

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____

Case Name: _____

Case Number: _____
 (if known)

FINANCIAL AFFIDAVIT

<p>1. General Information</p> <p>Name _____</p> <p>Street Address _____</p> <p>_____</p> <p>Town/City, State, Zip _____</p> <p>Mailing Address, if different _____</p> <p>_____</p> <p>Date of Birth _____</p> <p>Social Security Number _____</p> <p>Highest Grade or Degree Completed _____</p> <p>Date of Marriage _____</p> <p>Date of Separation or Divorce _____</p> <p>2. Children of the Parties (Full Name, DOB, and SSN)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>3. Employment Information</p> <p>Name, Address, and Phone Number of Employer _____</p> <p>_____</p> <p>_____</p> <p>Date and Place of Last Employment _____</p> <p>_____</p> <p>_____</p> <p>Job Skills _____</p> <p>_____</p>	<p>4. Monthly Income - Miscellaneous</p> <p>AFDC, TANF, and Food Stamps \$ _____</p> <p>Other Public Assistance \$ _____</p> <p>Children's Income \$ _____</p> <p>Child Support \$ _____</p> <p>5. Monthly Income Before Taxes</p> <p>Base Pay from Salary, Wages \$ _____</p> <p>Overtime and Shift Differential \$ _____</p> <p>Commissions, Tips, Bonuses \$ _____</p> <p>Part-time Employment \$ _____</p> <p>Self-employment \$ _____</p> <p>Unemployment and Veteran's Benefits \$ _____</p> <p>Disability, Workers' Compensation \$ _____</p> <p>Pension and Retirement Benefits \$ _____</p> <p>Social Security Benefits (SSA) \$ _____</p> <p>Interest and Dividends \$ _____</p> <p>Trust and Other Investment Income \$ _____</p> <p>Rental Income and Business Profits \$ _____</p> <p>All other sources \$ _____</p> <p>_____</p> <p><i>Total Section 5 Monthly Income</i> \$ _____</p> <p>6. Monthly Expenses</p> <p>Court Ordered Support for Others \$ _____</p> <p>State Income Taxes \$ _____</p> <p>Mandatory Pension \$ _____</p> <p>Health Insurance for Parties' Children \$ _____</p> <p>Day Care for Parties' Children \$ _____</p> <p>_____</p>
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7. Assets	Fair Market Value	Related Debt	Additional Information
Homestead	\$ _____	\$ _____	_____
Other Real Estate	\$ _____	\$ _____	_____
Primary Motor Vehicle	\$ _____	\$ _____	_____
Other Motor Vehicles	\$ _____	\$ _____	_____
Furniture and Appliances	\$ _____	\$ _____	_____
Checking Accounts	\$ _____	\$ _____	_____
Investments	\$ _____	\$ _____	_____
Life Insurance	\$ _____	\$ _____	_____
Business Interests	\$ _____	\$ _____	_____

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Pensions \$ _____ \$ _____
Retirement Accounts \$ _____ \$ _____

8. Additional Assets - If you have an interest in any property which is held solely by or jointly with any other person or entity, and which has not already been disclosed, or if you are owed money from any source, please explain _____

9. Tax Return Information

Year of last return filed _____

Single or joint return _____

My Total W-2s and 1099s = \$ _____

If Self-employed, check here and attach copy of most recent IRS Schedule C.

10. Insurance

Life

Company _____

Type and Face Amount _____

Beneficiaries _____

Health

Company _____

Type _____

Description of Coverage _____

Dental

Company _____

Description of Coverage _____

14. Additional Information _____

11. Debts

Who is debt owed to? Who owes debt? Balance

12. Retirement Plans

Plan or Account Name _____

Type _____

Most Recent Value _____

Value at Filing _____

If Defined Benefit, status of vesting and description of Benefit

13. Attachments: Pay Stub Monthly Expenses

Schedule C Other (describe) _____

Check here if parties agree to waive Monthly Expenses form.

I swear (affirm) that:

A. To the best of my knowledge and belief, I have fully disclosed all income and all assets having any substantial value; and

B. I have reasonably estimated the fair market value of each asset; and

C. I understand that I have a duty to update the information provided in this financial affidavit for each court hearing; and

D. I understand that if a support order is issued in this case obligating me to pay support, it shall be my responsibility to immediately provide the Court with any change of address in writing. If I fail to do so, I may be held in default, found in contempt of court and a warrant may be issued for my arrest. (See USO Standing Order SO-4C.)

