

## INSTRUCTIONS AND FORM FOR FINANCIAL STATEMENT

If you have any legal questions while completing this form, it is highly recommended that you consult with an attorney. Court staff are unable to provide legal advice or assist with form completion. For specific questions related to the forms, you can also contact the Legal Form Help Line at 1-855-784-0004 or email UJS staff at [ujssrlhelp@ujss.state.sd.us](mailto:ujssrlhelp@ujss.state.sd.us).

### To complete this form you will need to:

- ☐ Plaintiff and Defendant each will need to complete their own Financial Affidavit.
- ☐ Complete the caption by filling in the name of the county you are filing in, the judicial circuit number, name of the Plaintiff and Defendant on the lines provided, case filing number, and check if you are the Plaintiff or Defendant. The Clerk will provide you with a case number at the time of filing.
  - Your circuit number can be found here:  
[https://ujss.sd.gov/Circuit\\_Court/Default.aspx](https://ujss.sd.gov/Circuit_Court/Default.aspx)
- ☐ Provide your full name on the first line provided.
- ☐ Numbers 1 through 3 is your contact and employment information.
- ☐ Numbers 4 through 11 is your gross monthly income.
- ☐ Number 12 is your total gross monthly income. You will need to add lines 4 through 11 for this total.
- ☐ Numbers 13 through 18 is your monthly deductions from your income.
- ☐ Number 19 is your total monthly deductions. You will need to add lines 13 through 18 for this total.
- ☐ Number 20 is your total net monthly income. You will need to take the total of your monthly income (line 12) and subtract your total monthly deductions (line 19) from that. This will be your total net monthly income.
- ☐ Numbers 21 and 22 are previous years gross income.
- ☐ Numbers 23 through 30 is information on dependent/childcare and health insurance, if any.
- ☐ Numbers 31 through 43 is your asset information. You will need to state the fair market value of the assets, if any.
- ☐ Number 44 is the combined total of your assets. Add lines 31 through 43 for this total.
- ☐ Number 45 lines a through i, are your listed and total debts:
  - ☐ List the name of the debt (who you owe money to);
  - ☐ The total outstanding balance of that debt; and
  - ☐ Your monthly payment for that debt.
- ☐ Number 46 is your average total of monthly expenses such as house, utilities, food, insurance, etc.
- ☐ Number 47 is the combined total of your monthly liabilities. You will need to add the combined total of your monthly debt payments (#45 line i) with your average monthly expenses (line 46).
- ☐ Numbers 48 and 49 is anticipated income. This is any income you are expecting to receive that isn't already listed above.
- ☐ Sign and date.

STATE OF SOUTH DAKOTA

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IN CIRCUIT COURT

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ JUDICIAL CIRCUIT

|  |   |
|--|---|
| _____<br>Plaintiff<br><br>v.<br><br>_____<br>Defendant | Case No.: _____<br><br><b>FINANCIAL STATEMENT</b><br><br><input type="checkbox"/> PLAINTIFF<br><input type="checkbox"/> DEFENDANT |
|--|---|

I, \_\_\_\_\_, an above-named party, hereby state under penalty of law that the following is true pursuant to SDCL 18-7-6.

|     | MONTHLY INCOME  | Per Month Amount  |
|-----|---|---|
| (2) | (If employed) My monthly take home pay is:  | \$  |
| (3) | My pension, retirement, disability, veterans, social security, or insurance payments I receive total: | \$  |
| (4) | My rental income, interest, dividends, royalties, or other gains is:                                  | \$  |
| (5) | I receive unemployment insurance and workers compensation benefits of:                                | \$  |
| (6) | Do you receive Public Assistance? If Yes, list which type(s) you receive and the total amount: _____  | <input type="checkbox"/> Yes or <input type="checkbox"/> No<br>\$ |
| (7) | Gain from sale, trade or conversion of capital assets is:   | \$  |
| (8) | Other income (including spousal support) is: Explain: _____   | \$  |
| (9) | <b>TOTAL MONTHLY INCOME (add columns 3-8)</b>   | \$  |

