

CONFIDENTIAL

VERMONT FAMILY COURT

FINANCIAL AFFIDAVIT - FORM 813

INSTRUCTION SHEET

WHO IS REQUIRED TO FILL OUT THIS FORM?

New Divorce or Parentage Actions: If you are a party (Plaintiff or Defendant) in a newly filed divorce, parentage or legal separation action or civil union dissolution, you are required to fill out a Financial Affidavit and file it with the Court.

Post Judgment Action: If you are a party in a divorce, parentage action or civil union dissolution, in which a motion has been filed after the Final Order (Motion for Enforcement, Motion for Contempt or Motion for Modification) and the issues raised by the motion(s) involve changes in or enforcement of child support or spousal maintenance, you are required to fill out and file a Financial Affidavit.

Juvenile Cases: If your child is in DCF custody, you may be required to fill out a Financial Affidavit so that your support obligation to the State of Vermont can be determined.

WHAT SECTIONS DO I NEED TO FILL OUT?

Sections I and II: General Information, Affirmation and Income

EVERYONE must fill out Sections I and II

Section III: Income and Expense Information Relating to Children

You must fill out Section III if you have minor children in common with the other party.

Section IV: Household Expenses and Expense related to Debts

You must fill out Section IV if:

1. You or the other party has requested spousal maintenance, a modification of spousal maintenance or enforcement of spousal maintenance; or
2. You or the other parent has requested a deviation from the child support guidelines; or
3. You are self employed and child support needs to be established or modified; or
4. A motion to enforce payment of child support has been filed against you; or
5. The other side has requested this information as part of Discovery; or
6. The Court has ordered you to provide this information.

Section V: Supplemental Affidavit of Property and Assets

You must fill out Section V if:

1. You are a party in a newly filed divorce or civil union dissolution; or
2. You are requested to fill it out by the other party as part of Discovery; or
3. You are ordered to fill it out by the Court.

Schedules C and E/Rental Income Affidavit and Self Employment Affidavit:

If you own your own business you will also need to file a Schedule C. If you have rental income, you will need to file a Schedule E. If you filed an income tax return last year which included one of these schedule, you may use a copy of the IRS schedule you filed. Otherwise, you can obtain the 813 version of these schedules from the Family Court.

WHAT IS AN AFFIRMATION?

When you sign the Affirmation on the first page, you are stating that all the information you have given on the form is true and correct to the best of your knowledge. You are also acknowledging that you understand that there may be criminal penalties and sanctions if you lie.

WHO IS "THE OTHER PARTY"?

You will find frequent references in the affidavit to "the other party". The other party is the person on the other side of this case. It could be your spouse, former spouse, the parent of your child, your partner or former partner. If you are the plaintiff, "the other party" is the defendant. If you are the defendant, "the other party" is the plaintiff.

WHAT IF MY INCOME CHANGES OR IS SEASONAL?

Many people have income which changes from week to week or month to month depending on a number of variables such as overtime, seasonal work, etc. If your income changes, you should give your average monthly income. You can figure out your average monthly income by taking your annual income and dividing it by 12 or by adding up your pay for the past several months and then dividing by the number of months you used. Please be sure to indicate in the margin or at the bottom of the page, how you did the calculation.

WHAT IF THERE IS NOT ENOUGH SPACE ON THE FORM?

The court is looking for the most complete list you can provide. Please put additional information which does not fit on the form on another sheet of paper and attach it.

OTHER DEFINITIONS:

"Gross monthly income" means income before taxes or any other deductions such as health insurance, union dues, retirement, etc. If you are paid weekly, multiply weekly gross pay by 4.333. If you are paid every two weeks, multiply gross pay by 2.165. If you are paid twice a month, multiply by 2. If you receive annual income, divide by 12.

"Children of this Relationship" means a child either born to you and the other party or adopted by you and the other party.

"Duty to Support" means that you have an obligation by law or court order to support this child. It includes your own children and your step-children. It does not include children of a boyfriend, girlfriend or roommate who live in the same household with you.