Date

Signature

State of _____, County of _____

The person signing this financial affidavit appeared and signed this before me and took oath that the statements set forth in this Financial Affidavit, together with any attachments listed in section 13 above, are true to the best of his or her knowledge and belief.

This instrument was acknowledged before me on _____ by _____.

My commission expires: _____

Affix seal, if any

Signature of Notarial Officer / Title

I certify that a copy of this financial affidavit (and any attachments) was this day mailed / given to (lawyer for other side, if any) (other side, if no lawyer) (OCSE, if State is a party): _____

Date

Signature

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NOTE: Round all numbers to the nearest dollar. To convert weekly expenses to monthly, multiply by 4.33.

1. Housing

Rent \$ _____
Mortgage Payment \$ _____
Property Tax \$ _____
Condo Fee \$ _____
Home Maintenance \$ _____
Snow Removal and Lawn Care \$ _____
_____ \$ _____

2. Utilities

Heating Oil \$ _____
Wood and Coal \$ _____
Propane and Natural Gas \$ _____
Telephone \$ _____
Electricity \$ _____
Cable Television \$ _____
Water and Sewer \$ _____
Trash Collection \$ _____
_____ \$ _____

3. Insurance

Homeowner \$ _____
Renter \$ _____
Vehicle \$ _____
Health \$ _____
Dental \$ _____
Life \$ _____
Disability \$ _____

4. Uninsured Health Care

Medical \$ _____
Dental \$ _____
Orthodontics \$ _____
Eye Care/Glasses/Contacts \$ _____
Prescription Drugs \$ _____
Therapy and Counseling \$ _____
_____ \$ _____

5. Transportation

Primary Vehicle Payment \$ _____
Other Vehicle Payments \$ _____
Vehicle Maintenance \$ _____
Gas and Oil \$ _____
Registration and Tax \$ _____
_____ \$ _____
_____ \$ _____

6. General and Personal

Groceries \$ _____
Meals Eaten Out \$ _____
Tobacco/Alcohol Products \$ _____
Clothing and Shoes \$ _____
Hair Care \$ _____
Toiletries and Cosmetics \$ _____
Pet Food and Care \$ _____
Church and Charities \$ _____
Laundry and Dry Cleaning \$ _____
Gifts \$ _____
Newspapers and Magazines \$ _____
Education (personal) \$ _____
Dues and Memberships \$ _____
Vacations \$ _____
Entertainment and Recreation \$ _____
Visitation Expenses \$ _____
_____ \$ _____

7. Children's Expenses and Activities

Children's Clothing and Shoes \$ _____
Diapers \$ _____
Day Care \$ _____
School Supplies \$ _____
School Lunches \$ _____
Tuition and Lessons \$ _____
Sports and Camp \$ _____
_____ \$ _____

8. Financial

Federal Income Tax \$ _____
Social Security and Medicare \$ _____
Loan Payments \$ _____
Other Debts \$ _____
Savings \$ _____
401(k) \$ _____
IRA \$ _____
Other Retirement Plans \$ _____
_____ \$ _____
_____ \$ _____

9. Other Expenses

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____

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FINANCIAL AFFIDAVIT

THE STATE OF NEW HAMPSHIRE

General Instructions for Completing the Financial Affidavit Form NHJB-2065-F

- A. When this form is needed - You must fill out and file this form with the Court.
- If you are the husband or wife in a divorce or legal separation case.
If you are the mother or father in an after-divorce, custody, child support, or paternity case.
If either side is requesting child support or alimony or a change in an existing support or alimony order.
If a person's ability to pay an obligation is an issue.
Any other time that the Court may require.
- B. If you need more space for any answer, either add an attachment and note it at section 13, or use section 14. When using section 14, put in the number of the answer needing more space, and then the information.
- C. The importance of the oath - This form must be sworn to under oath and signed before a Notary Public or N.H. Justice of the Peace. All information must be true, accurate, and complete, to the best of your knowledge and belief, under the pains and penalties of perjury.
- D. Monthly Expenses form - You must always fill out and attach the Monthly Expenses form **in the following cases**.
- If child support is an issue and either side claims that the Child Support Guidelines should not apply.
 - If either side is requesting alimony or payment of college expenses.
 - If you and the other side do not agree how to divide your debts.
 - If either side requests it.
 - If the Court requires it.

It is not required in *other* cases, if both sides agree by checking the box in section 13, or if the Office of Child Support Enforcement (OCSE) does not request it and the Court approves.

