

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

.....
In the Matter of a Proceeding for Support

Docket No.

(Commissioner of Social Services, Assignor,
on behalf of

, Assignee)

FINANCIAL
DISCLOSURE
AFFIDAVIT

Petitioner

-against-

Respondent.
.....

Notice: Your signature on this form must be notarized. You are required to attach to this form the following documents:

- **Current and representative paycheck stub(s);**
- **Copies of your most recently filed state and federal income tax returns, including all forms;**
- **A copy of the W-2 wage and tax statement(s) submitted with the returns OR, if you did not file tax returns, a copy of your W-2 form for the most recent year for which you filed tax returns;**
- **Information relating to health insurance plans available to you for the provision of insurance, health care, dental care, optical care, prescription drug and other pharmaceutical and health-related benefits for the child(ren) for whom support is sought, including the costs for adding the child(ren) to such plans; and**
- **Information relating to accident and life insurance plans.**

STATE OF NEW YORK)

):ss.:

COUNTY OF)

I, _____, the (Petitioner) (Respondent) herein, residing at _____
_____,¹ being duly sworn, depose and say that the following is an accurate

¹ Unless ordered confidential, pursuant to Family Court Act §154-b, because of a risk that disclosure would place the health, safety or liberty of the party at risk. See Form GF-21 and GF-21a, available at www.nycourts.gov.

statement of my income from all sources, my liabilities, my assets and my net worth, from whatever sources, and whatever kind and nature, and wherever situated:

I. INCOME FROM ALL SOURCES: The correct amount of the child support obligation is presumed to be a percentage of income as defined by law. The percentages are set forth in Addendum A. Other pertinent information is set forth in Addenda B and C. List your income from all sources as follows:

- a. Wages and Salaries (as reportable on Federal and State income tax returns):
 - 1. Employer and address _____
 - 2. Hours worked per week _____
 - 3. Gross salary/wages (Weekly Bi-weekly Monthly Semi-monthly Annual) \$_____
 - 4. Deductions:
 - a. Social Security/Medicare Tax a. \$_____
 - b. Federal Income Tax b. \$_____
 - c. New York State Tax c. \$_____
 - d. NYC/Yonkers Tax d. \$_____
 - e. Other payroll deductions e. \$_____
 - _____ \$_____
 - _____ \$_____
 - _____ \$_____
 - 5. Number of members in household _____
 - 6. Number of dependents _____
 - 7. Income of other members of household \$_____ per _____
\$_____ per _____

NOTE: ATTACH INFORMATION FOR ADDITIONAL EMPLOYERS ON SEPARATE PAGES.

- b. Self-Employment Income (Describe and list self-employment income; attach to this form the most recently filed Federal and State income tax returns, including all schedules): _____

- c. Interest/Dividend Income: _____

- d. Other Income/ Benefits:
 - 1. Workers Compensation 1. \$_____ per _____
 - 2. Disability Benefits 2. \$_____ per _____
 - 3. Unemployment Insurance Benefits 3. \$_____ per _____
 - 4. Social Security Benefits 4. \$_____ per _____
 - 5. Veterans Benefits 5. \$_____ per _____
 - 6. Pensions and Retirement Benefits 6. \$_____ per _____
 - 7. Fellowships/Stipends/Annuities 7. \$_____ per _____
 - 8. Supplemental Security Income (SSI) 8. \$_____ per _____

- 9. Public Assistance 9. \$ _____ per _____
- 10. Food Stamps 10. \$ _____ per _____

e. Income from other sources: (List here and explain any other income including but not limited to: non-income producing assets; employment “perks” and reimbursed expenses to the extent that they reduce personal expenses; fringe benefits as a result of employment; periodic income, personal injury settlements; non-reported income; and money, goods and services provided by relatives and friends):

II. ASSETS: The Court can consider the assets of the custodial parent and/or the non-custodial parent in its award of child support. List your assets as follows:

- a. Savings account balance (Name of bank: _____) a. \$ _____
- b. Checking account balance (Name of bank: _____) b. \$ _____
- c. Automobile(s) (Year and make: _____) c. \$ _____
Loan information _____
- d. Residence owned (Address: _____) d. \$ _____
- e. Other real estate owned _____ e. \$ _____
- f. Other assets (For example: stocks, bonds, trailers, boat, etc.) _____ f. \$ _____

g. Driver's, professional, recreational, sporting and other licenses and permits held (provide name of issuing agency, license number and attach a copy if possible) _____

NOTE: ATTACH TO THIS FORM ANY INFORMATION AS TO ANY ADDITIONAL ASSETS.