"Market Value" is the amount you would receive for an item of personal property if you sold it today. It is not the purchase price of the item or the replacement value.

"Your Home" means your primary residence.

"Equity" means the market value minus the debt owed on that particular item of real or personal property (e.g. mortgage on a home, car loan on a car, etc.)

_____ FAMILY COURT

DOCKET NO. _____

v.

Plaintiff

Defendant

**FINANCIAL AFFIDAVIT - FORM 813
SECTION I - GENERAL INFORMATION AND AFFIRMATION**

Name:	Date of Birth:
Street Address:	Telephone #: (day)
Mailing Address:	Telephone #: (evening)
City, State, Zip:	

Type of Action Currently Pending in Family Court: (check all appropriate boxes)

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Initial Action-</u>
(no final order) | <u>Post Judgment Action</u> |
| <input type="checkbox"/> Divorce
<input type="checkbox"/> with minor children
<input type="checkbox"/> no minor children | <input type="checkbox"/> Child Support
<input type="checkbox"/> Modification
<input type="checkbox"/> Enforcement |
| <input type="checkbox"/> Parentage | <input type="checkbox"/> Spousal Maintenance
<input type="checkbox"/> Modification
<input type="checkbox"/> Enforcement |
| <input type="checkbox"/> Dissolution (Civil Union)
<input type="checkbox"/> with minor children
<input type="checkbox"/> no minor children | <input type="checkbox"/> Parental Rights and Responsibilities or Parent Child Contact
<input type="checkbox"/> Modification
<input type="checkbox"/> Enforcement |
| | <input type="checkbox"/> Other _____ |

AFFIRMATION

State of Vermont

_____ County

I have read and filled in all the information requested in the following sections and included all appropriate attachments: (check boxes which apply)

- | | |
|-------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Section II -Income | <input type="checkbox"/> Section IV - Expense Information |
| <input type="checkbox"/> Section III - Income/Expenses - Children | <input type="checkbox"/> Section V - Property and Assets |
| <input type="checkbox"/> Schedule C from tax return (attached) | <input type="checkbox"/> Schedule E from tax return (attached) |
| <input type="checkbox"/> Self Employment Attachment | <input type="checkbox"/> Rental Income Attachment |

I hereby affirm of my own knowledge that the facts and financial information I am stating are true and correct as of the date of this Affirmation and that I am not omitting any source or amount of income or other information requested on this form. I understand that any false information may constitute perjury by me. I also understand that if I fail to provide the required information or give misinformation, the judge may order sanctions against me.

Signature of person making affidavit

Sworn to me on _____, 20__

Notary Public

My Commission Expires: ___ / ___ /20__

SECTION II - INCOME

Please check appropriate boxes:

I am currently employed by someone else. The name(s) and address(es) of my employer(s) is/are:

Employer Name and Address	Second Employer Name and Address

I am self-employed (Include sole proprietorship, partnership, closely held corp., d/b/a, etc.)

I am not currently employed because: _____

A. Monthly Gross Income from Employment

"Gross" income means income before taxes or any other deductions. If you are paid weekly, multiply weekly gross pay by 4.333. If you are paid every two weeks, multiply gross pay by 2.165. If you are paid twice a month, multiply by 2. If you receive annual income, divide by 12.

- 1. Monthly Pre-Tax Salary or Wages (all salaried employment plus overtime)
If not paid monthly, show calculation: \$ _____ X or ÷ _____ = _____
- 2. Monthly Income from Tips, Commissions, Bonuses or Royalties _____
- 3. Income From Rental Property (Attach Rental Income Attachment or Tax Return Schedule E) _____
- 4. Monthly Income from Self Employment (Attach Self Employment Attachment (C) or Tax Return Schedule C) _____
- 5. Does your employer pay any of your personal expenses (e.g. car)? Yes No
If yes, specify type of expense(s): _____; Enter monthly amount _____

