

INSTRUCTIONS AND FORM FOR FINANCIAL AFFIDAVIT

If you have any legal questions while completing this form, it is highly recommended that you consult with an attorney. Court staff are unable to provide legal advice or assist with form completion. For specific questions related to the forms, you can also contact the Legal Form Help Line at 1-855-784-0004 or email UJS staff at ujssrlhelp@ujss.state.sd.us.

To complete this form you will need to:

- ☐ Plaintiff and Defendant each will need to complete their own Financial Affidavit.
- ☐ Complete the caption by filling in the name of the county you are filing in, the judicial circuit number, name of the Plaintiff and Defendant on the lines provided, case filing number, and check if you are the Plaintiff or Defendant. The Clerk will provide you with a case number at the time of filing.
 - Your circuit number can be found here:
https://ujss.sd.gov/Circuit_Court/Default.aspx
- ☐ Provide your full name on the first line provided.
- ☐ Numbers 1 through 3 is your contact and employment information.
- ☐ Numbers 4 through 11 is your gross monthly income.
- ☐ Number 12 is your total gross monthly income. You will need to add lines 4 through 11 for this total.
- ☐ Numbers 13 through 18 is your monthly deductions from your income.
- ☐ Number 19 is your total monthly deductions. You will need to add lines 13 through 18 for this total.
- ☐ Number 20 is your total net monthly income. You will need to take the total of your monthly income (line 12) and subtract your total monthly deductions (line 19) from that. This will be your total net monthly income.
- ☐ Numbers 21 and 22 are previous years gross income.
- ☐ Numbers 23 through 30 is information on dependent/childcare and health insurance, if any.
- ☐ Numbers 31 through 43 is your asset information. You will need to state the fair market value of the assets, if any.
- ☐ Number 44 is the combined total of your assets. Add lines 31 through 43 for this total.
- ☐ Number 45 lines a through i, are your listed and total debts:
 - ☐ List the name of the debt (who you owe money to);
 - ☐ The total outstanding balance of that debt; and
 - ☐ Your monthly payment for that debt.
- ☐ Number 46 is your average total of monthly expenses such as house, utilities, food, insurance, etc.
- ☐ Number 47 is the combined total of your monthly liabilities. You will need to add the combined total of your monthly debt payments (#45 line i) with your average monthly expenses (line 46).
- ☐ Numbers 48 and 49 is anticipated income. This is any income you are expecting to receive that isn't already listed above.
- ☐ Sign and date once in front of a notary or Clerk of Court.

STATE OF SOUTH DAKOTA) IN CIRCUIT COURT
) :SS
COUNTY OF _____) _____ JUDICIAL CIRCUIT

Plaintiff v. Defendant	Case No.: _____ FINANCIAL AFFIDAVIT ☐ PLAINTIFF ☐ DEFENDANT
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I, _____ hereby swear under oath and under
(Name of party filling out this Affidavit)
penalty of law that the following is true.

CONTACT INFORMATION

(1) My mailing address is:

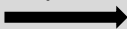
(2) My telephone number is:

EMPLOYMENT

(3) I am (**check one**) ☐ Employed ☐ Unemployed ☐ Self-Employed

MONTHLY INCOME

	Monthly Income Source	Per Month Amount
(4)	(If employed) My gross monthly pay is:	\$
(5)	(If self-employed) My monthly gain/profit from my business/profession is:	\$
(6)	My pension, retirement, disability, veterans, social security, or insurance payments received is:	\$

(7)	My interest, dividends, rentals, royalties, or other gains is:	\$
(8)	Gain from sale, trade or conversion of capital assets is:	\$
(9)	I receive unemployment insurance and workers compensation benefits of:	\$
(10)	Benefit in lieu of compensation including but not limited to military pay allowances is:	\$
(11)	Other income (including spousal support) is: Explain:_____	\$
(12)	Total Gross Monthly Income (add columns 4-11) 	\$

