

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.....	\$ _____

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)