STATE OF WYOMING	)	IN THE DISTRICT COURT
	) ss	
COUNTY OF _____	)	_____ JUDICIAL DISTRICT
Plaintiff/Petitioner:	)	Case Number_____
_____	)	
Person listed as Plaintiff or Petitioner on the Complaint or Petition	)	
vs.	)	**CONFIDENTIAL**
Defendant/Respondent:	)	
_____	)	
Person listed as Defendant or Respondent on the Complaint or Petition	)	

CONFIDENTIAL FINANCIAL AFFIDAVIT

Each parent is required to fill out a Confidential Financial Affidavit. You will also need to attach certain financial documents to this form. A checklist of the documents is provided at the end of this form. If you are one of the people whose name is listed above (the Plaintiff/Petitioner or the Defendant/Respondent) you **must** complete this form and submit the required documents, whether you are employed, unemployed, or self-employed.

I, _____, hereby swear or affirm, under penalty of perjury, that the following information is correct and complete.

My Personal Information

Name (first, middle, last):_____

Gender:_____ Date of Birth:_____ Social Security Number:_____

Home Address:_____

_____

_____

Date I moved to this address:_____

Mailing Address (if different):_____

_____

_____

Cell Phone Number:_____

Cell Phone Carrier (for example, AT&T or Verizon):_____

Landline Phone Number:_____

The best number to call to leave me a message:_____

Information About My Education

I completed _____ years of high school. I completed _____ years of college.

I completed _____ years of graduate school. I completed _____ years of trade school.

I also completed _____ years of training in these fields: _____

I have these degrees and certifications _____

[Remainder of page intentionally left blank]

Information About the Children

<table>
<tr><td colspan="4">Child's Name:
(First, Middle, Last)</td></tr>
<tr><td>Date of Birth:</td><td>Age:</td><td>Gender:</td><td>Social Security Number:</td></tr>
<tr><td colspan="2">This child lives with me

☐ Full-time
☐ Part-time
☐ Never</td><td>I am this child's

☐ Biological Parent
☐ Adoptive Parent
☐ Legal Guardian
☐ None of the Above</td><td>The other party is this child's

☐ Biological Parent
☐ Adoptive Parent
☐ Legal Guardian
☐ None of the Above</td></tr>
<tr><td colspan="4">☐ This child receives the following government benefits:
(Name each benefit and the state that pays it.)</td></tr>
<tr><td colspan="4">☐ There is a child support order for this child.
Name of the Court: _____ Date of the Order: _____
Person Ordered to Pay: _____ Amount per Month: _____
Amount that is Past Due (Arrears): _____</td></tr>
<tr><td colspan="4">☐ There is a Court order requiring health insurance for this child.
Name of the Court: _____ Date of the Order: _____
Person Ordered to Provide Health Insurance: _____</td></tr>
<tr><td colspan="3">☐ This child has health insurance.
Person Who Pays for Insurance: _____
Monthly Premium to Cover Children Only: $_____</td><td>☐ This child does <u>not</u> have health insurance.</td></tr>
</table>

Child's Name: (First, Middle, Last)			
Date of Birth:	Age:	Gender:	Social Security Number:

This child lives with me	I am this child's	The other party is this child's
☐ Full-time ☐ Part-time ☐ Never	☐ Biological Parent ☐ Adoptive Parent ☐ Legal Guardian ☐ None of the Above	☐ Biological Parent ☐ Adoptive Parent ☐ Legal Guardian ☐ None of the Above

☐ This child receives the following government benefits:
(Name each benefit and the state that pays it.)

☐ There is a child support order for this child.
Name of the Court: _____ Date of the Order: _____
Person Ordered to Pay: _____ Amount per Month: _____
Amount that is Past Due (Arrears): _____

☐ There is a Court order requiring health insurance for this child.
Name of the Court: _____ Date of the Order: _____
Person Ordered to Provide Health Insurance: _____

☐ This child has health insurance.	☐ This child does not have health insurance.
Person Who Pays for Insurance: _____ Monthly Premium to Cover Children Only: $_____	

Child's Name: (First, Middle, Last)			
Date of Birth:	Age:	Gender:	Social Security Number:

This child lives with me	I am this child's	The other party is this child's
☐ Full-time ☐ Part-time ☐ Never	☐ Biological Parent ☐ Adoptive Parent ☐ Legal Guardian ☐ None of the Above	☐ Biological Parent ☐ Adoptive Parent ☐ Legal Guardian ☐ None of the Above

☐ This child receives the following government benefits:
(Name each benefit and the state that pays it.)

