

SUPREME COURT OF ARKANSAS

No.

IN RE ADMINISTRATIVE
ORDER NUMBER 10 –
AFFIDAVIT OF FINANCIAL
MEANS

Opinion Delivered April 14, 2016

PER CURIAM

The Supreme Court Committee on Child Support has proposed a new Affidavit of Financial Means. The affidavit, required by Section IV of Administrative Order Number 10, has been revised and updated to provide more pertinent information to the parties and to the courts in matters involving family support than the current affidavit. The last page of the proposed affidavit includes two additions, an “Acknowledgement of Responsibilities and Consequences” for the party submitting the affidavit to sign, and a signature line for the party’s attorney to certify that he or she has “reviewed [this] affidavit with [the] client and advised him or her of the importance of providing true, correct, complete answers and the required exhibits.”

We are publishing the proposed affidavit for comment. Since it is essentially new, rather than an amended document, attached are both the proposed and the current affidavits, the latter lined-out to indicate that the Committee recommends the entire document be deleted and replaced with the new affidavit. Comments may be made in writing before May 20, 2016, to Stacey Pectol, Clerk, Supreme Court of Arkansas, Attn: Administrative Order Number 10, Justice Building, 625 Marshall Street, Little Rock, Arkansas 72201.

IN THE CIRCUIT COURT OF _____ COUNTY, ARKANSAS
(Domestic Relations Division)

____ Division

Plaintiff

v.

Case No. ____ DR _____

Defendant

AFFIDAVIT OF FINANCIAL MEANS

Name: _____, being duly sworn, says under penalty of perjury, that he/she has prepared or approved this financial statement, and that the following information and attachments (**including income verification as required by page 7**) are complete, true, and correct.

Date

Signature

Subscribed and sworn to before me on this ____ day of _____ 20__.

Notary Public

My commission expires: _____.

MY INCOME

1.	How often are you paid? <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly (every two weeks—26 times a year) <input type="checkbox"/> monthly <input type="checkbox"/> bi-monthly (twice a month—24 times a year) <input type="checkbox"/> other —Explain (attach an exhibit if necessary):
2.*	Net Pay: (Take-home after <i>allowable</i> deductions) <div style="text-align: right;">\$ _____</div>

*Complete worksheet on next page to determine *Net Pay* for calculating child support.

NET PAY WORKSHEET

(If more than one employer, fill out and attach multiple copies of this worksheet).

EMPLOYER: Address: Telephone #:	
3. Gross Wages per pay period:	\$
ALLOWABLE DEDUCTIONS UNDER STATE LAW	=====
	=
A. Federal Income Taxes Withheld:	\$
B. State Income Taxes Withheld:	\$
C. F.I.C.A. (Social Security) or Railroad Retirement:	\$
D. Medicare:	\$
E. Health Insurance (only the portion paid for children in <i>this</i> case as required by page 7):	\$
F. Court-ordered child support for <u>other children not involved</u> in this current case. (For example, children from a previous relationship or marriage):	\$
G. TOTAL Allowable Deductions	\$

3.H Subtract TOTAL Allowable Deductions from Gross Wages = NET PAY	\$
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THE FINAL NUMBER IN THIS BOX BELONGS ON PAGE 1 UNDER "NET PAY"

If you pay support for children *not involved in this case* in a form other than payroll deduction, then you should attach the child support order and proof of payment as an exhibit to this affidavit.

Any other deductions from your paycheck **do not** figure into your net pay under Arkansas law regarding child support. Some examples of payroll deductions that you **may not** subtract from your income for calculating child support include: pension plans, union dues, 401(k) payments, loan repayments, charitable contributions, life insurance, and health insurance payments that cover you or your spouse.

However, the court *may* consider these expenses, particularly if they are significant, so you should reflect them in the proper place in the pages to follow.