- E. Duty to Update - You must fill out and file a new Financial Affidavit for every hearing.
- F. Use of Forms - You may use the Financial Affidavit and Monthly Expenses forms provided by the Court or your own forms, as long as the format and content are identical to the Court version. You may design other attachments as you see fit.
- G. Child Support - If child support is an issue, read the Uniform Support Order and its Instructions.

Specific Instructions for Numbered Sections of the Financial Affidavit Form

1. General Information - *Street Address* means your complete residence address. If you have filed a Domestic Violence Petition, or if there are restraining orders, you do *not* have to give your address. The last two lines in section 1 apply only to divorce and post-divorce cases.
2. Children of the Parties - Fill in the first and last name, with middle initial, if any, for each child. Give date of birth and Social Security Number.
3. Employment Information - Fill in name, address and phone number of current employer. List date and place of last employment. List job skills.
4. Monthly Income - Miscellaneous - List all public assistance income, including AFDC, TANF, food stamps, SSI, APTD, and general assistance from town or county. If your dependent children receive income from employment, investments, or other sources, list it here. This income is *excluded* when calculating child support.
5. Monthly Income - Before Taxes- List *all* income, except from those sources specified in section 4. If you are paid weekly, multiply the weekly amount by 4.33 to get monthly. If you are paid every 2 weeks, multiply the weekly amount by 2.17 to get monthly. If income is occasional or irregular, fill in the average amount.
6. Monthly Expenses - *Support for Others* means child support or alimony you are paying under court order for children other than the children of the parties, or for alimony for another ex-spouse. *Health Insurance* means the actual amount paid for medical insurance coverage for the children of the parties.

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7/8. Asset Information - You must list all of your assets in these sections. In section 7, the first column is for your good-faith estimate of the total fair market value of assets in each category. *Fair Market Value* is what you could sell an asset for, *not* the purchase price or replacement cost. It is not necessary to have every asset appraised. However, you must consider all factors known to you when stating values. The second column is to list any debts that are owed against the asset, such as a mortgage or a vehicle loan. You may put any additional information in the third column.

Motor Vehicles means cars, trucks, motorcycles, airplanes, boats, snowmobiles and the like.

Investments means savings accounts, certificates of deposit, stocks, savings bonds, other bonds, money market accounts, and the like.

Life insurance means the *cash value* of any life insurance policy that you own or have an interest in.

Pension means a defined benefit retirement plan. What you receive is based on years of service and pay.

Retirement Account means a defined contribution plan or other retirement account in your name. Examples are: 401(k) plans, thrift/savings plans, Keoghs, IRAs.

The extra lines are for other categories of assets that are not listed on the form, or for providing more details on listed assets. You must list *all* assets. Assets include, but are not limited to, the following:

Any asset in which you have an interest, but that is being held in the name of someone else. For example, if a relative is holding money or an asset that you own, or can get back under any circumstances, you must include it.

Any assets that are owned partly by you and partly by someone else, such as a jointly owned bank account, motorcycle, or piece of real estate.

Any asset of substantial value that you either gave away or sold for less than fair market value, within 6 months of the date of the Financial Affidavit.

Any debt that anyone owes you, whether or not repayment is expected or likely.

9. Tax Return Information - Total W-2s and 1099s refer to those tax forms from work done by you and from assets in your name. Do *not* include those that result from your spouse's income.

10. Insurance - List all insurance coverage you have. *Description* means any deductibles and co-pays.

11. Debts - List all debts in your name or joint names. *Debt* means loans, credit cards, past due bills, and the like. For each debt, list the name of the person or business you owe the debt to, whether the debt is in your name or in joint names, and the amount currently owed.

12. Pension and Retirement Accounts - Name you retirement plans or accounts. On the second line, note if your retirement account is a 401(k) plan, profit-sharing plan, defined benefit plan, or other specific type of plan. A defined benefit plan is one where what you receive is based upon years of service and pay. *Value at filing* refers to the value of your retirement plan at the time the divorce was filed, and needs to be filled in only in divorce cases.

13. List of Attachments - Check off which forms and documents you are attaching to your Financial Affidavit. If the attachment is not listed, check off *other* and write in what it is.

14. Additional Information - Use this space to provide information that will not fit in prior sections and to provide additional information that you wish the Court to consider.

Certification of Copies - You must give a copy of your Financial Affidavit with all attachments to the other side. The *other side* means the lawyer representing your spouse, ex-spouse, or the other parent. If he or she does not have a lawyer, give it to your spouse, ex-spouse, or the other parent. If the State is a party, also give a copy to Office of Child Support Enforcement (OCSE). Write in the names of each person you have given a copy to.

Monthly Expenses - Section D above explains who must complete the Monthly Expenses form.