

Furnish to opposing counsel prior to hearing. Attach proof of earnings (letter from employer, pay stubs, income tax returns).

SUPPORT INFORMATION FORM
(DIVORCE)

| | | |
|--|----------|----------|
| Husband's Gross Monthly Income (including overtime, bonuses, etc)* | | \$ _____ |
| Social Security and Medicare Withheld | \$ _____ | |
| Federal Taxes Withheld | \$ _____ | |
| Union Dues | \$ _____ | |
| Non-discretionary Retirement | \$ _____ | |
| Health Insurance Premium for Child(ren) | \$ _____ | |

Husband's Net Resources Per Month \$ _____

| | | |
|--|----------|----------|
| Wife's Gross Monthly Income (including overtime, bonuses, etc.)* | | \$ _____ |
| Social Security and Medicare Withheld | \$ _____ | |
| Federal Taxes Withheld | \$ _____ | |
| Union Dues | \$ _____ | |
| Non-discretionary Retirement | \$ _____ | |
| Health Insurance Premiums for Child(ren) | \$ _____ | |

Wife's Net Resources Per Month \$ _____

**If the income is from salary only, enter the total amount per month. If there is other income, fill out and attach page 3 of this form. Enter the amount of income per month from Page 3.*

Child Support Guidelines Information

Percentage of Net Resources:
[Circle the appropriate percentages]

| | | <i>Number of Other Children for Whom Obligor Owes a Duty of Support</i> | | | | | | |
|--|----------|---|----------|----------|----------|----------|----------|----------|
| | | 0 | 1 | 2 | 3 | 4 | 5 | |
| <i>Number of children before the court</i> | 1 | 20.00 | 17.50 | 16.00 | 14.75 | 13.60 | 13.33 | \$ _____ |
| | 2 | 25.00 | 22.50 | 20.63 | 19.00 | 18.33 | 17.86 | \$ _____ |
| | 3 | 30.00 | 27.38 | 25.20 | 24.00 | 23.14 | 22.50 | \$ _____ |
| | 4 | 35.00 | 32.20 | 30.33 | 29.00 | 28.00 | 27.22 | \$ _____ |
| | 5 | 40.00 | 37.33 | 35.43 | 34.00 | 32.89 | 32.00 | \$ _____ |

MONTHLY EXPENSES:

- 1. Rent/House Payment \$ _____
 - 2. Utilities \$ _____
 - 3. Groceries \$ _____
 - 4. Food outside the home \$ _____
 - 5. School lunches \$ _____
 - 6. Clothes \$ _____
 - 7. Gasoline \$ _____
 - 8. Auto payments \$ _____
 - 9. Auto insurance \$ _____
 - 10. Medicine \$ _____
 - 11. Doctors \$ _____
 - 12. Dentists \$ _____
 - 13. Child care \$ _____
 - 14. Other:
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____
 - 15. Monthly payment on debts* \$ _____
- Total Money Needed Per Month** \$ _____

* Monthly Payments on Debts

| To Whom Debt is Owed | Total Debt Now Owed | Monthly Payment | Date Last Payment |
|----------------------|---------------------|-----------------|-------------------|
| _____ | \$ _____ | \$ _____ | _____ |
| _____ | \$ _____ | \$ _____ | _____ |
| _____ | \$ _____ | \$ _____ | _____ |
| _____ | \$ _____ | \$ _____ | _____ |
| _____ | \$ _____ | \$ _____ | _____ |
| _____ | \$ _____ | \$ _____ | _____ |

Total Monthly Payments on Debts (enter on line 15 above) \$ _____

A reasonable sum for me to pay/receive would be:

- a. Temporary Alimony \$ _____
- b. Child Support \$ _____

SIGNED this _____ day of _____, _____.

INCOME INFORMATION:

The following information is on a yearly basis.

- | | | |
|-----|--|----------|
| 1. | Wage and Salary Income per year | \$ _____ |
| 2. | Other compensation for personal services, including commissions, tips, and bonuses | \$ _____ |
| 3. | Self Employment Income (Do not deduct depreciation, tax credits or other non-cash bonuses) | \$ _____ |
| 4. | Interest | \$ _____ |
| 5. | Dividends | \$ _____ |
| 6. | Royalty Income | \$ _____ |
| 7. | Rental Income (Do not deduct non-cash items such as depreciation.) | \$ _____ |
| 8. | Severance Pay | \$ _____ |
| 9. | Pension Payments | \$ _____ |
| 10. | Trust Income | \$ _____ |
| 11. | Annuity Income | \$ _____ |
| 12. | Capital Gains | \$ _____ |
| 13. | Social Security Benefits | \$ _____ |
| 14. | Unemployment Benefits | \$ _____ |
| 15. | Disability and Worker's Compensation Benefits | \$ _____ |
| 16. | Gifts and Prizes | \$ _____ |
| 17. | Other Income (Specify Resource) | \$ _____ |
| | _____ | \$ _____ |
| | _____ | \$ _____ |
| | _____ | \$ _____ |
| | _____ | \$ _____ |
| | Total Yearly Gross Income | \$ _____ |
| | Income Per Month (Yearly Gross Income divided by 12) (enter this amount on line 1 of page 1) | \$ _____ |