

Failure to complete this report and to provide documentation may result in the dismissal of your petition or the entry of an Order adverse to your interests.

The Family Court of the State of Delaware FINANCIAL REPORT

1. Personal Information

Name _____ Date _____
Address _____ File Number _____
_____ Petition Number _____
_____ Home Phone # _____
Date of birth _____ Work Phone # _____

The child(ren) for whom support is sought is(are):

Name _____	date of birth _____	Name _____	date of birth _____
Name _____	date of birth _____	Name _____	date of birth _____

2. Income Information

Employers Name: _____ Date employment began: _____

EIN (Federal Employer Identification) Number for Employer: _____

Address: _____

If unemployed, explain circumstances: _____

If unemployed (or employed less than full time), what was your last full time Occupation? _____

Former Employers Name: _____ Date employment began: _____

Reason for leaving: _____ Rate of pay: \$ _____ per _____

<u>Income Type</u>	<u>Amount</u>	<u>Required Documentation</u>
Wage/salary - including overtime	\$ _____ per _____	Pay stubs, tax return, W-2 form
Tips, commissions and bonuses	_____ per _____	Pay stubs, tax return, W-2 form
Wage/salary - second job	_____ per _____	Pay stubs, tax return, W-2 form
Employer provided housing/transp.	_____ per _____	1099
Geographic cost of living stipend	_____ per _____	Pay stubs, letter from employer
Gross Proceeds from self-employment	_____ per _____	IRS Schedule C, 1099 forms
Net Income from self-employment	_____ per _____	Tax return, IRS Schedule C
Interest, dividends, investments	_____ per _____	Tax return, 1099 forms
Social Security (SSD or SSR)	_____ per _____	Social Security statement
Supplemental Security Income (SSI)	_____ per _____	Social Security statement
Unemployment or Worker's Compensation	_____ per _____	Check stub, insurer statement
Other pension, retirement or disability	_____ per _____	Tax return, 1099, payor letter
Alimony Received	_____ per _____	Tax return, Court Order

Bring copies of your last three pay stubs and most recent tax return with all schedules and W-2 statements to every mediation conference and hearing. If self employed, the Schedule C from your last tax return with all 1099 forms is also required. Other documents may be needed depending on the facts of your case.

Attachment checklist: Pay stubs W-2 Form(s) Health Insurance Childcare
 Tax Return(s) 1099 Form(s) Schedule C

Other _____

3. Deductions

Voluntary pension deductions in the child support calculation will be limited to 3% of gross income. 'Other mandatory deductions' include amounts required by law or as a condition of employment to be withheld from salary or wages. Life insurance premiums are deductible but only if required by previous Court Order or agreement of the parties.

<u>Deduction Type</u>	<u>Amount</u>	<u>Required Documentation</u>
Medical Insurance	\$ _____ per _____	Pay stubs, brochure
Union Dues	_____ per _____	Pay stubs
Pension Contribution	_____ per _____	Pay stubs
Alimony Paid	_____ per _____	Court Order
Other mandatory deductions	_____ per _____	Pay stubs

4. Other Obligations

List any other children for whom you are under an order to pay support, who live in your household, or for whom you regularly provide support. Do not include stepchildren. If disputed, you may be required to provide documentation such as court orders, cancelled checks and/or money orders.

_____ Name	_____ date of birth	_____ Name	_____ date of birth
_____ Name	_____ date of birth	_____ Name	_____ date of birth

5. Additional Primary Expenses

Child care expenses incurred by either parent for the benefit of the children of this obligation receive consideration in the child support formula. Private school tuition and expenses receive consideration under some circumstances.

<u>Expense</u>	<u>Provider</u>	<u>Amount</u>
School Year childcare	_____	\$ _____ per _____
Summer childcare	_____	_____ per _____
Private School	_____	_____ per _____

6. Medical Support

Are you providing health insurance for these children (listed in Section 1)? Yes No

If yes, how are they covered? Through my employer, Private contract, or By my spouse.

***** PLEASE BRING THE CHILDREN'S HEALTH INSURANCE CARDS WITH YOU TO COURT *****

If not, is coverage available to you? Yes, at a cost of : \$ _____ per _____ No.

If yes, what is the name of the Insurance Company? _____

7. Parenting Time Adjustment

Does the child(ren) live with you? Yes No

What is your relationship to child(ren)? Mother Father Guardian

Is there a Court Order or written agreement that grants the parent from who support is sought more than 109 overnights with the child(ren) each year? Yes No

If yes, how many overnights? 110 to 132 133 to 150 151 to 164 165 to 174 175+

***** PLEASE BRING ORDER OR WRITTEN AGREEMENT WITH YOU TO COURT *****

State of Delaware	
County of <input type="checkbox"/> New Castle <input type="checkbox"/> Kent <input type="checkbox"/> Sussex	X _____
SIGNED AND SWORN TO (OR <input type="checkbox"/> AFFIRMED)	<input type="checkbox"/> PETITIONER <input type="checkbox"/> RESPONDENT
Before me on _____ / _____ / _____ by _____	NAME OF AFFIANT
	NOTARIAL OFFICER - 29 Del.C. §4323(a)