III. DEDUCTIONS FROM INCOME: The Court allows certain deductions from income prior to applying the child support percentages. List the deductions that apply to you as follows:

- a. Unreimbursed employee business expenses a. \$ _____
- b. Maintenance actually paid to spouse not a party to this action* b. \$ _____
- c. Maintenance actually paid to spouse who is a party to this action c. \$ _____
- d. Child support actually paid on behalf of non- subject child(ren)* d. \$ _____
- e. Public Assistance and Food Stamps e. \$ _____
- f. Supplemental Security Income f. \$ _____
- g. NYC/Yonkers Income Tax g. \$ _____
- h. Social Security/Medicare Taxes h. \$ _____

***Attach to this form a copy of the appropriate Court Order**

IV. HEALTH INSURANCE, UNREIMBURSED HEALTH-RELATED EXPENSES, CHILD CARE EXPENSES, EDUCATIONAL EXPENSES AND LIFE AND ACCIDENT INSURANCE POLICIES:

As part of the child support obligation, parents must be directed to provide health insurance coverage, pay a pro-rated share of the cost or premiums to obtain or maintain the health insurance coverage, a pro-rated share of unreimbursed health-related expenses, pro-rated share of child care expenses and, in the Court's discretion, educational expenses. The Court may direct you to purchase and maintain life and/or accident insurance benefits or assign benefits on existing policies for the benefit of your children. List your information as follows

and cross out or delete inapplicable provisions:

a. **[Check applicable box]:**

I do NOT have health insurance coverage **[If this box is checked, SKIP to section IV(b), below]**

I HAVE health insurance coverage through [specify]:

Employer or organization Private purchase Medicaid

"Child Health Plus" program; my monthly premium is \$ _____

1. My coverage includes medical dental prescription drugs optical

other health care services or benefits [specify]: _____

2. The cost of the insurance paid by me is \$ _____ per _____

3. The person(s) covered by my insurance is/are: _____

4. My policy number is _____.

5. Coverage does does not presently include my child(ren). The additional cost to me to include my child(ren) would be [specify cost for each type of benefit; if benefit unavailable, so indicate]:

Medical: \$ _____ per _____ Optical: \$ _____ per _____

Dental: \$ _____ per _____ Prescription drugs: \$ _____ per _____

Other Health Services or Benefits [specify]: _____ \$ _____ per _____

6. The name and address of my primary (and secondary) health insurer is/are: _____

7. My primary (and secondary) health plan administrator is/are: (indicate name, address and telephone number of contact person for employer or organization): _____

8. There are medical dental prescription drugs optical

other health care benefits [specify]: _____ benefits available to the child(ren) through an individual who is not a party to this action. This individual is [indicate name and relationship]: _____.

The cost is: \$ _____ per _____.

b. My child care provider is: _____

The average number of hours of child care incurred per week are: _____

c. My child's educational needs and expenses are: _____

d. I have the following life and accident insurance policies:

1. Life insurance: (Name of insurer): _____ \$ _____
(Beneficiary/Beneficiaries): _____

(Name of insurer): _____ \$ _____
(Beneficiary/Beneficiaries): _____

2. Accident insurance: (Name of insurer): _____ \$ _____
(Name of insurer): _____ \$ _____

This information is current as of (specify date) _____.

V. VARIANCE FROM THE PERCENTAGES: The Family Court Act allows the Court to order support different from the percentages if the Court finds that the support based upon the percentages would be unjust or inappropriate due to certain factors. The factors are set forth in Addendum D. The following is/are the factor(s) that the Court should consider in this case: _____

VI. EXPENSES: In ordering support by the percentages the Court is not obligated to consider your expenses. However, if the Court varies from the percentages, your expenses may be considered. List your expenses as follows: List all expenses on a weekly or monthly basis; however, you must be consistent. If any items are paid monthly, divide by 4.3 to obtain the weekly payment. If any items are paid weekly, multiply by 4.3 to obtain the monthly payment.

Check applicable box: I am listing my expenses on a weekly monthly basis:

EXPENSE ITEM	COST [check box]: <input type="checkbox"/> weekly <input type="checkbox"/> monthly
a) Rent or mortgage payment	a. \$
b) Mortgage interest and amortization	b. \$
c) Realty taxes(if not included in mortgage payment)	c. \$
d) Insurance on realty	d. \$
e) Utilities: gas___ electric___ water___ telephone___ cable___	e. \$
f) Garbage collection	f. \$
g) Household repairs (specify)	g. \$
h) Food	h. \$
i) Charge accounts, loans, etc. (from Section VII below)	i. \$
1)	
2)	
3)	
j) Auto expense: gas___ maintenance___ insurance & fees___	j. \$
loan _____	
k) Public transportation	k. \$
l) Life insurance	l. \$
m) Health insurance	m. \$

n) Clothing: self \$ _____ others \$ _____	n. \$
(Explain: _____)	
o) Laundry and dry cleaning	o. \$
p) Education and tuition (explain: _____)	p. \$
q) Child care	q. \$
r) Contributions	r. \$
s) Union dues (Are dues mandatory? <input type="checkbox"/> yes <input type="checkbox"/> No)	s. \$
t) Entertainment	t. \$
u) Miscellaneous personal expenses (specify: _____)	u. \$
v) Other (specify: _____)	v. \$
w) TOTAL: <input type="checkbox"/> weekly <input type="checkbox"/> Monthly Expenses	w. \$