B. Other Sources of Income (indicate monthly amount)

- 1. Retirement/Pension _____
- 2. Unemployment Insurance Benefits _____
- 3. Worker's Compensation and/or Disability Insurance Benefits _____
- 4. Social Security Benefits (specify type: _____) _____
- 5. Veterans Benefits (VA) _____
- 6. Interest or Dividend Income _____
- 7. Trust or Annuity Income _____
- 8. Gifts or prize money (include lottery winnings) _____
- 9. Spousal Maintenance (alimony) from the other party in this action _____
- 10. Spousal Maintenance from a person who is not a party in this action _____
- 11. Other: (e.g. capital gains) please specify _____

TOTAL MONTHLY INCOME \$ _____

C. Do you receive public benefits? Yes No If yes, check all applicable boxes

Enter dollar amounts where indicated.

- Reach Up (RUFA; TANF)\$ _____ General Assistance \$ _____ Food Stamps \$ _____
- SSI\$ _____ Dr. Dynasaur/Blue First Medicaid/Medicare
- Fuel Assistance VHAP Housing Assistance

**SECTION III - INCOME/EXPENSES
RELATED TO MINOR CHILDREN OF THIS RELATIONSHIP**

1. List all minor children of this relationship (under 18 or over 18 but still in high school):

Use extra page if necessary

Name:	Birth Date	Grade	Current Primary Residence

2. Number of Children from another relationship whom you have a duty to support: _____

"Duty to Support": means that you have an obligation by law or court order to support this child. It includes your own children and your step-children. It does not include children of a boyfriend, girlfriend or roommate who live in the same household with you.

3. Monthly Cost of Health Insurance paid by you for children of this relationship

Total Health Insurance Premium paid by you \$ _____
Subtract cost of premium without children - _____
Cost of premium related solely to children paid by you \$ _____

4. Out of Pocket Child Care Expenses for children of this relationship

Gross monthly child care costs \$ _____
Subtract Child Care Subsidy - _____
Total monthly out-of-pocket child care expenses \$ _____

5. Extraordinary Monthly Expenses for children of this relationship

- Medical (include only uninsured expenses over \$16.67 per month)** \$ _____
- Educational expenses (specify) _____** \$ _____
- Special needs expenses (specify) _____** \$ _____

6. Pre-Existing monthly child support obligation for children who are not of this relationship. Enter only amount you actually pay per month.

\$ _____

7. Monthly income received by a child of this relationship:

1. Disability benefits (Name of child-recipient: _____)	\$ _____
2. Social Security (Name of child-recipient: _____)	\$ _____
3. Other: (specify) _____	\$ _____
Name of Parent who receives income for child: _____	

8. Other Information related to child support:

a. Do you own any real estate other than your home yes no

If yes, enter total equity in real estate other than your home: \$ _____

b. Enter number of vehicles owned _____ ; Total equity value of vehicles: \$ _____

c. Total value of all other assets which do not produce income, including personal property, checking accounts, boats, antiques, etc. \$ _____

SECTION IV -EXPENSES

You are required to fill out this section if:

1. You or the other party has requested spousal maintenance, a modification of spousal maintenance or enforcement of spousal maintenance; or
2. You or the other party has requested a deviation from the child support guidelines; or
3. You are self employed and child support needs to be established or modified; or
4. A motion to enforce payment of child support has been filed against you; or
5. The other party has requested this information as part of Discovery; or
6. The Court has ordered you to provide this information.

LOANS

List **all debts for which** you are responsible (either solely or with another person)

Type of Loan	Lender	Balance Owed	Monthly Payment
1. Primary Residence 1st Mortgage			
2. 2nd Mortgage			
3. Home Equity			

Add monthly payments from lines 1, 2 and 3 and transfer total to Expense Sheet, Line 6

4. Other Mortgages (describe):			
a.			
b.			

Add monthly payments from lines 4a and 4b and transfer to Expense Sheet, Line 6

5. Vehicle Loan #1			
6. Vehicle Loan #2			

Add monthly payments for vehicle loans and transfer to Expense Sheet, Line 21

7. Personal Loan			
8. School/College Loans			
9. Other Loans:			
a.			
b.			

Add monthly payments from lines 7, 8, 9a, and 9b and transfer total to Expense Sheet, Line 40


CREDIT CARD DEBT

List all credit card debts regardless of card holder. Indicate name(s) of card holder in left hand column.

