**The Family Court of the State of Delaware**

**CHILD SUPPORT FINANCIAL DISCLOSURE REPORT**

***1. Personal Information***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |       |  | Date |       |
| Address |       |  | File Number |       |
|  |       |  | Petition Number |       |
|  |       |  | Home Phone # |       |
| Date of birth |       |  | Work Phone # |       |
| E-mail Address |       |

The child(ren) for whom support is sought is(are):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |       |  |       |       |
| Name | Date of Birth |  | Name | Date of Birth |
|       |       |  |       |       |
| Name | Date of Birth |  | Name | Date of Birth |

***2. Documentation***

Bring copies of your last three pay stubs from your most recent employment and your most recent tax return with all schedules and W-2 statements to every mediation conference and hearing. If self-employed, Schedule C, Schedule SE, and all 1099 forms from your last tax return are also required. Other documents may be needed depending on the facts of your case.

Attachment checklist: [ ]  W-2 Form(s) [ ]  Childcare [ ]  Custody order [ ]  Social Security

[ ]  Pay stubs [ ] 1099 Form(s) [ ]  Health Insurance [ ]  Alimony order [ ]  Veterans’ Administration

[ ]  Tax Return(s) [ ]  Schedule C [ ]  Schedule SE [ ]  Medical documents [ ]

***3. Employment and Training***

|  |  |  |  |
| --- | --- | --- | --- |
| What is your current occupation? |       | Date employment began: |       |
| Current Employers Name and address:  |       |
| Federal Employer Identification Number (EIN) as stated on W-2, 1099, or pay stub: |       |
| Military pay grade (if applicable): |       | How many hours do you work per week? |       |
| If unemployed or working less than 35 hours per week, explain circumstances: |       |
|       |
| Do you have any degrees, diplomas, certificates or vocational licenses? If applicable, provide the field of study or specialization. |
| [ ] High School |       | [ ] GED |       | [ ] Certificate |       | [ ] License |       |
| [ ] Associates |       | [ ] Bachelors |       | [ ] Graduate |       | [ ] Military |       |
| If unemployed (or employed less than 35 hours per week), what was your last full time Occupation? |       |
| Former Employers Name:  |       | Date employment ended: |       |
| Reason for leaving:  |       | Rate of pay:  | $      per       |
| Did you qualify for unemployment compensation? | [ ]  Yes [ ]  No [ ]  Did not apply |

***4. Income***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employment Income** |  **Amount** |  | **Other income** | **Amount** |
| Primary Job (incl. overtime) |       | per |       |  | Interest, dividends, investments |       | per |       |
| Housing stipend (incl. BAH) |       | per |       |  | Social Security (SSDI or SSR) |       | per |       |
| Food stipend (incl. BAS) |       | per |       |  | Suppl. Security Income (SSI) |       | per |       |
| Geographic cost of living stipend |       | per |       |  | Other retirement or disability |       | per |       |
| Second Job |       | per |       |  | Workers’ Compensation |       | per |       |
| Self Employment (1099) |       | per |       |  | Alimony Received |       | per |       |
| Unemployment Compensation |       | per |       |  | Other: |       |  |       | per |       |

|  |
| --- |
|  ***5. Deductions*** |

All mandatory pension contributions are allowed. Voluntary pension contributions are allowed to the extent mandatory contributions do not exceed 5% of income. Taxes withheld from pay are not deductible for child support because income tax liability is built into the Self Support Allowance, Standard of Living Adjustment, and Self Support Protection percentages. Alimony and life insurance are deductible if documented by a Court order.

|  |  |  |  |
| --- | --- | --- | --- |
| **Deducted from Pay** | **Amount** | **Deducted from Pay** | **Amount** |
| Mandatory Pension      % or |       | per |       | Health Insurance: Medical |       | per |       |
| Voluntary Pension      % or |       | per |       | Dental |       | per |       |
| Union Dues |       | per |       | Vision |       | per |       |
| Disability Insurance |       | per |       | Other |       | per |       |
| Alimony Paid |       | per |       | Other mandatory deductions |       | per |       |

***6. Health Insurance***

|  |  |  |  |
| --- | --- | --- | --- |
|  What is the TOTAL out-of-pocket premium cost of all types of health insurance: |  |  |  |
| You are currently paying for that covers BOTH you and the children? |       | per |       |
| You are currently paying for that covers you BUT NOT the children)? |       | per |       |
| Covering the children through your current spouse’s employment? |       | per |       |
| If you are NOT providing insurance, is coverage for the children available through your employment? | [ ]  Yes | [ ]  No |
| If ‘yes’, what would the out-of-pocket cost be to cover you and the children? |       | per |       |
| What is the name of the major medical insurance company? |       |

***7. Other Dependent Children***

List any other children (but not stepchildren) who reside in your household, or for whom you either are under an order to pay support or can prove a regular pattern of financial support.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | **Age** |  | **Lives with:** |  | **Name** |  | **Age** |  | **Lives with:** |
|       |  |       |  |       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |  |       |  |       |

***8. Additional Primary Expenses***

Childcare expenses incurred to enable either parent to work are included in the calculation. Private school tuition and expenses receive consideration under some circumstances.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expense** | **Provider** |  | **Amount** |
| School Year childcare |       | $ |       | per |       |
| Summer childcare |       |  |       | per |       |
| Private School |       |  |       | per |       |

***9. Shared Placement/Parenting Time Adjustment***

Support will be calculated in reliance on the most recent custody, visitation or guardianship order or agreement. If there is no court order or agreement establishing the number of overnights with each parent, or if actual practice differs from the order or agreement, the actual number of overnights must be proven by clear and convincing evidence.

|  |  |  |
| --- | --- | --- |
| Is there a custody, visitation, or guardianship order agreement? | [ ]  Yes (dated       /      /     ) | [ ]  No |
| Placement of the children is with: | [ ]  Father | [ ]  Mother | [ ]  |       | [ ]  Shared (164+ annual overnights in each h/h) |
| How many overnights are the children with the non-placement parent? | [ ]  less than 80 | [ ]  80 to 124 | [ ]  125 to 163 |
|  |  |  |  |
| **Unsworn Declaration Made Under Penalty of Perjury -** Pursuant to §3927 of Title 10 of the Delaware Code, I declare under penalty of perjury under the laws of Delaware that the information in this Child Support Financial Disclosure is true and correct. |
| Executed on the |       | day of |  | , |       | **.** |  |  |
|  |  |  |  |
|  |       |  |       |  |
|  | **Printed Name** |  | **SIGNATURE**(Electronic signature is permitted – sign as “/s/Your Name”) |  |