☐ There is a child support order for this child.
Name of the Court: _____ Date of the Order: _____
Person Ordered to Pay: _____ Amount per Month: _____
Amount that is Past Due (Arrears): _____

☐ There is a Court order requiring health insurance for this child.
Name of the Court: _____ Date of the Order: _____
Person Ordered to Provide Health Insurance: _____

☐ This child has health insurance.	☐ This child does not have health insurance.
Person Who Pays for Insurance: _____ Monthly Premium to Cover Children Only: $_____	

☐ I am attaching additional pages with information about more children.

Information About My Work

(You must choose at least one of the following.)

☐ I am employed, and I will fill out the **Employed** section below.

☐ I am self-employed, and I will skip to the **Work History** section below.

☐ I am unemployed, and I will skip to the **Work History** section below.

Employed

Name of Current Employer (Job 1):	Address of Current Employer:
Phone Number of Current Employer:	
My title or a description of my work:	☐ I earn $_____ per hour **OR** ☐ I earn $_____ per month

Number of hours I work each week: Regular Hours: _____ Overtime Hours:____ Total Hours:_____	I get paid for my Regular Hours: ☐ Every week ☐ Every two weeks ☐ Twice each month ☐ Once each month ☐ Once each year	I get paid for my Overtime Hours: ☐ Every week ☐ Every two weeks ☐ Twice each month ☐ Once each month ☐ Once each year

Date of my last pay increase:	Date of my last pay decrease:

Is health insurance available through this employer? ☐ Yes ☐ No

If yes, how much is the monthly premium to cover only the children: $ _____

Do the children in this matter have health insurance through this employer? ☐ Yes ☐ No

Name of Current Employer (Job 2):	Address of Current Employer:
Phone Number of Current Employer:	
My title or a description of my work:	☐ I earn $_____ per hour **OR** ☐ I earn $_____ per month

Number of hours I work each week: Regular Hours: _____	I get paid for my Regular Hours: ☐ Every week ☐ Every two weeks	I get paid for my Overtime Hours: ☐ Every week ☐ Every two weeks

Overtime Hours:____ Total Hours:_____	☐ Twice each month ☐ Once each month ☐ Once each year	☐ Twice each month ☐ Once each month ☐ Once each year
Date of my last pay increase:	Date of my last pay decrease:	
Is health insurance available through this employer? ☐ Yes ☐ No If yes, how much is the monthly premium to cover only the children: $ _____ Do the children in this matter have health insurance through this employer? ☐ Yes ☐ No		

Name of Current Employer (Job 3): Phone Number of Current Employer:	Address of Current Employer:	
My title or a description of my work:	☐ I earn $_____ per hour **OR** ☐ I earn $_____ per month	
Number of hours I work each week: Regular Hours: _____ Overtime Hours:____ Total Hours:_____	I get paid for my Regular Hours: ☐ Every week ☐ Every two weeks ☐ Twice each month ☐ Once each month ☐ Once each year	I get paid for my Overtime Hours: ☐ Every week ☐ Every two weeks ☐ Twice each month ☐ Once each month ☐ Once each year
Date of my last pay increase:	Date of my last pay decrease:	
Is health insurance available through this employer? ☐ Yes ☐ No If yes, how much is the monthly premium to cover only the children: $ _____ Do the children in this matter have health insurance through this employer? ☐ Yes ☐ No		

☐ I am attaching additional pages with information about more current jobs.

Information About My Work History

Fill in the chart with information about your jobs for the last three years.

Company Name	Company Location	Dates	Title or Job Description	Salary or Wage	Reason You Left
Example Inc.	Casper, WY	From: July 2022 To: Sept. 2023	Assistant Manager	$18.00 per Hour	moving

		From: To:		$ per	
		From: To:		$ per	
		From: To:		$ per	
		From: To:		$ per	
		From: To:		$ per	
		From: To:		$ per	

☐ I am attaching additional pages with information about more work history.

Information About My Income

Fill in the chart with information about all income you received in the last 12 months.

Important Note: This chart uses the amount per month. You might need to calculate to find the monthly amount.

If you receive money every week:

Multiply the weekly amount by 52 and divide by 12.

If you receive money every two weeks:

Multiply the bi-weekly amount by 26 and divide by 12.

If you receive money twice each month (for example, on the 1st and 15th of each month):

Multiply the semi-monthly amount by 24 and divide by 12.

Income Source	Amount per Month	Income Source	Amount per Month
Gross Wages (before taxes)	$ _____ Job 1 $ _____ Job 2 $ _____ Job 3	Profit from Self-Employment	$
Unemployment	$	Annuity	$
Workers' Compensation	$	Spousal Support	$
Social Security (Not SSI)	$	Contract Receipts	$
Retirement	$	Rental Income	$
Interest or Dividends	$	Benefits or Bonuses	$
Veteran Disability	$	Reimbursements	$
Other:	$	Other:	$

Information About My Taxes and Expenses

(You must choose at least one of the following.)

☐ I am employed, and I will fill out the **Employed** section below.

☐ I am self-employed, and I will fill out the **Self-Employed** section below.

