

IN THE CIRCUIT COURT OF _____ COUNTY, ARKANSAS

(Domestic Relations Division) _____ Division

Plaintiff

v.

Case No. _____DR_____

Defendant

AFFIDAVIT OF FINANCIAL MEANS

Name: _____, being duly sworn, says under penalty of perjury, that he/she has prepared or approved this financial statement, and that the following information and attachments (**including income verification as required by page 6**) are complete, true, and correct.

Date

Signature

Subscribed and sworn to before me on this ____ day of _____ 20__.

Notary Public

My commission expires:

MY INCOME

1.	How often are you paid? ____ weekly ____ bi-weekly (every two weeks—26 times a year) ____ monthly ____ bi-monthly (twice a month—24 times a year) ____ other —Explain (attach an exhibit if necessary):
2.	Gross Pay: \$ _____

INCOME

3	Income:	Amount:	Source	Frequency
3.1	Gross wages from employment, contract labor, etc.			
3.2	Bonuses or incentive pay not reflected on page 2:			
3.3	Other court-ordered income such as alimony/child support paid to you:			
3.4	Payments from a settlement or annuity:			
3.5	Regular gifts from relatives or friends:			
3.6	Investment income such as rent payments to you:			
3.7	Stock dividends or bond payments:			
3.8	Regular payments to you or on your behalf from a Trust:			
3.9	Other:			
3.10	TOTAL MONTHLY INCOME:		<div style="border: 1px solid black; padding: 5px; display: inline-block;">\$</div>	

OTHER AVAILABLE FUNDS

4	ASSET	AMOUNT	SOURCE
4.1	Cash on hand, and in bank accounts:		
4.2	Trust fund assets held on your behalf:		
4.3	Stocks, bonds, mutual funds:		
4.4	Other (i.e. 401-K, retirement, etc):		
4.5	TOTAL:	<div style="border: 1px solid black; padding: 5px; display: inline-block;">\$</div>	

MY CURRENT MONTHLY EXPENSES ★

5.	Expense:	Amount:		Expense:	Amount:
a.	Health Insurance- for child only	\$	n.	Health Insurance- excludes amount in "a"	\$
b.	Extraordinary medical expenses for child in this case	\$	o.	Non-covered medical for self or child not involved in this case	\$
c.	Childcare for child in this case	\$	p.	Childcare for child not involved in this case	\$
d.	Rent/house payment	\$	q.	Car payment	\$
e.	Media Services, e.g. Cable/Satellite, Internet	\$	r.	Car Insurance	\$
f.	Telephone	\$	s.	Car fuel and maintenance	\$
g.	Gas, water, trash, & electricity	\$	t.	Lawn care	\$
h.	Union dues	\$	u.	Charitable giving	\$
i.	Pension plan	\$	v.	Household Expenses	\$
j.	401(k) payments	\$	w.	Dry cleaning	\$
k.	Garnishments	\$	x.	Life Insurance:	\$
l.	Alcohol and Tobacco Products	\$	y.	Other:	\$
m.	Food	\$	z.	TOTAL	\$

★ Place a check mark by all expenses which you are not currently paying.

MINOR CHILDREN

6.		Number of children:
a.	Number of minor children I have with opposing party:	#
b.	Number of <i>other</i> minor children I have:	#
c.	Names of minor children involved in this case:	AGE
1.		
2.		
3.		
4.		

CREDITORS & DEBTS

7. Debts in the names of **BOTH PARTIES** are:

	Creditor:	Total amount owed:	Monthly payment:
a.		\$	\$
b.		\$	\$
c.		\$	\$
d.		\$	\$
e.		\$	\$
f.		\$	\$
	Totals:	\$	\$

8. Debts only in my name:

	Creditor:	Total amount owed:	Monthly payment:
a.		\$	\$
b.		\$	\$
c.		\$	\$
d.		\$	\$
e.		\$	\$
	Totals:	\$	\$

9. Debts only in the name of the other party:

	Creditor:	Total amount owed:	Monthly payment:
a.		\$	\$
b.		\$	\$
c.		\$	\$
d.		\$	\$
e.		\$	\$
	Totals:	\$	\$

10. SUMMARY OF ABOVE DEBT TABLES:

	Summary of Debts:	Total Owed:	Total Monthly Payments:
a.	Joint Debts:	\$	\$
b.	My Debts:	\$	\$
c.	Other Party's Debts:	\$	\$

ACKNOWLEDGEMENT OF RESPONSIBILITIES AND CONSEQUENCES

I, _____, understand that I must comply with the following. I acknowledge and agree to each provision by initialing each paragraph below.

_____ Both parties must complete and exchange this six-page affidavit at least three days before a court hearing where financial matters are at issue. The affidavit must be provided to opposing counsel, if a party is represented, or directly to a self-represented litigant.

_____ Both parties must supply the original notarized affidavit to the court.

_____ If I am employed, I must attach copies of my last three paystubs to this affidavit.

_____ If I am self-employed, I must attach copies of my last two federal and state tax returns, including all schedules, to this affidavit.

_____ Before each court hearing where financial matters are at issue, I will review this document and provide updated information to the other party and to the court.

_____ I understand that the cost of dependent health insurance coverage is the difference between self-only and self with dependents or family coverage or the cost of adding the child(ren) to existing coverage.

_____ I understand that failing to comply with these provisions, or deliberately attempting to mislead the court or the opposing party, may result in my being held in contempt of court, being fined, being ordered to pay attorney's fees, and/or being sentenced up to 6 months in jail, and that serious violations can result in prosecution for felony perjury—punishable by 3 to 10 years in prison.

Date

Signature

I certify that I have reviewed this affidavit with my client and advised him or her of the importance of providing true, correct, complete answers and the required exhibits.

Date

Attorney