Holder	Company	Balance Due	Monthly Payment

Transfer combined monthly payments which you actually make to Expense Sheet, Line 62

MONTHLY EXPENSES

		Expenses Paid By You	Total Household*
1	Taxes: Federal Taxes	\$	* If others contribute to your housing and grocery expenses, list total expense in this column
2	State Taxes		
3	Social Security Taxes (FICA)		
4	Medicare		
5	Contribution(s) to retirement fund deducted by employer		
6	Housing: Rent or Mortgage (Include mortgage payments and home equity)		
7	Property Taxes		
8	Insurance (home owner's or renter's)		
9	Electricity		
10	Telephone		
11	Water		
12	Gas for home		
13	Oil, wood, or other fuel not listed above		
14	Mowing, plowing and trash collection		
15	Maintenance/ repair		
16	Groceries (food, cleaning products, etc.)		
17	Other Insurance: Life		
18	Disability		 total contributions Add lines 6-16 in this column
19	Health and Dental		
20	Vehicle Insurance		
21	Vehicle: Total Car payment(s) (include lease payment)		
22	Gas		
23	Registration		
24	Maintenance		
25	Uninsured Medical Expenses for yourself: e.g. eye care, dental, mental health		
26	Meals/snacks eaten out		
27	Clothing and shoes for yourself		
28	Laundry and Dry Cleaning		
29	Toiletries and Cosmetics		

30	Hair care	
31	Magazines, newspapers, books and other reading material	
32	Tobacco and Alcohol Products	
33	Veterinary and other pet expenses including pet food	
34	Entertainment (include cable TV payment, video rentals, movies, etc)	
35	Gifts for friends and family	
36	Monthly contribution to retirement fund (IRA, 4011, etc.)	
37	Monthly contribution to savings account	
38	Charitable contributions (religious organizations, non profits, etc.)	
39	Vacation	
40	Monthly loan payments (from page 6)	
41	Union dues	
42	Court Ordered child support for child(ren) from another relationship	
43	Expenses for children living with you but not of this relationship	
44	Court ordered spousal maintenance (alimony)	
45	Miscellaneous (please list on a separate sheet and fill in total here)	
46	Total Monthly Expenses For Yourself	
47	EXPENSES FOR CHILDREN OF THIS RELATIONSHIP	
48	Clothing and shoes	
49	Diapers	
50	Out-of-pocket Child Care Expenses	
51	School lunches	
52	School supplies	
53	Tuition/expenses for special activities (e.g. piano lessons, gymnastics, etc)	
54	Summer camp	
55	Private school tuition	
56	College Fund contribution	
57	Uninsured medical expenses	
58	Court ordered child support for children of this relationship	
59	Miscellaneous (please list on a separate sheet and fill in total here)	
60	Total Monthly Expenses for Children	
61	Total Monthly Expenses for Yourself (from line 46)	
62	Total monthly credit card payments (from page 6)	
	TOTAL MONTHLY EXPENSES	

SECTION V - SUPPLEMENTAL AFFIDAVIT OF PROPERTY AND ASSETS

You are required to fill out this section if-

1. You are a party in a newly filed divorce, legal separation or civil union dissolution; or
2. You are requested to fill it out by the other party as part of discovery; or
3. You are ordered to fill it out by the Court.

