

1 Bryon Middlebrook
2 State Bar No. 010369
3 **BRYON MIDDLEBROOK, P.C.**
4 308 North Agassiz Street
5 Flagstaff, Arizona 86001
6 Telephone: (928) 774-1433
7 Facsimile: (928) 774-1265

8 Attorney for <>

9 **IN THE SUPERIOR COURT OF THE STATE OF ARIZONA**
10 **IN AND FOR THE COUNTY OF COCONINO**

11 In Re the Marriage of:

12
13 Petitioner,

14 and

15 Respondent.

16 NO.

17 **AFFIDAVIT OF**
18 **FINANCIAL**
19 **INFORMATION**

20 Affidavit of: <>

21 **IMPORTANT INFORMATION ABOUT THIS DOCUMENT**

22 **WARNING TO BOTH PARTIES:** This Affidavit is an important document. You
23 must fill out this Affidavit completely, and provide accurate information. You must
24 provide copies of this Affidavit and all other required documents to the other party
25 and to the judge.

26 I have read the following document and know of my own knowledge that the facts
27 and financial information stated below are true and correct, and that any false
28 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 and expenses under Rule 31.

Date

Signature of Person Making Affidavit

1 INSTRUCTIONS

- 2 1 **Complete entire Affidavit in black ink.** If the spaces provided on this form
3 are inadequate, use separate sheets of paper to complete the answers and attach
4 them to the Affidavit. Answer every question completely! You must complete
5 every blank. If you do not know the answer to a question or are guessing,
6 please state that. If a question does not apply, write "NA" for "not applicable"
7 to indicate you read the question. Round all amounts of money to the nearest
8 dollar.
- 9 2. You must provide the other party with copies of the following:
10 A. Proof of your year to date income from all sources, including your two most
11 recent pay stubs.
12 B. Complete copies of your federal income tax returns for the last three years
13 with all schedules and attachments.
14 C. All W-2 and 1099 forms from all sources of income for the last three years.
15 D. If self employed, a member of a partnership, or a shareholder of a closely
16 held corporation, complete copies of the business federal income tax returns
17 for the last three years with all schedules and attachments.

18 [] YES [] NO I have provided the other party with copies of the documents
19 described above. If no, explain your answer:
20 _____
21 _____

22 1. GENERAL INFORMATION

- 23 A. Name: _____ Date of Birth: _____
24 B. Current Address: _____
25 C. Date of Marriage: _____ Date of Divorce: _____
26 D. Last date when you and the other party lived together: _____
27 E. Full names of child(ren) common to the parties (in this case), their dates of
28 birth and Social Security Number(s) (last 4 digits only):

Name	Date of Birth	Last 4 Digits of Social Security No.
-------------	----------------------	---

- 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:

29 2. EMPLOYMENT INFORMATION

1 A. Your job/occupation/profession/title:
 2 Name and Address of current employer:
 3 Date employment began:
 4 How often are you paid: Weekly every other week Monthly
 twice a month
 Other _____

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

6 C. Previous employer name and address:
 7
 8 Previous job/occupation/profession/title:
 9 Date previous job began: _____ Date previous job ended: _____
 Reason you left job: _____
 Gross monthly pay at previous job: \$ _____

10 D. Total gross income from last three (3) years' tax returns (attach copies of
 11 pages 1 and 2 of your federal income tax returns for the last three years).
 12 Year 20____ \$ _____ Year 20____ \$ _____ Year 20____ \$ _____

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

15 3. **YOUR EDUCATION/TRAINING:** List name of school, length of time there,
 16 year of last attendance, and degree earned:
 17 A. High School:
 18 B. College:
 19 C. Post-Graduate:
 20 D. Occupational training:

21 4. **YOUR GROSS MONTHLY INCOME:**
 22 • List **all** income you receive from **any** source, whether private or governmental,
 23 taxable or not.
 24 • List all income payable to you individually or payable jointly to you and your
 25 spouse.
 26 • Use a monthly average for items that vary from month to month.
 27 • Multiply weekly income and deductions by 4.33. Multiply biweekly income by
 28 2.165 to arrive at the total amount for the month.

29 A. Gross salary/wages per month \$ _____
 • **Attach copies of your two most recent pay stubs.**
 Rate of Pay \$ _____ per hour week month year

30 B. Expenses paid for by your employer:
 31 1. Automobile \$ _____
 32 2. Auto expenses, such as gas, repairs, insurance \$ _____

1	3. Lodging	\$
2	4. Other (explain)	\$
3	C. Commissions/Bonuses	\$
4	D. Tips	\$
5	E. Self-Employment Income (see below)	\$
6	F. Social Security Benefits	\$
7	G. Worker's compensation and/or disability income	\$
8	H. Unemployment compensation	\$
9	I. Gifts/Prizes	\$
10	J. Payments from prior spouses	\$
11	K. Rental income (net after expenses)	\$
12	L. Contributions to household living expenses by others	\$
13	M. Other (explain): (Include dividends, pensions, interest, trust income, annuities or royalties)	\$
14	TOTAL:	\$0.00

15 **5. SELF-EMPLOYMENT INCOME (if applicable):**

16 **If you are self-employed, a member of a partnership, or a shareholder of a**
17 **closely held corporation, provide the following information:**

- 18 Name, address and telephone number of business:
- 19 Type of business entity:
- 20 State and date of incorporation:
- 21 Nature of your interest:
- 22 Nature of business:
- 23 Percent of ownership:
- 24 Number of shares of stock:
- 25 Total issued and outstanding shares:
- 26 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 means one party is the birth/adoptive mother and the other is the birth/adoptive father of the children.