OTHER INCOME

4	Other income:	Amount:	Source	Frequency
4.1	Bonuses or incentive pay not reflected on page 2:			
4.2	Other court-ordered income such as alimony/child support paid to you:			
4.3	Payments from a settlement or annuity:			
4.4	Regular gifts from relatives or friends:			
4.5	Investment income such as rent payments to you:			
4.6	Stock dividends or bond payments:			
4.7	Regular payments to you or on your behalf from a Trust:			
4.8	Other:			
4.9	TOTAL OTHER ANNUAL INCOME:		\$	

OTHER AVAILABLE FUNDS

5	ASSET	AMOUNT	SOURCE
5.1	Cash on hand, and in bank accounts:		
5.2	Trust fund assets held on your behalf:		
5.3	Stocks, bonds, mutual funds:		
5.4	Other (i.e. 401-K, retirement, etc):		
5.5	TOTAL:	\$	

MY CURRENT MONTHLY EXPENSES *

6.	Expense:	Amount:		Expense:	Amount:
a.	Rent/house payment	\$	n.	Health Insurance	\$
b.	Gas, water, trash, & electricity	\$	o.	Non-covered medical (including medicine)	\$
c.	Telephone	\$	p.	Life insurance	\$
d.	Internet	\$	q.	Car payment	\$
e.	Media Services, i.e. Cable/Satellite, etc.	\$	r.	Car Insurance	\$
f.	Child care	\$	s.	Car fuel and maintenance	\$
g.	Food	\$	t.	Lawn care	\$
h.	Union dues	\$	u.	Charitable giving	\$
i.	Pension plan	\$	v.	Household Expenses	\$
j.	401(k) payments	\$	w.	Dry cleaning	\$
k.	Garnishments	\$	x.	Other:	\$
l.	Cigarettes	\$	y.	Other:	\$
m.	Alcohol	\$	z.	TOTAL:	\$

*** Place a check mark by all expenses which you are not currently paying.**

MINOR CHILDREN

7.		Number of children:
a.	Number of minor children I have with opposing party:	#
b.	Number of <i>other</i> minor children I have:	#
c.	Names of minor children involved in this case:	AGE
1.		
2.		
3.		
4.		

CREDITORS & DEBTS

8. Debts in the names of **BOTH PARTIES** are:

	Creditor:	Total amount owed:	Monthly payment:
a.		\$	\$
b.		\$	\$
c.		\$	\$
d.		\$	\$
e.		\$	\$
f.		\$	\$
g.		\$	\$
	Totals:	\$	\$

9. Debts only in my name:

	Creditor:	Total amount owed:	Monthly payment:
a.		\$	\$
b.		\$	\$
c.		\$	\$
d.		\$	\$
e.		\$	\$
	Totals:	\$	\$

10. Debts only in the name of the other party:

	Creditor:	Total amount owed:	Monthly payment:
a.		\$	\$
b.		\$	\$
c.		\$	\$
d.		\$	\$
e.		\$	\$
	Totals:	\$	\$

11. SUMMARY OF ABOVE DEBT TABLES

	Summary of Debts:	Total Owed:	Total Monthly Payments:
a.	Joint Debts:	\$	\$
b.	My Debts:	\$	\$
c.	Other Party's Debts:	\$	\$

ACKNOWLEDGEMENT OF RESPONSIBILITIES AND CONSEQUENCES

I, _____ understand that I must comply with the following. I acknowledge and agree to each provision by initialing each paragraph below.

_____ Both parties must complete and exchange this seven-page affidavit by providing to opposing counsel or pro se litigants within five days before hearing.

_____ Both parties must supply the original notarized affidavit to the court.

_____ If I am employed, I must attach copies of my last three paystubs to this affidavit.

_____ If I am self-employed, I must attach copies of my last two federal and state tax returns, including all schedules, to this affidavit.

_____ Before each court hearing where financial matters are at issue, I will review this document and provide updated information to the other party and to the court.

_____ I understand that the cost of dependent health insurance coverage is the difference between self-only and self with dependents or family coverage or the cost of adding the child(ren) to existing coverage.

