

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 the divorce. The values used should be as of the day the party completes the Financial Affidavit.

Both parties need to complete a separate Financial Affidavit Form and submit the same to the Court.

- **Complete this form in black ink only!**
- This is a 3 page form. 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 the question does not apply to you, then mark “N/A” 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 form completely. Each blank should have a response whether it is an answer, a “?” or “N/A.” Failure to completely fill out the form may result in the Motion being denied.
- 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)
 :SS
COUNTY OF _____)

IN CIRCUIT COURT

_____ JUDICIAL CIRCUIT

_____, Plaintiff, vs. _____, Defendant.	DIV _____ FINANCIAL AFFIDAVIT
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• **Complete this entire form. Do not leave a blank empty – either provide the answer or insert “?” to indicate that you are unsure or “N/A” to indicate that the question does not apply to you.**

I, _____, hereby swear under oath and under penalty of law that the following is true.
(Name of party filling out this affidavit)

- (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: \$ _____.
- (15) Contributions to an IRS qualified retirement plan not exceeding 10% of gross income: \$ _____.
- (16) Unreimbursed employee business expenses (Attach IRS form 2106): \$ _____.
- (17) Payments made on child support orders: \$ _____.
(Attach court order and evidence of payments).
- (18) Payments made on spousal support orders: \$ _____.
(Attach court order and evidence of payments).

TOTAL DEDUCTIONS (Add 12-18): \$ _____

NET MONTHLY INCOME (SUBTRACT TOTAL DEDUCTIONS FROM GROSS MONTHLY INCOME): \$ _____

- (19) My total gross income before deductions for the previous year was \$ _____.
- (20) My total gross income before deductions for two years ago was \$ _____.
- (21) Including myself, I have the following number of dependents: _____.

- (22) Do you have health insurance available for your spouse through your employer? _____
- (23) If you provide medical or dental insurance for your spouse, 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 spouse: \$ _____
 Persons covered under the policy of insurance: _____.
- (24) The following amounts accurately represent my assets and liability:

1. ASSETS (things we 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 we 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.....	\$ _____
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 only 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)