You may exclude any sheet on which you have no property to list. Please indicate which property or asset list(s) you have included:

A. Real Property

- I have listed all real property in which I or the other party have an interest
- Neither I nor the other party own any real property

B. Personal Property

- I have listed all personal property in which I have an interest
- I do not own any of the items listed or any other personal property of significant value

C. Vehicles

- I have listed all vehicles owned by myself or the other party
- Neither I nor the other party own a vehicle of any kind

D. Investments

- I have listed all of my investments or investments of the other party
- Neither I nor the other party own any investments

E. Bank Accounts

- I have listed all bank accounts in my name, the other party's name or joint names
- Neither I nor the other party own any bank accounts

F. Retirement Accounts

- I have listed all retirement accounts in my name or the other party's name
- Neither I nor the other party own any retirement accounts

G. Life Insurance Policies

- I have listed all life insurance policies in my name or the other party's name
- Neither I nor the other party own any life insurance policies

H. Businesses

- I have listed all businesses in which I own an interest (other than as a shareholder)
- Neither I nor the other party own an interest in a business

Have you or your spouse sold or conveyed any asset in the last 12 months, withdrawn funds from an account other than your regular checking or savings account (e.g. investment account, retirement account, etc.) aside from normal household activities? Yes No

If yes, indicate the type of asset sold or conveyed or the account from which the withdrawal was made, and the amount of funds you obtained as a result of the transaction. If you withdrew funds or received funds as a result of the sale of an asset, indicate how the funds were spent or invested.

A. REAL PROPERTY

List all real estate in which you or the other party own an interest regardless of title or possession. If you or the other party own only a partial interest, indicate percentage of interest.

Description of Property Indicate Location	Market Value	Mortgages, liens, Attachments	Equity Value Minus Liens
Primary Residence (house, condo, mobile home, etc.)			
Real Estate Other than Primary Residence			
Second Home			
Camp			
Timeshare			
Unimproved Land			
Mobile Home (not used as primary residence)			
Commercial Property (Attach IRS Schedule E)			
Other: (describe any interest or % of interest in real estate not listed above) _____ _____ _____	(The "Equity" column below needs to be self calculated for "Other") _____ _____ _____		
TOTAL VALUE OF REAL PROPERTY EXCLUDING PRIMARY RESIDENCE			

If You Receive Rent/Income From Any of The Above Described Properties, You Must Complete And Attach the 813 Rental Income Attachment or Schedule E from your tax return.

Note: If you filed taxes in the previous year, you must file a copy of the Schedule E from your income tax return. Otherwise, you must use the 813 Rental Income Attachment which is available at the Family Court.

B. PERSONAL PROPERTY

ITEM DESCRIPTION	YOUR ITEMS		OTHER PARTY	
	Check (✓) if Item is in your possession	Estimate Market Value As Defined Below	Check (✓) if item is in other party's possession	Estimate Market Value As Defined Below
Jewelry				
Antiques				
Artwork				
Guns				
Coins/Stamps				
Tools				
Collectibles				
Piano/Musical Instruments				
China/Crystal/Silverware				
Appliances				
Electronics				
Furnishings				
Computers				
Other (describe)				
Total Estimated Value of Personal Prop.				

If any of the items listed above are encumbered by any debts or loans, indicate in the space below which items, the balance owed on the debt and which party is currently making payments on the loan/debt.

"Market Value" is defined as the amount you could reasonably receive if you sold this item today. It is not the purchase price of the item or the replacement value of the item.

C. VEHICLES and BOATS

LIST ALL VEHICLES REGARDLESS OF TITLE OR OWNERSHIP

Indicate title holder in left column

Title Holder	Description of Vehicle Indicate make and year	Market Value 1	Liens	Equity Value - Liens
	Car #1	\$	\$	\$
	Car #2			
	Truck #1			
	Truck #2			
	Motorcycle #1			
	Motorcycle #2			
	RV			

Title Holder	Other Vehicles and Boats			
	Boat			
	Snowmobile #1			
	Snowmobile #2			
	Camper (not motorized)			
	Tractor/Riding Mower			
	Plane			
	ATV			
	Additional vehicles not listed above			

1 "Market Value" for motor vehicles is the retail value indicated in the NADA Blue Book or other similar price guide.

D. INVESTMENTS

List all investments regardless of ownership or title

Owner	Type	Description (e.g. company, bank, name of fund, etc)	Number of Shares	Market Value

E. BANK ACCOUNTS and CASH

Owner	Type of Account	Bank	Current Balance
	Checking Account #1		
	Checking Account #2		
	Savings Account #1		
	Savings Account #2		
	Money Market Account #1		
	Money Market Account #2		
	Funds/Cash held by another for your benefit		
	Cash in your possession		
	Other Accounts not listed above		

F. RETIREMENT ACCOUNTS/PENSIONS

List all retirement accounts. Indicate account holder in left hand column.

