

**IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY STATE OF OKLAHOMA**

\_\_\_\_\_  
Plaintiff,

Case No.

v.

\_\_\_\_\_  
Defendant,

**FINANCIAL AFFIDAVIT**

**This document is filed by father/mother (Circle one)**

|                          |                          |
|--------------------------|--------------------------|
| <b>FATHER:</b>           | <b>MOTHER:</b>           |
| <b>ADDRESS:</b>          | <b>ADDRESS:</b>          |
| <b>CITY, STATE, ZIP</b>  | <b>CITY, STATE, ZIP</b>  |
| <b>SOC SEC NO:</b>       | <b>SOC SEC NO:</b>       |
| <b>OCCUPATION:</b>       | <b>OCCUPATION:</b>       |
| <b>PRIMARY EMPLOYER:</b> | <b>PRIMARY EMPLOYER:</b> |
| <b>BIRTHDATE:</b>        | <b>BIRTHDATE:</b>        |

**If you claim to be a victim of domestic abuse, or claim other good cause, you are not required to disclose your address unless ordered by the Court.**

Relationship to child(ren) subject to this action: \_\_\_\_\_

Child(ren) who is/are the subject of this action:

| <b>FIRST</b> | <b>MIDDLE</b> | <b>LAST</b> | <b>Date of Birth<br/>Month Day Year</b> | <b>Social Security Number</b> |
|--------------|---------------|-------------|---|-------------------------------|
|              |               |             |   |                               |
|              |               |             |   |                               |
|              |               |             |   |                               |
|              |               |             |   |                               |

**PRIMARY EMPLOYER NAME:** \_\_\_\_\_

**PRIMARY EMPLOYER ADDRESS:** \_\_\_\_\_  
Street, City, State, Zip Code

**PRIMARY EMPLOYER TELEPHONE:** \_\_\_\_\_

AVERAGE NUMBER OF HOURS WORKED PER WEEK: \_\_\_\_\_

CIRCLE THE BASIS ON WHICH YOUR PAY IS BASED: HOURLY; WEEKLY; MONTHLY; ANNUALLY AND INDICATE WHAT YOUR PAY IS FOR THE CIRCLED AMOUNT: \$\_\_\_\_\_.

CIRCLE HOW OFTEN YOU ARE PAID: WEEKLY; EVERY 2 WEEKS; TWICE MONTHLY; MONTHLY;

HOW LONG HAVE YOU WORKED FOR THIS EMPLOYER: \_\_\_\_\_

**SECONDARY EMPLOYER NAME:** \_\_\_\_\_

**SECONDARY EMPLOYER ADDRESS:** \_\_\_\_\_  
Street, City, State, Zip Code

**SECONDARY EMPLOYER TELEPHONE:** \_\_\_\_\_

CIRCLE THE BASIS ON WHICH YOUR PAY IS BASED: HOURLY; WEEKLY; MONTHLY; ANNUALLY AND INDICATE WHAT YOUR PAY IS FOR THE CIRCLED AMOUNT: \$\_\_\_\_\_.

CIRCLE HOW OFTEN YOU ARE PAID: WEEKLY; EVERY 2 WEEKS; TWICE MONTHLY; MONTHLY

HOW LONG HAVE YOU WORKED FOR THIS EMPLOYER: \_\_\_\_\_

**IF REQUIRED TO DO SO BY THE DISCOVERY CODE; COURT RULE; COURT ORDER IN THIS CASE, PLEASE ATTACH COPIES OF YOUR LAST FOUR (4) PAY STUBS FROM YOUR PRIMARY AND SECONDARY EMPLOYMENT.**

**INCOME / EXPENSES / ASSETS AND LIABILITIES:**

| GROSS MONTHLY INCOME | FATHER | MOTHER |
|----------------------|--------|--------|
| Salary               |        |        |
| Wages                |        |        |
| Commissions          |        |        |
| Dividends            |        |        |
| Bonuses              |        |        |
| Severance Pay        |        |        |
| Pensions             |        |        |
| Rent                 |        |        |
| Interest Income      |        |        |
| Trust Income         |        |        |
| Annuities            |        |        |

|  |           |           |
|--|-----------|-----------|
| <b>Social Security Benefits</b>        |           |           |
| <b>Workers' Compensation Benefits</b>  |           |           |
| <b>Unemployment Insurance Benefits</b> |           |           |
| <b>Disability Insurance Benefits</b>   |           |           |
| <b>Gifts</b>                           |           |           |
| <b>Prizes</b>                          |           |           |
| <b>All other sources (Specify)</b>     |           |           |
|  |           |           |
|  |           |           |
| <b>GROSS MONTHLY INCOME</b>            | <b>\$</b> | <b>\$</b> |

**YOU MUST DISCLOSE ALL GROSS INCOME (12 O.S. § 1170)**

**IF YOU ARE REQUIRED TO DO SO BY THE DISCOVERY CODE; COURT RULE; COURT ORDER IN THIS CASE, PLEASE INDICATE IF YOU FILED TAX RETURNS FOR THE LAST THREE YEARS: YES/NO (CIRCLE ONE).**

**IF REQUIRED TO DO SO BY THE DISCOVERY CODE; COURT RULE; COURT ORDER IN THIS CASE, ATTACH COPIES OF YOUR FEDERAL AND STATE INCOME TAX RETURNS FOR THE LAST THREE (3) YEARS INCLUDING ALL SCHEDULES AND ATTACHMENTS. COPIES SHOULD BE PROVIDED TO THE OTHER PARTY IN THE CASE OR HIS/HER ATTORNEY AND THE COURT.**

