

INSTRUCTIONS FOR FINANCIAL AFFIDAVIT & FORM

The Financial Affidavit is a sworn statement about the financial situation of the party completing the form. It is meant to give the judge and the parties accurate information about the property and debts involved in your case. The values used should be as of the day the party completes the Financial Affidavit.

- **Complete this form in black or blue ink only!**
- Complete the caption (the top portion of the form). **NOTE:** The caption is the top portion of each form. You will need to know the name of your county, judicial circuit (ask the Clerk if you do not know), name of plaintiff, name of defendant and case filing number (ask the Clerk if you do not know). The caption will be the same on every form you fill out.
- Fill in the personal information in paragraphs (1)-(25). Use the information from your last two tax returns and your most current pay check stub, if you have them, to help you. **If you do not know an answer, then place a question mark (“?”) in the blank.** If you **know for certain** that you don't have or receive the item listed, then enter a zero (0).
- Fill in the blanks for sections I, II, and III. Values should be an actual amount (if known) or an estimate of what the property is worth. If you do not have or receive the item listed, enter a zero (0).
- **You must sign and date the Affidavit in the presence of a notary public or clerk of court. Make sure to bring photo identification to show the notary public or clerk of court. A notary public can usually be found at the bank and sometimes at the courthouse.**

WARNING: By signing your name, you are telling the court that you are telling the truth and that you have a good faith reason for your requests. If you are not telling the truth, if you are misleading the court, or if you are serving or filing this document for an improper purpose, the court could find you in contempt or you could be charged with a crime for not telling the truth.

STATE OF SOUTH DAKOTA

IN CIRCUIT COURT

COUNTY OF _____

_____ JUDICIAL CIRCUIT

<p>_____ Plaintiff</p> <p>vs</p> <p>_____ Defendant</p>	<p>FILE NO: _____</p> <p style="text-align: center;">FINANCIAL AFFIDAVIT</p>
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I, _____ (Name of party filling out this affidavit), hereby swear under oath and under penalty of law that the following is true.

- (1) My mailing address is _____
- (2) My telephone number is () _____
- (3) I am (check one) _____ EMPLOYED _____ UNEMPLOYED _____ SELF-EMPLOYED
- (4) (If employed) my **monthly** gross pay is: \$ _____.
- (5) Monthly gain or profit from a business or profession (self-employment):
\$ _____.
- (6) Pension, retirement, disability, veterans, social security or insurance payments received regularly: \$ _____ per _____.
- (7) Interest, dividends, rentals, royalties or other gains: \$ _____ per _____.
- (8) Gain from sale, trade or conversion of capital assets: \$ _____.
- (9) Unemployment insurance and workers compensation benefits: \$ _____ per _____.
- (10) Benefit in lieu of compensation including but not limited to military pay allowances:
_____ per _____.
- (11) Other income (including spousal support received).
Explain: _____.
\$ _____ per _____.

TOTAL GROSS MONTHLY INCOME (Add 4-11):

\$ _____

- (12) Income tax based on one withholding allowance for a single taxpayer (not actual number of dependents): \$ _____.
- (13) Social Security and Medicare taxes withheld from wages or salary: \$ _____.
- (14) Contributions to an IRS qualified retirement plan not exceeding 10% of gross income:
\$ _____.
- (15) Unreimbursed employee business expenses (Attach IRS form 2106):
\$ _____.

(16) Payments made on other support orders OTHER THAN FOR CHILDREN IN THIS PROCEEDING (Attach court order and evidence of payments.):
\$ _____.

(17) Payments made for spousal support: \$ _____.

TOTAL DEDUCTIONS (Add 12-18): \$ _____
NET MONTHLY INCOME (SUBTRACT TOTAL DEDUCTIONS FROM GROSS MONTHLY INCOME): \$ _____

(18) My total gross income before deductions for the previous year was:
\$ _____.

(19) My total gross income before deductions for two years ago was \$ _____.