Owner	Account Type	Financial Institution	Value
	IRA #1		
	IRA #2		
	401 (k)		
	403 (b)		
	TIAA - CREF		
	Keough		
	TDSP		
	TSA		
	Profit Sharing		
	Savings & Securities		
	Deferred Compensation		
	Other		

Pension Plans

Pension Administrator

Value

	Defined Benefit		
	Defined Contribution		
	Target Benefit		
	Military Pension		
	SEP		

Owner

Other Retirement Accounts (Please describe)

Value

G. LIFE INSURANCE POLICIES

List all life insurance policies regardless of ownership

Name of Insured	Beneficiary	Company	Face Value	Loan Balance	Cash Value

H. BUSINESS OWNERSHIP

List all businesses in which you and/or the other party own an interest.

Owner	Name of Business, Type of Business Activity and Legal Structure (e.g. Sole Proprietorship, Partnership, Sub Chapter S, etc.	% of your Interest	Date of Most Recent Valuation	Fair Market Value

You Must Attach an 813 Self Employment Attachment or a Schedule C from your Tax Return for Any Business from Which You Earn or Receive Income, Profits, Distributions, in-Kind Income, Etc. Note: If you filed taxes in the previous year, you must file a copy of the Schedule C from your income tax return. Otherwise, you must use the 813 Self Employment Attachment which is available at the Family Court.

RENTAL INCOME ATTACHMENT (Schedule E)

A. ANNUAL RENT RECEIVED

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Line A

B. ANNUAL RENTAL EXPENSES

1. Advertising	
2. Auto and Travel	
3. Cleaning and Maintenance	
4. Commissions	
5. Insurance	
6. Legal and Other Professional Fees	
7. Mortgage Interest Paid to Banks	
8. Other Interest	
9. Repairs	
10. Supplies	
11. Taxes	
12. Utilities	
13. Wages and Salaries	
14. Other (please list) a.	
b.	
c.	
d.	
15. Depreciation Expense	
TOTAL ANNUAL EXPENSES (Add Lines 1 through 15)	
TOTAL ANNUAL INCOME (Line A minus Line B)	
TOTAL MONTHLY INCOME (Line C divided by 12)	

Line B

Line C

Enter this Amount on
Page 4, Line A. 3.,
Section II of Form 813

SELF EMPLOYMENT ATTACHMENT (Schedule C)

A. MONTHLY GROSS RECEIPTS OR SALES

\$

B. MONTHLY BUSINESS EXPENSES

1. Cost of goods sold and/ or operation		14. Office Expenses and Supplies	
2. Advertising		15. Laundry and Cleaning	
3. Bad debts from sales or service		16. Pension and/or profit sharing plan	
4. Auto:		17. Rent for leased business property	
Gas _____		18. Machinery or Equipment	
Insurance _____		19. Other Business Property	
Maintenance _____		20. Repairs	
Registration _____		21. Supplies	
Total Auto Expenses		22. Taxes	
5. Commissions		23. Travel	
6. Depletion		24. Meals and Entertainment	
7. Depreciation		25. Utilities and Telephone	
8. Dues and Publications		26. Wages	
9. Employee Benefit Program		27. Other	
10. Insurance (other than health)		List and Specify	
Specify:		a.	
a.		b.	
b.		c.	
11. Interest paid on Mortgage (to banks)		d.	
		e.	
12. Other Interest Payment (Specify		f.	
13. Legal and Professional Services		g.	

TOTAL MONTHLY BUSINESS EXPENSES

Add Lines 1 through 27

\$

MONTHLY BUSINESS INCOME (Gross Receipts/Sales minus Expenses)

Enter this amount on page 4 titled "Section II - Income" in Section A. Monthly Gross Income from Employment, line 4 of Form 813.

\$
