B. Current Address: _____

C. Date of Marriage: _____ Date of Divorce: _____

D. Last date when you and the other party lived together: _____

E. Full names of child(ren) common to the parties (in this case), their dates of birth:

Name	**Date of Birth**

F. The name, date of birth, relationship to you and gross monthly income for each individual who lives in your household:

Name	**Date of Birth**	**Relationship to you**	**Income**

G. Any other person for whom you contribute support:

Name	Age	Relationship to you	Reside With You (Y/N)	Court Order to Support (Y/N)

H. Attorney's Fees paid in this matter $_____. Source of funds _____

2. EMPLOYMENT INFORMATION:

A. Your job/occupation/profession/title: _____

Name and address of current employer: _____

_____

Date employment began: _____

How often are you paid: ☐ Weekly ☐ Every other week ☐ Monthly ☐ Twice a month

☐ Other: _____

B. If you are not working, why not? _____

C. Previous employer name and address: _____

_____

Previous job/occupation/profession/title: _____

Date previous job began: _____ Date previous job ended: _____

Reason you left job: _____

Gross monthly pay at previous job: $ _____

D. Total gross income from last three (3) years' tax returns (attach copies of pages 1 and 2 of your federal income tax returns for the last three (3) years):

Year_____ $_____ Year_____ $_____ Year_____ $_____

E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): $ _____

3. YOUR EDUCATION / TRAINING: List name of school, length of time there, year of last attendance, and degree earned:

A. High School: _____

B. College: _____

C. Post-Graduate: _____

D. Occupational Training: _____

4. YOUR GROSS MONTHLY INCOME:

- List all income you receive from any source, whether private or governmental, taxable or not.
- List all income payable to you individually or payable jointly to you and your spouse.
- Use a monthly average for items that vary from month to month.
- Multiply weekly income and deductions by 4.33. Multiply biweekly income by 2.165 to arrive at the total amount for the month.

A. Gross salary/wages per month $_____

- **Attach copies of your two most recent pay stubs.**

Rate of Pay $_____ per ☐ hour ☐ week ☐ month ☐ year

B. Expenses paid for by your employer:

1. Automobile $_____
2. Auto expenses, such as gas, repairs, insurance $_____
3. Lodging $_____
4. Other (Explain) _____ $_____

C. Commissions / bonuses $_____

D. Tips $_____

E. Self-Employment Income (See below) $_____

F. Social Security benefits $_____

G. Worker's compensation and/or disability income $_____

H. Unemployment compensation $_____

I. Gifts / Prizes $_____

J. Payments from prior spouse $_____

K. Rental income (net after expenses) $_____

L. Contributions to household living expenses by others $_____

M. Other (Explain:) _____ $_____

(Include dividends, pensions, interest, trust income, annuities or royalties.)

TOTAL: $_____

5. SELF-EMPLOYMENT INCOME (if applicable):

If you are self-employed, attach a copy of the Schedule C for your business from your last tax return and the most recent income / expense statement from your business.

If self-employed, provide the following information:

Name, address and telephone no. of business: _____

_____

Type of business entity: _____

State and Date of incorporation: _____

Nature of your interest: _____

Nature of business: _____

Percent ownership: _____

Number of shares of stock: _____

Total issued and outstanding shares: _____

Gross sales / revenue last 12 months: _____

INSTRUCTIONS

Both parties must answer item 6 if either party asks for child support. These expenses include only those expenses for children who are common to the parties, which mean one party is the birth / adoptive mother and the other is the birth / adoptive father of the children.

6. SCHEDULE OF ALL MONTHLY EXPENSES FOR CHILDREN:

- **DO NOT LIST** any expenses for the other party, or child(ren) who live(s) with the other party, **unless** you are paying those expenses.
- Use monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HEALTH INSURANCE:

Do you have health insurance available? ☐ **Yes** ☐ **No** **Are you enrolled?** _____

1. Total monthly cost $ _____
2. Premium cost to insure you alone $ _____
3. Premium cost to insure child(ren) common to the parties $ _____
4. List all people covered by your insurance coverage:

_____

_____

5. Name of insurance company and Policy / Group Number.

_____

B. DENTAL /VISION INSURANCE:

1. Total monthly cost $ _____
2. Premium cost to insure you alone $ _____
3. Premium cost to insure child(ren) common to the parties $ _____
4. List all people covered by your insurance coverage:

_____

_____

5. Name of insurance company and Policy / Group Number.

_____

C. UNREIMBURSED MEDICAL AND DENTAL EXPENSES:

(Cost to you after, or in addition to, any insurance reimbursement)

1. Drugs and medical suplies $ _____
2. Other _____ $ _____

TOTAL: $ _____

D. CHILD CARE COSTS:

1. Total monthly child care costs $ _____
   (Do not include amounts paid by D.E.S.)
2. Name(s) of child(ren) cared for and amount per child:

_____ $ _____

_____ $ _____

_____ $ _____

3. Name(s) and address(es) of child care provider(s):

_____

_____

E. EMPLOYER PRETAX PROGRAM:

Do you participate in an employer program for pretax payment of child care expenses? (Cafeteria Plan)? ☐ YES ☐ NO

F. COURT ORDERED CHILD SUPPORT:

1. Court ordered current child support for child(ren) **not in common to the parties** $ _____

2. Court ordered cash medical support for child(ren) not in common to the parties $ _____
3. Amount of any arrears payment $ _____
4. Amount per month actually paid in the last 12 mos. $ _____
- Attach proof that you are paying

5. Name(s) and relationship of minor child(ren) who you support or who live with you, but are **not** common to the parties.

