

**STATE OF VERMONT**

**SUPERIOR COURT**

**FAMILY DIVISION**

**Unit**

**Case No.**

|  |
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|  |
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|                |     |    |                |     |
|----------------|-----|----|----------------|-----|
| Plaintiff Name | DOB | V. | Defendant Name | DOB |
|----------------|-----|----|----------------|-----|

**FINANCIAL AFFIDAVIT  
(400-00813S)  
Non-Divorce**

I am: ☐ Plaintiff ☐ Defendant ☐ Other: \_\_\_\_\_

|                    |       |     |  |       |     |
|--------------------|-------|-----|--|-------|-----|
| Name               |       |     |  |       |     |
| Street Address     |       |     | Mailing Address (if different from Street Address) |       |     |
| Town/City          | State | Zip | Town/City  | State | Zip |
| Phone Number (day) |       |     | Phone Number (evening)                             |       |     |
| Email Address      |       |     |  |       |     |

INSTRUCTIONS: You are required to complete and file the 400-00813S if-

1. You are a party in a newly filed Parentage case; OR
2. You are ordered by the Court to complete and file this form or the other party requests that you fill out the form as part of the discovery process.

DEADLINE FOR FILING: This form must be filed with the court before or at your first case manager's conference. If no conference is scheduled it must be filed at least seven (7) days before your first scheduled court hearing.

YOU MUST SEND A COPY OF YOUR COMPLETED FORM TO THE OTHER PARTY AT THE SAME TIME YOU FILE IT WITH THE COURT.

I declare that the information provided is true and accurate to the best of my knowledge and belief. I understand that if the information provided is false, I will be subject to the penalty of perjury or to other sanctions in the discretion of the court.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

1. I am the ☐ Plaintiff ☐ Defendant ☐ Other \_\_\_\_\_
2. My employer's name and address is: \_\_\_\_\_  
 \_\_\_\_\_
- ☐ I am self-employed as a \_\_\_\_\_
- ☐ I am not currently employed because \_\_\_\_\_

3. My **gross monthly income** (before taxes and deductions) is as follows:

*If you are paid weekly, multiply weekly amount by 4.333.*

*If you are paid every two weeks, multiply bi-weekly amount by 2.165.*

*If your income varies through the year, divide your annual income by 12.*

| Type of Income  | Amount |
|---|--------|
| Salary and Wages <input type="checkbox"/> This includes overtime  | \$     |
| Expenses Paid by Employer   | \$     |
| Self-Employment<br><i>*If self-employed, must attach self-employment worksheet or IRS Schedule C</i>                            | \$     |
| Unemployment Benefits   | \$     |
| Social Security Benefits Type _____   | \$     |
| Veteran's Benefits  | \$     |
| Spousal Maintenance/Alimony<br><input type="checkbox"/> This is from the other party in this case                               | \$     |
| Worker's Compensation or Disability Insurance   | \$     |
| Other source(s) of income (tips, rental income, gifts, interest, retirement benefits, etc. List below or attach separate sheet) | \$     |
| TOTAL GROSS MONTHLY INCOME  | \$     |

4. I receive cash public assistance. ☐ Yes ☐ No If yes, list type and monthly amount: \$ \_\_\_\_\_.

5. I have the following children not with the other party in this case:

| Name  | Date of Birth | Current Primary Residence Address |
|-------|---------------|-----------------------------------|
| _____ | _____         | _____                             |
| _____ | _____         | _____                             |
| _____ | _____         | _____                             |
| _____ | _____         | _____                             |

6. I am court-ordered to pay the following monthly amounts:

| Type  | Amount Ordered | Amount Paid | Issuing Court |
|---|----------------|-------------|---------------|
| Child Support for other children  | \$             | \$          |               |
| Spousal Maintenance/Alimony<br><input type="checkbox"/> check if other party in this case | \$             | \$          |               |
| Other (specify):  | \$             | \$          |               |

7. I ☐ do ☐ do not have health insurance available through my employer (if available, complete the following):

A. Total Monthly Cost: Family Plan \$\_\_\_\_\_ 2 Person Plan \$\_\_\_\_\_ Single Plan \$\_\_\_\_\_

B. The child(ren) in this case ☐ are ☐ are not enrolled in my health insurance plan.

8. I ☐ do ☐ do not have employment-related child care (day care/babysitting) costs for child(ren) in this case.

*If amounts change during the year, use the yearly amount divided by 12 months.*

Monthly Child Care Costs: \$\_\_\_\_\_ Monthly Child Care Subsidy \$\_\_\_\_\_ Out of Pocket Costs: \$\_\_\_\_\_

9. Extraordinary Expenses for child(ren) in this case (for ongoing extraordinary educational, medical or other special needs, specify type of expense and cost per month): \_\_\_\_\_

10. Monthly Income received by any child(ren) in this case (specify child's name, type of income [social security, disability, or other], monthly amount, and person who receives the benefit on the child's behalf): \_\_\_\_\_