



Child Support Program

**Financial Affidavit
Administrative Support Proceeding**

<< Date >>

Business Partner Number: <<RecipientNum >>

Your full name

INCOME

List separately all sources of income received over the last two years. Examples of income include all wages, business income, workers' compensation, unemployment compensation, Social Security, Veteran's benefits, pensions, gifts, rental income, and alimony.

Example:

<u>Date from</u>	<u>To</u>	<u>Source of Income</u>	<u>Rate of Pay</u>	<u>Hours Worked</u>
<u>01/01/07</u>	<u>04/07/09</u>	<u>Wages</u>	<u>\$ 7.25 per Hour</u>	<u>40 per Week</u>

<u>Date from</u>	<u>To</u>	<u>Source of Income</u>	<u>Rate of Pay</u>	<u>Hours Worked</u>
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_____	_____	_____	\$ _____ per _____	_____ per _____
_____	_____	_____	\$ _____ per _____	_____ per _____
_____	_____	_____	\$ _____ per _____	_____ per _____
_____	_____	_____	\$ _____ per _____	_____ per _____

Reason you left your last job: _____

XXXX
XXXX
XXXX
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XXXX
XXXX
XXXX

Note: To complete this form online, login to your Child Support eServices account and look under the Forms section.

T

Business Partner Number: <<RecipientNum>>

DEDUCTIONS

List separately all legally required deductions from your income. Some examples are deductions for state and federal income taxes, FICA, Medicare, health insurance premiums and mandatory union dues.

<u>Type of Deduction</u>	<u>Amount</u>	<u>Frequency (month, week, year)</u>
_____	\$ _____	per _____
_____	\$ _____	per _____
_____	\$ _____	per _____
_____	\$ _____	per _____

Number of tax exemptions you claim on your W-4 form: _____

Attach a copy of your most recent pay stub, benefits statement or other proof of your income and deductions.

SELF EMPLOYMENT

Are you self-employed? YES or NO If Yes, please provide the following information:

Business Name: _____

Type of work: _____

Attach a copy of your last federal tax return, 1099, or other proof of income.

OTHER SUPPORT OBLIGATIONS

(Complete only if you pay support. Do not enter support you receive.)

Do you pay ordered support for other children? Yes No \$ _____ per _____
(month, week, etc.)

If yes, child(ren) name: _____

The order was issued in _____, _____
County State
by _____ on ____/____/____.
Court or Agency Date

Provide a copy of the order and payment record for any order that the Department of Revenue is not enforcing.

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T

Business Partner Number: <<RecipientNum>>

INSURANCE COVERAGE

Do you presently have health insurance? Yes No

Insurance company name Address Policy number

The total premium you now pay for health insurance is \$_____ per _____.
(month, week, etc.)

List the names of all persons covered on this policy.

FULL NAME

RELATIONSHIP TO YOU

Is the child(ren) on this case covered by your health insurance? YES or NO

If you are not currently providing health insurance for the child(ren) in this case, is health insurance available through your employer for the child(ren)? Yes No

If no, do you have access to any other health insurance for the child(ren)? Yes No

If yes to either of the above questions, please provide the cost to cover the child(ren):

Provider: _____ Cost \$_____ per _____.
(month, week, etc.)

CHILD CARE EXPENSES

The amount you now pay is \$_____ per _____ for _____ child(ren).
(month, week, etc.) (number)

Which child(ren) do you now pay child care expenses for?

XXXX _____
XXXX _____
XXXX _____
XXXX _____
XXXX _____
XXXX _____
XXXX _____
XXXX _____
XXXX _____
XXXX _____
XXXX _____
XXXX _____

T

Business Partner Number: <<RecipientNum>>

DEVIATIONS (Complete this section only if you are requesting a deviation.)

The support amount calculated under Florida child support guidelines is presumed to be the correct amount of support owed. In some circumstances, the support amount may be adjusted to an amount more or less than the guideline amount. The deviation factors are found in section 61.30 (11)(a) & (b), Florida Statutes, which is available online at www.leg.state.fl.us. If you believe any of these factors apply to your case, state your reasons below and give us any supporting documents you have.

Under penalties of perjury, I declare that I have read this Financial Affidavit and that the facts stated in it, and in any attached pages, are true and correct.

Sign

Date

<<Option 1>>

<<Option 2>>

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Option 1 (Populates when completed on eServices)

This document has been signed electronically as authorized by section 668.004, Florida Statutes.

Option 2 (Populates when form is generated on CAMS. Does not populate when completed on eServices)

After completing and signing this affidavit, return it to:

Florida Department of Revenue
Child Support Program
P.O. Box 5330
Tallahassee, FL 32314-5330

Developers note (When the form is completed on eServices, the system needs to be able to generate a PDF copy with form title, contents and signature included in a readable format suitable for e-filing, for use at a hearing and to complete a record on appeal.)