_____ I understand that failing to comply with these provisions, or deliberately attempting to mislead the court or the opposing party, may result in my being held in contempt of court, being fined, being ordered to pay attorney's fees, and/or being sentenced up to 6 months in jail, and that serious violations can result in prosecution for felony perjury—punishable by 3 to 10 years in prison.

Date

Signature

I certify that I have reviewed this affidavit with my client and advised him or her of the importance of providing true, correct, complete answers and the required exhibits.

Date

Attorney

IN THE CIRCUIT COURT OF _____ COUNTY, ARKANSAS
 (Domestic Relations Division)

STATE OF ARKANSAS _____ }
 _____ } **AFFIDAVIT OF FINANCIAL MEANS**
 COUNTY OF _____ }

Revised 12/2006

Plaintiff

v.

No.

Defendant

The affiant, being duly sworn, says under penalty of perjury that affiant is the **(PLAINTIFF) (DEFENDANT)** (~~strike out one~~) herein, has prepared this financial statement, knows the contents thereof, and that it is true and correct.

MY INCOME

(Complete Block 21 on pages 4 and 5 FIRST)

1.	How often are you paid? _____ weekly _____ biweekly (26 times a year) _____ monthly _____ bimonthly (twice a month—24 times a year) _____ other	Amount
1.a	Net Pay: (Take-home) (from line 21.h.)	\$
1.b	Allowable Deductions: (from line 21.g.)	\$
1.c	Other Deductions: (from line 22.i.)	\$

2. No. of dependents, including self, claimed for tax withholding purposes: _____

3. Additional amount, if any, withheld for tax purposes: \$ _____

OTHER FUNDS & LIQUID ASSETS AVAILABLE TO ME

4.	—— Funds:	Amount:	—— Source of funds/assets:
4.1.	Other funds/child support:	\$	
4.2.	Cash on hand or in banks:	\$	
4.3.	Stocks & bonds, etc.:	\$	

THE CHILDREN

3.a.	Financial responsibility of my children:	Number of children:
3.b.	Number of children I have with opposing party:	#
3.c.	Number of other children I have:	#
3.d.	Total Number of children living with me whom I support:	#

3.e	Full Name of child(ren) born or legally adopted of this marriage:	—— Date of Birth:
—1.		
—2.		
—3.		
—4.		

MY MONTHLY EXPENSES

4.	—— Expense:	Amount:		—— Expense:	Amount:
a.	Rent/house payment	\$	k.	Drugs	\$
b.	Gas & electricity	\$	l.	Life Insurance	\$
c.	Water	\$	m.	Auto Insurance	\$
d.	Telephone	\$	n.	Fire Insurance	\$
e.	Food	\$	o.	Transportation	\$
f.	Clothing	\$	p.	Other:	\$
g.	Laundry & cleaning	\$	q.	Other:	\$
h.	Child care	\$	r.	Other:	\$

i.	Car payment	\$	s	Other:	\$
j.	Medical	\$	t.	Other:	\$
				Total:	\$

A check mark has been placed by all expenses which are not being paid currently.

~~CREDITORS~~

(Complete items 30, 31, & 32 on page 6 FIRST)

	Whose Debts:	Total Owed: (A)	Total of Monthly payments: (B)
5.	Joint Debts:	\$	\$
6.	Plaintiff's Debts:	\$	\$
7.	Defendant's Debts:	\$	\$

~~GENERAL INFORMATION ABOUT PARTIES~~

(Do not guess concerning information about opposing party)

	Information about:	Plaintiff	Defendant
8.	Name:		
9.	Address:		
10.	SSN: (last four digits)		
11.	Date of Birth:		
12.	Phone No.: (home)		
13.	Phone No.: (work)		
14.	Employer:		
15.	Employer Address:		
16.	Employer Phone #:		

17.	Opposing party's net ___ weekly, ___ biweekly, ___ monthly or ___ bimonthly income:		
18.	Other income of opposing party:		
19.	Number of children of opposing party:		