VII. LIABILITIES, LOANS AND DEBTS: In ordering support by the percentages the Court is not obligated to consider liabilities, loans, and debts. However, if the Court varies from the percentages, they may be considered. List your liabilities, loans and debts as follows:

Creditor _____	Creditor _____	Creditor _____
Purpose _____	Purpose _____	Purpose _____
Date incurred _____	Date incurred _____	Date incurred _____
Total balance due \$ _____	Total balance due \$ _____	Total balance due \$ _____
Monthly payment \$ _____	Monthly payment \$ _____	Monthly payment \$ _____

NOTE: ATTACH TO THIS FORM INFORMATION REGARDING ANY ADDITIONAL DEBTS.

I have carefully read the foregoing statement and attest to its truth and accuracy.
[Notarization of your signature is **REQUIRED**].

(Petitioner)(Respondent)

Print or Type Name

Signature of Attorney, if any

Attorney's Name (Print or Type)

Attorney's Address and Telephone Number

Sworn to before me this _____
day of _____, _____.

Notary Public
(Deputy)Clerk of the Court

**ADDENDUM A
CHILD SUPPORT PERCENTAGES**

The child support percentages that shall be applied by the Court unless the Court makes a finding that the non-custodial parent's share is unjust or inappropriate are as follows: 17% for one child; 25% for two children; 29% for three children; 31% for four children; and no less than 35% for five or more children.

**ADDENDUM B
COMBINED PARENTAL INCOME "CAP"**

Where combined parental income exceeds the amount published by the New York State OTDA pursuant to Social Services Law 111-i(2)a, the Court shall determine the amount of child support for the amount of the combined parental income in excess of such dollar amount through consideration of the factors set forth in Addendum D and/or the support percentage set forth in Addendum A. The combined parental income amount will be revised every two years, beginning on January 31, 2012, and the revised amount will be posted on-line at www.newyorkchildsupport.com.

**ADDENDUM C
SELF-SUPPORT RESERVE**

Where the annual amount of the basic child support obligation would reduce the non-custodial parent's income below the poverty income guidelines amount for a single person as reported by the federal Department of Health and Human Services, the basic child support obligation shall be twenty-five dollars (\$25) per month unless the interests of justice dictate otherwise. Where the annual amount of the basic child support obligation would reduce the non-custodial parent's income below the self-support reserve but not below the poverty income guidelines amount of a single person as reported by the federal Department of Health and Human Services, the basic child support obligation shall be fifty dollars (\$50) per month or the difference between the non-custodial parent's income and the self-support reserve, whichever is greater.

**ADDENDUM D
VARIANCE FROM THE PERCENTAGES**

The Court has the discretion to vary from the percentages if it finds that the non-custodial parent's pro-rata share of the basic child support obligation is unjust or inappropriate. This finding shall be based upon consideration of the following factors:

1. The financial resources of the custodial and non-custodial parent, and those of the child.
2. The physical and emotional health of the child and his/her special needs and aptitudes.
3. The standard of living the child would have enjoyed had the marriage or household not been dissolved.
4. The tax consequences to the parties.
5. The non-monetary contributions that the parents will make toward the care and well-being of the child.
6. The educational needs of either parent.
7. A determination that the gross income of one parent is substantially less than the other parent's gross income.
8. The needs of the children of the non-custodial parent for whom the non-custodial parent is providing support who are not subject to the instant action and whose support has not been deducted from income, and the financial resources of any person obligated to support such children, provided, however, that this factor may apply only if the resources available to support such children are less than the resources available to support the children who are subject to the instant action.
9. Provided that the child is not on public assistance (i) extraordinary expenses incurred by the non-custodial parent in exercising visitation, or (ii) expenses incurred by the non-custodial parent in extended visitation provided that the custodial parent's expenses are substantially reduced as a result thereof.
10. Any other factors the Court determines are relevant in each case.

NOTE: The language in the above Addenda is paraphrased from the statute for the purposes of simplification. For statutory language, see Family Court Act Sections 413(1), 416 and 424-a and Domestic Relations Law Sections 236-B and 240.