_____

_____

G. COURT ORDERED SPOUSAL MAINTEANCE / SUPPORT (Alimony):

1. Court ordered spousal maintenance / support you actually pay to previous spouse: $ _____

H. EXTRAORDINARY EXPENSES:

1. For **Children** (Educational Expenses / Special Needs / Other): $ _____

Explain: _____

_____

2. For **Self**: $ _____

Explain: _____

_____

INSTRUCTIONS

Both parties must answer items 7 and 8 if either party is requesting:

- Spousal maintenance
- Division of expenses
- Attorneys' fees and costs
- Adjustment or deviation from the child support amount
- Enforcement

7. SCHEDULE OF ALL MONTHLY EXPENSES:

- Do NOT list any expenses for the other party, or children who live with the other party unless you are paying those expenses.

- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HOUSING EXPENSES:

1. Housing payment:
   a. First Mortgage $ _____
   b. Second Mortgage $ _____
   c. Homeowners Association Fee $ _____
   d. Rent $ _____
2. Repair & upkeep $ _____
3. Yard work / Pool / Pest Control $ _____
4. Insurance & taxes not included in house payment $ _____
5. Other (Explain): _____ $ _____

TOTAL: $ _____

B. UTILITIES:

1. Water, sewer, and garbage $ _____
2. Electricity $ _____
3. Gas $ _____
4. Telephone $ _____
5. Mobile phone / pager $ _____
6. Internet Provider $ _____
7. Cable / Satellite television $ _____
8. Other (Explain): _____ $ _____

TOTAL: $ _____

C. FOOD:

1. Food, milk and household supplies $ _____
2. School lunches $ _____
3. Meals outside home $ _____

TOTAL: $ _____

D. CLOTHING:

1. Clothing for you $ _____
2. Uniforms or special work clothes $ _____
3. Clothing for children living with you $ _____
4. Laundry and cleaning $ _____

TOTAL: $ _____

E. TRANSPORTATION OR AUTOMOBILE EXPENSES:

1. Car insurance $ _____
2. List all cars and individuals covered:

_____

_____

3. Car payment, if any $ _____
4. Car repair and maintenance $ _____
5. Gas and oil $ _____
6. Bus fare / parking fees $ _____
7. Other (Explain): _____ $ _____

TOTAL: $ _____

F. MISCELLANEOUS:

1. School and school supplies $ _____
2. School activities or fees $ _____
3. Extracurricular activities of child(ren) $ _____
4. Church / contributions $ _____
5. Newspapers, magazines and books $ _____
6. Barber and beauty shop $ _____
7. Life insurance (beneficiary: _____) $ _____
8. Disability insurance $ _____
9. Recreation / entertainment $ _____
10. Child(ren)'s allowance(s) $ _____
11. Union / Professional dues $ _____
12. Voluntary retirement contributions and savings deductions $ _____
13. Family gifts $ _____
14. Pet Expenses $ _____

15. Cigarettes $ _____
16. Alcohol $ _____
17. Other (explain): _____ $ _____

TOTAL: $ _____

8. OUTSTANDING DEBTS AND ACCOUNTS: List all debts and installment payments you currently owe, but **do not include items listed in Item 7** "Monthly Schedule of Expenses". Follow the format below. use additional paper if necessary.

Creditor Name	Purpose of Debt	Unpaid Balance	Min. Monthly Payment	Date of Your Last Payment	Amount of Your Payment

Case Number: _____

This page must be completed and attached to the LAST page of your Document

☐ I filed the ORIGINAL of the attached document(s) with the Clerk of Superior Court in Cochise County on:

_____
Month Date Year

☐ I mailed / delivered a COPY of the attached document(s) to The Office of the Attorney General (The State of Arizona) on this date (if applicable):

_____ _____
Month Date Year Address

☐ I mailed / delivered a COPY of the attached document(s) to the Opposing Party and / or his/her Attorney on:

_____
Month Date Year

Name of Other Side	Name of Other Side's Lawyer
Address	Lawyer's Address
City, State, Zip	City, State, Zip

(You must mail a copy of all documents to the other side and his/her lawyer)

By signing below, I state to the Court, under penalty of law, that the information stated on these pages is true and correct to the best of my knowledge and belief.

I further state that I have filed / mailed the attached document(s) as shown above. I understand that if I do not file / mail the attached document(s) as shown above, the Judge in my case will not read the attached document.

_____
Your signature