(20) Including myself, I have the following number of dependents: _____.

(21) Do you have health insurance available for dependents through your employer?
_____.

(22) If you provide medical or dental insurance for your child(ren), please complete the following:
Name of the Health and/or Dental Insurance Company:
_____.

Total monthly cost for the employee only:

\$ _____.

Total monthly cost for the employee and child(ren):

\$ _____.

Persons covered under the policy of insurance:

_____.

(23) Do you incur child care costs as result of employment, job search or training or education necessary to obtain a job or enhance earning potential?
_____.

If so, please complete the following:

Name and address of child care provider:
_____.

The name(s) of the child(ren) for whom child care is provided:

_____.

How many hours per week is child care being provided?
_____.

Cost of Child Care: Monthly: \$ _____ Weekly: \$ _____ Hourly:
\$ _____.

List the costs, per month, of the child care expenses incurred for the past six months:

_____.

Do you receive any state assistance for child care? _____ If so, how much?

Do you claim the Federal Child Care Tax Credit? _____.

(24) Enter the amount of Social Security or Veteran's Benefits provided to a child(ren) of the parties due to your retirement, disability or other eligibility: \$ _____
Which parent receives the payment for the child? _____

(25) The following amounts accurately represent my assets and liability:

1. ASSETS (things you own or are buying)

a. CASH (on hand or in banks):

\$ _____

b. ACCOUNTS and NOTES RECEIVABLE (IOU's and other money payable to me):

\$ _____

c. INVESTMENTS (stocks, bonds, savings bond, CD's, money market, stock options, etc.):

\$ _____

d. RETIREMENT ACCOUNT (account balance):

\$ _____

e. REAL ESTATE (house, land, tribal lease land, rental property, etc.):

\$ _____

f. AUTOMOBILE(S) make, model, year: _____

\$ _____

g. RECREATIONAL VEHICLES (boats, campers, ATV's, etc.):

\$ _____

h. HOUSEHOLD GOODS (furniture, appliances, TV, stereo, etc.):

\$ _____

i. SPORTING EQUIPMENT (hunting/fishing, camping, boating, etc.):

\$ _____

j. JEWELRY:

\$ _____

k. TOOLS, SHOP EQUIPMENT:

\$ _____

l. VALUE OF BUSINESS:

\$ _____

m. OTHER PERSONAL PROPERTY (tools, sports equipment, etc.):

\$ _____

n. ANY OTHER ASSETS (anything else I could sell or borrow money on):

\$ _____

TOTAL VALUE OF ASSETS: \$ _____

2. LIABILITIES (money that you owe)

a. Our regular monthly expenses are: (housing, utilities, food, insurance, etc.).....
\$ _____

b. DEBTS (vehicle loans, mortgages, credit cards, student loans, medical bills, personal loans, etc.):

I owe _____ this amount: \$ _____

I owe _____ this amount: \$ _____

I owe _____ this amount: \$ _____

I owe _____ this amount: \$ _____

I owe _____ this amount: \$ _____

I owe _____ this amount: \$ _____

I owe _____ this amount: \$ _____

I owe _____ this amount: \$ _____

TOTAL LIABILITIES \$ _____

3. ANTICIPATED INCOME (money or property you are expecting)

a. Total monies or income from sale of house or land, gifts, inheritance, allotments,
trust funds, lease money,
etc.....\$ _____

When is the money/income expected? _____

Dated: _____

Signature of Person Filling out this Affidavit
(Sign in front of notary public or clerk of courts.)

Sworn/affirmed before me this
_____ day of _____, _____.

Notary Public\Clerk of Courts
If notary, My Commission Expires _____

(SEAL)

IF THIS IS A DIVORCE WITH MINOR CHILDREN

- You must complete the child support calculation. The DSS calculator is found at <https://apps.sd.gov/SS17pc02cal/Calculator.aspx>; and
- **Attach your calculation of child support.**