INCOME

20. How often are you paid?

___ weekly ___ biweekly ___ bimonthly ___ monthly ___ other
 52 times a year 26 times a year 24 times a year 12 times a year Explain _____

YOUR NET PAY

(Gross pay minus payroll deductions)

21.	Income:		Amount	
21.a.	Gross Wages per pay period:		\$	xxxxxxxxxxx
21.		Deductions per check:	xxxxxxx	Amount
21.b.		Federal Income Taxes Withheld:	xxxxxxx	\$
21.c.		State Income Taxes Withheld:	xxxxxxx	\$
21.d.		F.I.C.A., and medicare ¹ :	xxxxxxx	\$
21.e.		Health Insurance (children only) ² :	xxxxxxx	\$
21.f.		Court ordered child support ³ :	xxxxxxx	\$
21.g.		Total Withheld: (b) thru (f) above: Carry to line 1.b. on first page.	xxxxxxx	\$

21.h.	Net take-home pay per pay period: (Subtract 21.g from 21.a)	\$
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21.i.	¹ F.I.C.A. is Social Security; Include any railroad retirement in F.I.C.A. block. ² Include the amount you pay to cover the children only. ³ Include any court ordered child support for dependents of previous marriages or previously legally determined illegitimate children and adopted children withheld from current paycheck.
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~~OTHER DEDUCTIONS FROM MY PAYCHECK~~

22.	Item:	Amount:
22.a.	Union dues:	\$
22.b.	Credit Union, thrift plan payments:	\$
22.c.	Pension Benefits and stock purchase plans:	\$
22.d.	Charitable contributions:	\$
22.e.	Debt payments and/or garnishments:	\$
22.f.	Life Insurance payments:	\$
22.g.	Other (Identify):	\$
22.h.	Other (Identify):	\$
22.i.	Total Withheld (total of 22.a. thru 22.h.) (Carry to 1.c. on page 1):	\$

~~The above deductions will not be considered as direct deductions from your gross pay.~~

~~However, they may affect the amount of the child support obligation.~~

~~OTHER COURT ORDERED CHILD SUPPORT~~

23.	Other court-ordered child support being paid other than by deduction: Attach child support order and proof of payment.	\$
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CREDITORS & DEBTS

30. — Debts in the names of **BOTH PARTIES** are:

	Creditor:	Total amount owed:	Monthly payment:
30.1		\$	\$
30.2		\$	\$
30.3		\$	\$
30.4		\$	\$
30.5		\$	\$
30.6		\$	\$
30.7		\$	\$
30.8		\$	\$
	Totals:	\$	\$

Attach additional schedules as needed, and then total - Carry to lines 5A & 5B on page 3.

31. — Debts in the name of only the **PLAINTIFF** are:

	Creditor:	Total amount owed:	Monthly payment:
31.1		\$	\$
31.2		\$	\$
31.3		\$	\$
31.4		\$	\$
31.5		\$	\$
	Totals:	\$	\$

Attach additional schedules as needed, and then total - Carry to lines 6A & 6B on page 3.

32. — Debts in the name of only the **DEFENDANT** are:

	Creditor:	Total amount owed:	Monthly payment:
32.1		\$	\$
32.2		\$	\$
32.3		\$	\$
32.4		\$	\$
32.5		\$	\$

	Totals:	\$	\$
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Attach additional schedules as needed, and then total - Carry to lines 7A & 7B on page 3.

Dated this _____ of _____, 20_____.

Affiant

Subscribed and sworn to before me on this _____ day of _____, 20_____.

Notary Public

My commission expires: _____

NOTICE

~~BOTH PARTIES MUST COMPLETE AND EXCHANGE THIS SEVEN-PAGE AFFIDAVIT PRIOR TO THE TEMPORARY HEARING. BOTH PARTIES MUST SUPPLY THE ORIGINAL NOTARIZED AFFIDAVIT TO THE COURT. THE COURT WILL PUNISH PERJURY BY APPROPRIATE ACTION.~~