26 **6. SCHEDULE OF ALL MONTHLY EXPENSES FOR CHILDREN:**

- 27 • **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.
- 28 • Use a monthly average for items that vary from month to month.

- 1 • If you are listing anticipated expenses, indicated this by putting an asterisk(*)
2 next to the estimated amount.

3 **A. HEALTH INSURANCE**

- 4 1. Total monthly cost \$
5 2. Premium cost to insure you alone \$
6 3. Premium cost to insure child(ren) common to the \$
7 parties
8 4. List all people covered by your insurance
9 coverage:
10 5. Name of insurance company and Policy/Group
11 Number:

12 **B. DENTAL/VISION INSURANCE**

- 13 1. Total monthly cost \$
14 2. Premium cost to insure you alone \$
15 3. Premium cost to insure child(ren) common to the \$
16 parties
17 4. List all people covered by your insurance
18 coverage:
19 5. Name of insurance company and Policy/Group
20 Number:

21 **C. UNREIMBURSED MEDICAL AND DENTAL**
22 **EXPENSES** (cost to you after, or in addition to, any
23 insurance reimbursement)

- 24 1. Drugs and medical supplies \$
25 2. Other \$

26 **TOTAL:** \$

27 **D. CHILD CARE COSTS:**

- 28 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):

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

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 order current child support for child(ren) \$
not common to the parties \$
- 2. Amount of any arrears payment \$
- 3. Amount per month actually paid in last 12 mos. \$
• **Attach proof that you are paying**
- 4. 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 MAINTENANCE/ SUPPORT (Alimony):

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

H. EXTRAORDINARY EXPENSES:

- 1. For **Child(ren)** (educational expense/special needs/ other (explain): \$
- 2. For **Self** (explain): \$

TOTAL #6:

INSTRUCTIONS

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

- Spousal maintenance
- Division of expenses
- Attorney’s 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 monthly average for items that vary from month to month.
- If you are using anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

A. HOUSING EXPENSES:	
1. House Payment:	
a. First Mortgage	\$
b. Second Mortgage	\$
c. Homeowners Association Fees	\$
d. Rent	\$
2. Repair & upkeep	\$
3. Yard work/pool/pest control	\$
4. Insurance & taxes not included in house payment	\$
5. Other (explain)	\$
TOTAL	\$0.00

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	\$0.00

C. FOOD	
1. Food, milk and household supplies	\$
2. School lunches	\$
3. Meals outside home	\$
TOTAL	\$0.00

D. CLOTHING	
1. Clothing for you	\$
2. Uniforms or special work clothes	\$

1	3. Clothing for children living with you	\$
2	4. Laundry and cleaning	\$
3	TOTAL	\$0.00
4	E. TRANSPORTATION OR AUTOMOBILE	
5	EXPENSES:	
6	1. Car insurance	\$
7	2. List all cars and individuals covered:	
8	3. Car payment, if any	\$
9	4. Car repair and maintenance	\$
10	5. Gas and oil	\$
11	6. Bus fare/parking fees	\$
12	7. Other (explain)	\$
13	TOTAL	\$0.00
14	F. MISCELLANEOUS:	
15	1. School and school supplies	\$
16	2. School activities or fees	\$
17	3. Extracurricular activities of child(ren)	\$
18	4. Church contributions	\$
19	5. Newspapers, magazines and books	\$
20	7. Life insurance (beneficiary:)	\$
21	8. Disability insurance	\$
22	9. Recreation/entertainment	\$
23	10. Child(ren)'s allowance(s)	\$
24	11. Union/Professional dues	\$
25	12. Voluntary retirement contributions and savings deductions	\$
26	13. Family gifts	\$
27	14. Pet expenses	\$
28	15. Cigarettes	\$

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

16. Alcohol \$
17. Other (explain) \$
TOTAL : **\$0.00**
TOTAL #7: \$

G. OTHER DEBTS: List all debts and installment payments you currently owe that are **not listed above**. Follow the format below. Use additional paper if necessary.

Creditor Name	Purpose of Debt	Unpaid Balance	Min monthly payment	Date of your last payment	Amt of your last payment
TOTAL OF LAST MONTHLY PAYMENTS					\$

8. TOTAL OF ALL MONTHLY EXPENSES FROM ITEMS 6 & 7 ABOVE \$