

CIRCUIT COURT OF LAUDERDALE COUNTY, ALABAMA PETITIONER/PLAINTIFF:	CASE NUMBER: IV-D NUMBER:
RESPONDENT/DEFENDANT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: TELEPHONE NUMBER:	FOR COURT USE ONLY
ATTORNEY (Name, State Bar Number and Address): TELEPHONE: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
INCOME AND EXPENSE DECLARATION <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's	

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer).

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out social security numbers).	a. Employer: b. Employer's address: c. Employer's phone number: d. Occupation: e. Date job started: f. If unemployed, date job ended: g. I work about _____ hours per week. h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
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(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1-Other Jobs" at the top.)

2. Age and education

a. My age is (specify): _____

b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify): _____

c. Number of years of college completed (specify): _____ Degree(s) obtained (specify): _____

d. Number of years of graduate school completed (specify): _____ Degree(s) obtained (specify): _____

e. I have: professional/occupational license(s) (specify): _____
 vocational training (specify): _____

3. Tax information

a. I last filed taxes for tax year (specify year): _____

b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name): _____

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case (specify): \$ _____
 This estimate is based on (explain):
Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. Income (For average monthly, add all the income you received in category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ _____	\$ _____
b. Overtime (gross, before taxes)	\$ _____	\$ _____
c. Commissions or bonuses	\$ _____	\$ _____
d. Public assistance (for example: TANF, SSI, etc.) <input type="checkbox"/> currently receiving	\$ _____	\$ _____

- e. Spousal support/Alimony (Attach a copy of court order) \$ _____ \$ _____
- f. Partner support from this domestic partnership from a different domestic partnership \$ _____ \$ _____
- g. Pension/retirement fund payments \$ _____ \$ _____
- h. Social Security retirement (not SSI) \$ _____ \$ _____
- i. Disability Social Security (not SSI) State disability (SDI) Private Insurance \$ _____ \$ _____
- j. Unemployment Compensation Alabama Other _____ \$ _____ \$ _____
- k. Workers' compensation Alabama Other _____ \$ _____ \$ _____
- l. Lawsuits/Settlements \$ _____ \$ _____
- m. Other (military BAQ, royalty payments, etc.) (specify): \$ _____ \$ _____

6. Investment income (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

- a. Dividends/Interest \$ _____ \$ _____
- b. Rental property income (without deducting expenses) \$ _____ \$ _____
- c. Trust income \$ _____ \$ _____
- d. Other (specify) \$ _____ \$ _____

Attach corresponding IRS Schedules & 1099s. Black out your social security number.

7. Income from self-employment, after business expenses for all businesses

I am the owner/sole proprietor business partner other (specify):

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

Attach IRS Schedule C from your last two years federal tax returns showing a profit and/or loss. Black out your social security #. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 24 months (specify source and amount): _____

9. **Lawsuits/Claims.** I do do not have a lawsuit or a potential lawsuit/claim for injuries or damages sustained by me. If so, attach a summary identifying: type claim; court and case number; attorneys; adjuster; defendant(s) and insurance companies involved.

10. **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): _____

11. Deductions

- a. Required union dues \$ _____
- b. Required retirement payments (not social security, FICA, 401(k), or IRA) \$ _____
- c. Medical, hospital, dental, and other health insurance premiums (total monthly amount) \$ _____
- d. Child support that I pay by court order for children from other relationships \$ _____
- e. Spousal support that I pay by court order from a different marriage \$ _____
- f. Partner support that I pay by court order from a different domestic partnership \$ _____
- g. Necessary job-related expenses not reimbursed by my employer (attached explanation labeled "Question 10g") \$ _____

Attach a copy of the Court Order referenced above

12. Assets

- a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts \$ _____
- b. Stocks, bonds, and other assets I could easily sell \$ _____

c. All other property, real and personal (estimate fair market value) \$_____

13. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No

14. Average monthly expenses Estimated expenses Actual Expenses Proposed needs

- a. Home:
 - (1) Rent or mortgage..... \$_____
 - If mortgage:
 - (a) average principal: \$ _____
 - (b) average interest: \$ _____
 - (2) Real property taxes..... \$ _____
 - (3) Homeowner's or renter's insurance (if not included above)..... \$ _____
 - (4) Maintenance and repair..... \$ _____
 - b. Health-care costs not paid by insurance..... \$ _____
 - c. Child Care..... \$ _____
 - d. Groceries and household supplies..... \$ _____
 - e. Eating out..... \$ _____
 - f. Utilities (gas, electric, water, trash)..... \$ _____
 - g. Telephone, cell phone, and e-mail..... \$ _____
 - h. Laundry and cleaning..... \$ _____
 - i. Clothes..... \$ _____
 - j. Education..... \$ _____
 - k. Entertainment, gifts, and vacation..... \$ _____
 - l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ _____
 - m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)..... \$ _____
 - n. Savings and investments..... \$ _____
 - o. Charitable contributions..... \$ _____
 - p. Monthly payments listed in item 14 (itemized below in 14 and insert total here)..... \$ _____
 - q. Other (specify)..... \$ _____

r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))	\$ _____
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s. **Amount of expenses paid by others** \$ _____

15. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

16. **Licenses:** Pursuant to Code of Alabama § 30-3-170; **License:** Any license, certificate, registration, or authorization issued by a licensing authority which grants a person a right or privilege to engage in an occupational, professional, sporting, or recreational activity, or to operate a motor vehicle. **Licensing Authority:** Any department, division, board, agency, or instrumentality of the State of Alabama or its political subdivisions that issues a license.

License Type	Specify:	Licensing Authority/Address	License No.	Expiration Date
a. Drivers License	<input type="checkbox"/> Yes <input type="checkbox"/> No			
b. Recreational/Sporting i.e.: hunting, fishing, etc. Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
c. Professional/Occupational Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No			

CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

17. Children in this case

- a. I have (specify number): _____ children under the age of 19 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)
- c. _____ (name of child) suffers from a mental and/or physical disability. If so, Explain:

18. Children's health-care expenses

- a. I do I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: _____
- c. Address of insurance company: _____
- d. The monthly cost for **children's** health insurance is or would be (specify): \$ _____
(Do not include the amount your employer pays.)

19. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training..... \$ _____
- b. Children's health care not covered by insurance..... \$ _____
- c. Travel expenses for visitation..... \$ _____
- d. Extraordinary medical, dental, educational..... \$ _____
- e. College education costs incurred prior to child reaching majority... \$ _____
- f. Assets of, or unearned income received by or on behalf of child..... \$ _____

20. Special hardships. I ask the court to consider the following special financial circumstances

(attach documentation of any item listed here, including court orders): Amount per month For how many months?

- a. Extraordinary health expenses not included in 18b..... \$ _____
- b. Major losses not covered by insurance (examples: fire, theft, other insured loss)..... \$ _____
- c. (1) Expenses for my minor children who are from other relationships and are living with me..... \$ _____
- (2) Names and ages of those children (specify): _____
- (3) Child support I receive for those children.....\$ _____

The expenses listed in a, b, and c create an extreme financial hardship because (explain):

21. Other information I want the court to know concerning support in my case (specify):

I declare under penalty of perjury under the laws of the State of Alabama that the information contained on all pages of this form and any attachments is true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

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

Notary