**DID YOU OR THE OTHER PARTY IN THIS CASE RECEIVE THE EARNED INCOME TAX CREDIT FOR ANY OF THE PAST THREE TAX YEARS \_\_\_\_\_ YES \_\_\_\_\_ NO (CHECK ONE).**

**DEDUCTIONS PER PAY PERIOD:**

| <b>Itemize pay period deductions from gross income:</b> | <b>FATHER</b> | <b>MOTHER</b> |
|---|---------------|---------------|
| <b>State income taxes</b>                               |               |               |
| <b>Federal income taxes</b>                             |               |               |
| <b>Number of exemptions taken</b>                       |               |               |
| <b>FICA</b>   |               |               |
| <b>Income Assignment Withholding</b>                    |               |               |
| <b>Union or other dues</b>                              |               |               |
| <b>Retirement or pension fund</b>                       |               |               |
| <b>Savings plan</b>                                     |               |               |
| <b>Medical Insurance</b>                                |               |               |

|   |           |           |
|---|-----------|-----------|
|   |           |           |
| <b>Dental Insurance</b>   |           |           |
| <b>Life Insurance</b>   |           |           |
| <b>Other</b>  |           |           |
| <b>Other deductions</b>   |           |           |
| <b>Other deductions</b>   |           |           |
| <b>Other deductions</b>   |           |           |
| <b>Credit Union (specify whether for savings or loan payment)</b> |           |           |
| <b>TOTAL PAY PERIOD DEDUCTIONS FROM GROSS INCOME</b>              | <b>\$</b> | <b>\$</b> |
| <b>NET PAY PERIOD INCOME (TAKE HOME PAY)</b>                      | <b>\$</b> | <b>\$</b> |

**OTHER:**

|  | <b>FATHER</b> | <b>MOTHER</b> |
|--|---------------|---------------|
| <b>Monthly court-ordered child support paid in other cases*</b>          |               |               |
| <b>Court-ordered visitation travel related expenses</b>                  |               |               |
| <b>Regular medical expenses of the children not covered by insurance</b> |               |               |

**\*REQUIRED INFORMATION ON PAY-PERIOD COURT-ORDERED CHILD SUPPORT (ATTACH COPIES OF COURT ORDER (\$)) AND PROOF OF AMOUNTS PAID FOR THE PAST SIX (6) MONTHS.**

**\*\* REQUIRED INFORMATION ON MEDICAL INSURANCE PREMIUM:**

Provider/Name of Plan: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street, City, State, Zip Code

Phone number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Total Premium: \$ \_\_\_\_\_

Premium for Employee Only: \$ \_\_\_\_\_

Premium for Employee and Dependents: \$ \_\_\_\_\_

Premium for Child(ren): \$ \_\_\_\_\_

**Debts:**

| CREDITOR'S NAME | PURPOSE FOR DEBT | DATE PAYABLE | BALANCE   | MONTHLY PAYMENT |
|-----------------|------------------|--------------|-----------|-----------------|
|                 |                  |              |           |                 |
|                 |                  |              |           |                 |
|                 |                  |              |           |                 |
|                 |                  |              |           |                 |
|                 |                  |              |           |                 |
|                 |                  |              |           |                 |
|                 |                  |              |           |                 |
|                 |                  |              |           |                 |
| <b>TOTAL</b>    |                  |              | <b>\$</b> | <b>\$</b>       |

**PROPERTY WITH A VALUE OF ONE HUNDRED DOLLARS (\$100.00) OR MORE:**

If either party claims a property item as their separate property put an F or M beside the description of the property.

All property of the parties known to me owned individually or jointly (indicate who holds or how title held: (F) Father, (M) Mother, Or (J) Jointly). Where space is insufficient for complete information or listing please attach separate schedule.

|   | VALUE | OWED THEREON |
|---|-------|--------------|
| <b>(a) Household furnishings, appliances, and equipment</b>   |       |              |
|   |       |              |
|   |       |              |
| <b>(b) Automobiles (Year-Make)</b>  |       |              |
|   |       |              |
| <b>(c) Securities - stocks bonds</b>  |       |              |
|   |       |              |
|   |       |              |
|   |       |              |
| <b>(d) Cash and Deposit Accounts (banks, Savings loans, credit unions - savings and checking) :</b> |       |              |
|   |       |              |

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

**Life Insurance:**

| Name & Address of Company | Policy No. | Face Amount | Cash Value Accumulated Div. Or Loan Amount |
|---------------------------|------------|-------------|--|
|                           |            |             |  |

**Profit Sharing, 401K or Retirement Accounts-Interest and Amount:**

|       |    | Presently Vested |
|-------|----|------------------|
| Name: | \$ | \$               |
| Name: | \$ | \$               |

**Other Personal Property and Assets (Specify with value):**

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Real Estate (Where more than one parcel of real estate owned, attach sheet with identical information for all additional property):**

|               |                     |
|---------------|---------------------|
| Address       | Type of Property    |
| Original Cost | Date of Acquisition |



VERIFICATION

STATE OF OKLAHOMA )  
 ) SS.  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_ of lawful age, being first duly sworn, that I am the  
(Plaintiff/Defendant) named in the above Financial Affidavit and I declare the statements contained herein are  
true and correct.

\_\_\_\_\_  
Party's Signature

Subscribed and sworn to me, a notary public within and for said County and State, on this \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

Firm Name: \_\_\_\_\_

by: \_\_\_\_\_

Attorney's Signature

Attorney Name: \_\_\_\_\_  
(Please print or type)

Bar Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip

Telephone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_