

Financial Disclosure

CP: _____ PIN: _____
NCP: _____ PIN: _____
Court Case: _____
Agency Order ID: _____
IV-D Case(s): _____

Both parents must complete this form, provide all attachments listed below and return it to:

ONEIDA NATION CHILD SUPPORT
PO BOX 365
ONEIDA WI 54155 0365

Attach copies of the following information. We do not return originals.

1. Complete copies of your state and federal tax returns for the last two years, including all supporting schedules, attachments, W-2 forms and 1099 forms.
2. Copies of your last eight paycheck stubs.
3. Statement identifying the number of overnights or equivalent care each parent has with the child(ren) each year.
4. If health insurance is available through your employer, or another individual or organization, documentation of the types of insurance and costs for that insurance (identify cost of single vs. family).
5. If a child is close to age 18, please provide an anticipated graduation date for that child.

Name: _____ Age: _____ Birth date: _____
Address: _____ City: _____ State: _____ Zip: _____
Home phone: _____ Cell phone: _____ Work phone: _____
Employer: _____ Occupation: _____

Highest degree completed (check one): _____ Some high school _____ GED/HS diploma
_____ Some technical/college _____ Two-year degree _____ Four-year degree _____ Post-graduate/professional

Child(ren's) Name(s)	Birth date(s)	Age(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more space is needed to list children, use the back of this sheet.

Total monthly income: _____ Indicate types and amounts of income below.

Gross monthly income: _____

(If you have a weekly income, multiply it by 4.3. If you have a bi-weekly income, multiply it by 2.15.)

Other sources of income (total): _____ Indicate sources and amounts of other income below.

Public assistance: _____ Social Security: _____ Disability: _____ Rents: _____

Unemployment: _____ Child support: _____ Pension: _____ Other: _____

Spouse's gross monthly income: _____ Other household members' income: _____

Total monthly deductions from gross income: _____ Indicate types and amounts of deductions below.

Federal income tax: _____ Social Security: _____ Insurance: _____

State income tax: _____ Retirement: _____ Other: _____

Net monthly income (total income minus total deductions): _____

Total Monthly Expenses:

Indicate types and amounts of expenses below.

Mortgage or rent (circle one):	_____	Uninsured medical expenses:	_____
Property taxes:	_____	Uninsured dental expenses:	_____
Homeowners insurance:	_____	Life insurance policy premiums:	_____
Utilities (heat, water, sewer):	_____	Auto expenses (gas, oil, etc.):	_____
Telephone:	_____	Auto insurance:	_____
Cable:	_____	Child care expenses:	_____
Food:	_____	Entertainment:	_____
Clothing (include children's):	_____	Laundry:	_____
Debts (total from list below):	_____	Miscellaneous:	_____

Debts (not including home mortgage)

Creditor	Balance	Monthly payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more space is needed to list debts, use the back of this sheet.

Assets/Liabilities

Real Estate

1. Address:	_____		_____
Single-family home:	_____	Rental property:	_____
Original cost:	_____	Mortgage balance:	_____
2. Address:	_____		_____
Single-family home:	_____	Rental property:	_____
Original cost:	_____	Mortgage balance:	_____

Business Interests

Name of business & address	Type of business	Percent ownership	Value minus indebtedness
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Vehicles

	Vehicle #1	Vehicle #2	Vehicle #3
Make/model:	_____	_____	_____
Year:	_____	_____	_____
Mileage/condition:	_____	_____	_____
Present value:	_____	_____	_____
Mortgage/lien:	_____	_____	_____
Net value: (present value minus mortgage/lien)	_____	_____	_____

Household furniture and appliances (approximate value): _____

Checking account(s), savings account(s), certificate of deposit accounts, etc.

Financial Institution	Balance	Account type
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more space is needed to list accounts, use the back of this sheet.

Life insurance	Company name	Premiums	Face value	Cash value
_____	_____	\$ _____ per _____	_____	_____
_____	_____	\$ _____ per _____	_____	_____
_____	_____	\$ _____ per _____	_____	_____

Health Insurance

Medical insurance

Dental/Other insurance

Company name:	_____	_____
Cost of family policy:	_____	_____
Cost of single policy:	_____	_____
Policy book available?	_____	_____
Effective date:	_____	_____
Persons covered:	_____	_____
(if more space is needed to list covered persons, use the back of this sheet.)	_____	_____
	_____	_____

Retirement plan or profit sharing account

Company name	Value to date
_____	_____
_____	_____

Stocks and securities

Name	Amount
_____	_____
_____	_____
_____	_____

Other assets (boats, horses, motorcycles, etc)

Type	Value
_____	_____
_____	_____
_____	_____

Note any change in circumstances since the last child support order was set: (change in income; change in custody, overnight visitation arrangements or any children turning age 18 and out of high school etc.)

Failure to provide complete and accurate information constitutes perjury (a class H felony) punishable by up to six years in prison and/or a \$10,000 fine.

I declare, under penalty of perjury, that the foregoing, including any attachments, is complete, true, and correct.

Signature

Date

Subscribed and sworn to before me on

Date

Notary Public, State of Wisconsin
My commission (is permanent) _____ (expires) _____