☐ I am unemployed, and I will skip to the next page (Information About My Ability to Pay).

Complete this chart if you are EMPLOYED		
A. Gross Income (from all sources before deductions)	$	**per month**
B. Federal Income Tax	$	per month
C. State Income Tax	$	per month
D. Social Security Tax	$	per month
E. Medicare Tax	$	per month
F. Mandatory Retirement / Pension	$	per month
G. Premium Paid for **Children's** Health Insurance	$	per month
H. Child Support Obligation (already in place)	$	per month
I. Total Mandatory Deductions (add lines B through H)	$	**per month**
Net Income (line A minus line I)	$	per month
Income Tax Filing Status:		
Number of Dependents Claimed for Tax Purposes:		

Complete this chart if you are SELF-EMPLOYED		
A. Gross Income (from all sources before deductions)	$	**per month**
B. Federal Income Tax	$	per month
C. State Income Tax	$	per month
D. Social Security Tax	$	per month
E. Medicare Tax	$	per month
F. Unreimbursed Business Expenses	$	per month
G. Premium Paid for **Children's** Health Insurance	$	per month
H. Child Support Obligation (already in place)	$	per month
I. Total Mandatory Deductions (add lines B through H)	$	**per month**
Net Income (line A minus line I)	$	per month
Income Tax Filing Status:		
Number of Dependents Claimed for Tax Purposes:		

Information About My Ability to Pay

On these lines, describe the kind of work you usually do. List the skills and abilities you need to do that work.

On these lines, explain any special job skills, training, or certifications you have.

On these lines, describe any special challenges you have that could make it hard for you to become or stay employed. Some examples might be disability, poor health, criminal history, lack of literacy, or lack of education.

On these lines, list jobs you have applied for in the last year and explain the status of your application. For example: "warehouse manager at ABC Store, interviewed but not hired." If you have not applied for any jobs in the last year, write None.

On these lines, list your assets and the value of those assets. For example: "checking account with $280.00, pickup truck worth $4000, and insurance settlement worth $1500."

What Must Be Attached

When you submit this Confidential Financial Affidavit,
you must attach the following documents:

If you provide health insurance for your children:

☐ Written proof from the insurance company that lists the name of each person covered under your policy.

If you are employed:

☐ Copies of your income tax returns for the last two years.
NOTE: If both parties filed joint tax returns and the other party has already submitted a copy, you do not need to include another copy.

☐ Copies of your W-2 Forms for the last two years.

☐ Copies of a statement of earnings from each employer showing your cumulative pay for this year.

If you are self-employed:

☐ Verified income and expense statements for your business for the two most-recent years.

☐ Copies of your personal income tax returns for the last two years.

☐ Copies of your business income tax returns for the last two years.

NOTE: Please submit documents to the court printed on one side only.

Warning About Perjury

By signing the Affidavit, you are telling the Court that everything you wrote on the form and everything you attached to it is true. If the information is not true, you might be criminally charged with perjury. Perjury is a felony punishable by imprisonment or a fine or both.
Review your answers carefully before you sign the Confidential Financial Affidavit.

Perjury Statute

Wyoming Statute 6-5-301 about Perjury provides:

(a) A person commits perjury if, while under a lawfully administered oath or affirmation, he knowingly testifies falsely or makes a false affidavit, certificate, declaration, deposition or statement, in a judicial, legislative or administrative proceeding in which an oath or affirmation may be required by law, touching a matter material to a point in question.

(b) Perjury is a felony punishable by imprisonment for not more than five (5) years, a fine of not more than five thousand dollars ($5,000.00), or both.

OATH

I have read and understand the provisions of the above perjury statute. I affirm that this Confidential Financial Affidavit (including attachments) contains a complete disclosure of my income from all sources and that the representations made herein concerning my income are accurate to the best of my knowledge. I am aware that the court may punish as perjury any materially false statements knowingly made with intent to defraud or mislead.

DATED _____, 20___.

_____
Signature

☐ A Wyoming Court Navigator helped with this form.

STATE OF WYOMING)
) ss
COUNTY OF _____)

SUBSCRIBED AND SWORN to before me this _____day of _____, 20___.

Witness my hand and official seal.

_____
NOTARIAL OFFICER

My commission expires: _____

CERTIFICATE OF SERVICE

I certify that the original of this document was filed with the Clerk of District Court in _____ County, Wyoming.

I further certify that on _____, 20___, a true and accurate copy of this document was served on the other party in the following manner:

☐ Delivered by hand to: _____ (name)

☐ Faxed to this number: _____

☐ Mailed by United States Postal Service, postage pre-paid, to:

Name of other party or other party's attorney: _____

Address of other party or other party's attorney: _____

_____

_____

Signature: _____

Printed Name: _____

Date: _____, 20___

☐ A Wyoming Court Navigator helped with this form.