DEDUCTIONS

	Deduction Item	Deduction Amount Per Month
(13)	Income tax based on one withholding allowance for a single taxpayer (not actual number of dependents):	\$
(14)	Social Security and Medicare taxes withheld from wages or salary:	\$
(15)	Contributions to an IRS qualified retirement plan not exceeding 10% of gross income:	\$
(16)	Unreimbursed employee business expenses (Attach IRS form 2106):	\$
(17)	Payments made on other support orders OTHER THAN FOR CHILDREN IN THIS PROCEEDING (Attach court order and evidence of payments.):	\$
(18)	Payments made for spousal support:	\$
(19)	Total Monthly Deductions (add columns 13-18) 	\$

(20)	—	=	\$
	Total Gross Monthly Income	Total Monthly Deductions	Total Net Monthly Income

(Subtract the value of your total monthly deductions from your total gross monthly income)

(21) My total gross income before deductions for the previous year was:

\$ _____

(22) My total gross income before deductions for two years ago was:

\$ _____

(23) Including myself, I have the following number of dependents: _____

(24) Do you have health insurance available for dependents through your employer? **(check one)** Yes ☐ No ☐

(25) If you provide health or dental insurance for your child(ren), please complete the following:

a) Name of the health and/or dental insurance

Company: _____

b) Total monthly cost for the employee only: \$ _____

c) Total monthly cost for the employee and child(ren):

\$ _____

d) Persons covered under the insurance policy:

(26) Do you incur childcare costs as a result of employment, job search, training, or education? **(check one)**

Yes ☐ No ☐

If so, please complete the following:

a) Name and address of childcare provider: _____

b) Name(s) of child(ren) whom childcare is provided:

c) Hours per week that childcare is provided: _____

d) Childcare cost is: \$_____ per month; \$_____ per week; \$_____ per hour

(27) Total amount of childcare cost for the past six months: \$ _____

(28) Do you receive any assistance for childcare? **(check one)** Yes ☐ No ☐

a) If yes, how much do you receive per month? \$_____

(29) Do you claim the Federal Child Care Tax Credit? **(check one)** Yes ☐ No ☐

(30) Amount of Social Security or Veteran's Benefits provided to a child(ren) of the parties due to your retirement, disability or other eligibility:

\$_____

a) Which parent receives payment for the child: _____

ASSETS

	Asset	Value
(31)	Cash on hand/in the bank	\$
(32)	Accounts and Notes Receivable (IOU's and other money payable to me)	\$
(33)	Investments (stocks, bonds, savings bond, CD's, money market, etc.)	\$
(34)	Retirement Account balance	\$
(35)	Real Estate (house, land, tribal lease land, rental property, etc.)	\$
(36)	Automobile(s) (include value, make, model, and year) _____ _____ (if multiple vehicles, add the value of all vehicles to get total)	\$

(37)	Recreational Vehicles (boats, campers, ATV's, etc.)	\$
(38)	Household Goods (furniture, appliances, TV, etc.)	\$
(39)	Sporting Equipment	\$
(40)	Jewelry	\$
(41)	Tools / Shop Equipment	\$
(42)	Value of Business	\$
(43)	Any other assets (anything else I could sell or borrow money on)	\$
(44)	Total Value of Assets (add value of columns 31-43) 	\$

LIABILITIES (money that you owe)

(45) Debts (vehicle, mortgage, student, or personal loans, credit cards, medical bills, etc.)

	Name of Debt (who you owe to)	Outstanding balance	Monthly payment
a)		\$	\$
b)		\$	\$
c)		\$	\$
d)		\$	\$
e)		\$	\$
f)		\$	\$
g)		\$	\$
h)		\$	\$
i)	TOTAL DEBTS	(combined total of outstanding balance)	(combined total of monthly payments)

(46) Total of regular monthly expenses (housing, utilities, food, insurance, etc.):

\$ _____

(47) **TOTAL MONTHLY LIABILITIES: \$** _____
(Add your total monthly payments with your total of monthly expenses)

ANTICIPATED INCOME (money or property you are expecting)

(48) Total monies or income from sale of house or land, gifts, inheritance, allotments, trust funds, lease money, etc. \$ _____

(49) When is the money/income expected? _____

Dated this _____ day of _____, 20____.

Plaintiff/Defendant (circle one) Signature

Plaintiff/Defendant (circle one) printed
Name

Address

City/State/Zip

Phone Number

Sworn/affirmed before me this _____ day
of _____, 20____.

Notary/Deputy Clerk/Clerk of Court

My Commission Expires: _____