**EMPLOYMENT**

(1) I am (check one) ☐ Employed ☐ Unemployed ☐ Self-Employed

|    | MONTHLY EXPENSES (housing, utilities, insurance, food, etc. list expense and amount paid the share I pay/am responsible for) | Monthly payment |
|----|--|-----------------|
| a) |  | \$              |
| b) |  | \$              |
| c) |  | \$              |
| d) |  | \$              |

|      |   |    |
|------|---|----|
| e)   |   | \$ |
| f)   |   | \$ |
| g)   |   | \$ |
| h)   |   | \$ |
| (10) | <b>TOTAL MONTHLY EXPENSES</b> (add all monthly payments together) | \$ |

|      | <b>ANNUAL INCOME</b>                                 | <b>Yearly</b> |
|------|--|---------------|
| (11) | My total income before deductions for last year was: | \$            |
| (12) | My total income after deductions for last year was:  | \$            |

|      |  |    |
|------|--|----|
| (13) | <b>ANTICIPATED INCOME</b> (Total monies or income from sale of house or land, gifts, inheritance, allotments, trust funds, lease money, etc.): | \$ |
|------|--|----|

|      |  |  |
|------|--|--|
| (14) | <b>DEPENDENTS</b> Including myself, I have the following number of dependents: |  |
|------|--|--|

|      |   |   |
|------|---|---|
| (15) | <b>INSURANCE</b> Do you have health insurance available for dependents through your employer, Yes or No. If you provide health or dental care for your child(ren) complete this section | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
| (16) | Name of health and/or dental insurance  |   |
| (17) | Total monthly cost for the employee only:   | \$  |
| (18) | Total monthly cost for the employee and child(ren)  | \$  |
| (19) | Persons covered under the policy: _____<br>_____  |   |

|      | <b>ASSETS</b>  | <b>Value</b> |
|------|--|--------------|
| (20) | Cash on hand/in the bank   | \$           |
| (21) | Accounts and Notes Receivable (IOU's and other money payable to me)          | \$           |
| (22) | Investments ( <i>stocks, bonds, savings bond, CD's, money market, etc.</i> ) | \$           |
| (23) | Retirement Account balance   | \$           |
| (24) | Real Estate (house, land, tribal lease land, rental property, etc.)          | \$           |

|      |  |    |
|------|--|----|
| (25) | Automobile(s) (include value, make, model, and year)_____ (if multiple vehicles, add the value of all vehicles to get total) | \$ |
| (26) | Recreational Vehicles (boats, campers, ATV's, etc.)  | \$ |
| (27) | Household Goods (furniture, appliances, TV, etc.)  | \$ |
| (28) | Other Personal Property (tools, sports equip, jewelry, etc.)   | \$ |
| (29) | Value of Business if business owner  | \$ |
| (30) | Any other assets (anything else I could sell or borrow money on)   | \$ |
| (31) | <b>Total Value of Assets</b> (add value of columns 31-43)  | \$ |

**LIABILITIES** (money that you owe for a vehicle, mortgage, student, or personal loans, credit cards, medical bills, etc.)

|      | <b>Name - Who you owe</b> | <b>Outstanding balance</b>                       | <b>Monthly payment</b>                       |
|------|---------------------------|--|--|
| a)   |                           | \$   | \$   |
| b)   |                           | \$   | \$   |
| c)   |                           | \$   | \$   |
| d)   |                           | \$   | \$   |
| e)   |                           | \$   | \$   |
| f)   |                           | \$   | \$   |
| g)   |                           | \$   | \$   |
| h)   |                           | \$   | \$   |
| i)   |                           |  |  |
| j)   |                           |  |  |
| (32) | <b>TOTAL DEBTS</b>        | \$_____ (combined total of outstanding balances) | \$_____ (combined total of monthly payments) |

|      |  |   |
|------|--|---|
|      | <b>CHILDCARE COSTS</b> (do you incur childcare costs because of employment, job search, training, or education? If Yes, complete this section) | <input type="checkbox"/> Yes or <input type="checkbox"/> No       |
| (33) | Name of childcare provider:  |   |
| (34) | Number of children receiving childcare:  |   |
| (35) | Names of child(ren) receiving childcare: _____<br>_____  |   |
| (36) | How many hours a week do you use childcare?  |   |
| (37) | Total amount of childcare costs per month?   | \$  |
| (38) | Do you receive assistance for childcare? If Yes, how Much do you receive per month?  | <input type="checkbox"/> Yes or <input type="checkbox"/> No<br>\$ |
| (39) | Do you claim the Federal Childcare Tax Credit?   | <input type="checkbox"/> Yes or <input type="checkbox"/> No       |

  

|      |  |   |
|------|--|---|
| (40) | <b>BENEFITS</b> Are any Social Security or Veteran's Benefits provided to a child(ren) of the parties due to retirement, disability, or other eligibility: | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
| (41) | If Yes, how much is received each month?   | \$  |
| (42) | Which parent receives the payment for the child(ren)? Name: _____  |   |

I declare under penalty of perjury under the law of South Dakota that the foregoing is true and correct.

Signed on the \_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_, South Dakota  
Month City or other location

By: ☐ Plaintiff ☐ Defendant

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone Number