

WARREN MONTGOMERY

District Attorney, 22ND Judicial District

Child Support Division

JUSTICE CENTER

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***AFFIDAVIT OF INCOME AND EXPENSES
FOR THE PURPOSE
OF NOT APPEARING AT A COURT HEARING***

The District Attorney's Office and Support Enforcement Services do not represent you in any action which may occur. They represent only the State and the State's interest. You have the right to have your own attorney at any time. Are you presently represented by an attorney Yes _____ No _____.

If yes, please provide the following:

Name of Attorney _____

Address _____

Phone # _____

He is representing me concerning _____

I understand that this affidavit of income and expenses is being submitted because I am unable to attend Court. My court date is _____.

My home address is _____

My telephone number is _____

I am unable to attend court because _____

I have attached a copy of all of the following:
(these documents must be attached)

My last two years income tax returns.

My most recent three pay stubs.

My last two years 1099 Income Earning Statement.

Proof of payments made directly to the other parent.

Your Signature _____

Date of Signature _____

**YOU MUST ANSWER ALL QUESTIONS
CONTAINED IN THIS PACKET.
FAILURE TO DO SO COULD RESULT IN THE DISMISSAL OF**

YOUR CASE.

STATE OF LOUISIANA

22ND JUDICIAL DISTRICT COURT

VERSUS

PARISH OF ST. TAMMANY

AND

STATE OF LOUISIANA

LASES # _____

Deputy Clerk

AFFIDAVIT OF INCOME & EXPENSES

- 1. Your Full Name _____
 Your SSN _____
 Other Party's Name _____

- 2. How many children do you and the obligor have together? _____

For each child state:

Child's Name	Date of Birth	Child's Address	School Attending

What is your current custody/visitation arrangement? Please describe the arrangement in detail (weekday, weekends, holidays, and summer) and state whether the arrangement is implemented on a regular basis. If there is another Court Order, please attach a copy of the Order. If the arrangement is different from the Order and/or Judgment, please explain how and why?

- 3. What is the current amount of child support that your are Court Ordered to receive or pay for the Support of the children listed above? _____

4. Do you have any other pending legal actions for custody, visitation, child support, spousal support or alimony? _____ If yes, give the Court, type of action, date of hearing, and the name and phone numbers of all attorneys.

5. Are you currently employed? _____. If you are employed, for each job state:

A. Employer _____
Address _____
Your Position _____
Years at Job _____
Rate of Pay _____
Av. Hr/week _____

6. List all employers (not listed in No. 6 above) and/or jobs held by you over the last 2 years.

A. Employer _____
Address _____
Your Position _____
Years at Job _____
Rate of Pay _____
Av. Hr/week _____

B. Employer _____
Address _____
Your Position _____
Years at Job _____
Rate of Pay _____
Av. Hr/week _____

For each job listed above state the job and the reasons for leaving your position.

7. Please list the monthly amounts of all current sources of income which you or anyone residing in your household receive. For all income/benefits being received by someone other than you, please identify their names in the explanation section.

Source of Income	Gross Monthly Amount	Explanation
Job		
AFDC		
SSI		
Social Security		
Retirement/Pension		
Workers Compensation		
Unemployment		
Spousal Support/Alimony		
Child Support		
Military Pay		
Interest Income		
Dividend Income		
Rental Income		
Supplemental Pay		
Other		

8. If you have no source of income, please explain how you support yourself and the child(ren).

9. How many people are living in your household? _____

State their names, ages and relationships to you.

10. Complete the following statement of monthly household expenses and explain who pays these expenses.

Monthly Expenses	Monthly Amount	Who Pays
Housing		
Food		
Adult clothing		
Child's clothing		
Transportation		
Medical and Dental		
Electricity		
Gas		
Water		
Phone		
Laundry & Cleaning		
Personal & Grooming		
Educational Expenses		
Garnishments		
Child support (for children other than those in this case)		
Fixed Obligations (finance companies, bank loans, etc.)		
Miscellaneous Expenses		

11. Have any lawsuits or claims filed on your behalf been litigated, settled or otherwise resolved over the past five years? _____. If yes, please identify the nature of the claim/lawsuit, the amount of the award/settlement, the status of the claim/lawsuit, and the status/location of the funds awarded.

12. Do you have any lawsuits and/or claims pending? _____. If yes, please identify the nature and amount of the claim, the status of the proceedings, the suit or claim number and place filed, the name, address and phone number of your attorney.

13. Do you pay or receive spousal support or child support for any other children? _____. If yes, attach a copy of the Court Order/Judgment. If the Order/Judgment is unavailable identify the payor, amount of support and/or other obligations ordered to pay, date and Court where Order/Judgment was rendered. Also state whether the other person is complying with the Judgment/Order and if not explain why.

14. Do you support any other children? _____. If yes, identify each child by name, place of residence, date of birth, their relationship to you and the amount you alone contribute to their support.

15. Do you pay anyone to take care of the subject children while you work? _____. If yes, how much per day or week? Please indicate whether these expenses change in the summer or other vacation periods and by how much.

16. Are these children covered on health insurance? _____
If yes, how much do you pay per month and how many people are covered under the policy? _____
Please indicate the amount attributable to these children if that information is available. _____
How much is the deductible? _____

17. Is there any ongoing medical or dental treatment for the children, which expenses are not covered by insurance (i.e. orthodontist, psychological, counseling, allergy treatment, etc.) _____
If yes, please explain the problem and why treatment is necessary (attach copy of statement from treating health care professional if available, monthly or yearly amount not covered, length of treatment, etc.)

18. Are there any extraordinary expenses incurred on behalf of these children, such as private school tuition, costly travel expenses associated with exercising or complying with visitation and/or any other special or expensive cost incurred on behalf of these children? _____ If yes, please explain and itemize these expenses.

19. Are any social security benefits paid in the name of these children? _____ If so, please state the monthly amount received, the date benefits began, and list any lump sum benefits received. Please also state the name and relationship of the person on whose behalf these benefits are paid.

20. Do these children have trust, dividend or interest income of their own? _____
If yes, please explain and itemize.

21. Are you buying a home? _____
If yes, state Address _____ and Value of home _____

22. Do you have an interest in any other real estate? _____

If yes, state the nature of the property and its value.

23. Do you own or have an interest if any of the following:

	YES	NO	Value
Automobile			
Mobile Home			
Boat			
Livestock			
Machinery			
Stocks or Bonds			
Checking Accounts			
Savings Accounts			
Cert. of Deposits			

24. Do you have any income or assets which are not fully disclosed in your answers to the above questions? _____ If yes, state the nature of the property and its value.

AFFIDAVIT

COUNTY/PARISH OF _____

STATE OF _____

By signing this affidavit, you are stating, *under penalties of perjury*, that the information you give is accurate and true to the best of your knowledge. *By signing this affidavit you further waive your appearance at the court hearing for this matter by submitting this accurate affidavit of income and expenses.*

My contact information is as follows:

STREET ADDRESS

CITY, STATE AND ZIP CODE

TELEPHONE #

Affiant

SWORN TO AND SUBSCRIBED before me, Notary Public, on this the _____ day
of _____, 20 _____.

Notary Public
My Commission Expires _____