

CLIENT INFORMATION

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Your Information

Name: _____

Address: _____

Phone: _____ (Cell) (Land Line)

Social Security Number: ____--____--_____

Work Phone: _____

Date of Birth: _____

Employer: Name _____ Yearly Gross Income: _____

Address _____

City _____ State _____ Zip _____

Employer's Phone: _____

Employer's Federal EIN number if known: _____

Employer: Name _____ Yearly Gross Income: _____

Address _____

City _____ State _____ Zip _____

Employer's Phone: _____

Employer's Federal EIN number if known: _____

County of Residence: _____

City and State where married: _____

Date of marriage: _____

Income and Tax Information

How are you paid (circle one)? **Weekly / Bi-weekly / 1st & 15th (twice per month) / Monthly**

Enter your average gross income per pay period: \$_____

Please attach up to 5 pay stubs for you and your spouse if available.

If you are paid hourly, how much are you paid per hour? \$_____

How many hours per week, on the average, do you work? _____

How many overtime hours per week, on the average, do you work? _____

What is your overtime pay per hour? \$_____

If self-employed, what is your net profit or earned income from self-employment?

\$_____ per **Week / Bi-week / Month / Year** (circle one)

How did you determine this information: **Tax forms** or **Estimating** (circle one)

List any additional income and sources (such as alimony and interest) below:

The filing status on your next tax return will be:

Single: ____ Married: ____ Head of Household: ____ Separated: ____

Number of dependents that you currently claim on your tax return: ____

Are you legally blind and/or over age 65? ____

What school district do you reside in? _____

Income Expenses

List the following that you must pay and how often:

(weekly, bi-weekly, monthly)

Union dues..... _____ per _____
Mandatory pension _____ per _____
Un-reimbursed medical support paid (include medications) _____ per _____
Child support (from a prior court order) _____ per _____
Spousal Support (from a prior court order _____ per _____
Childcare expenses _____ per _____
Health Insurance..... _____ per _____

Do you currently have the child(ren) covered under a plan of health insurance? Yes – No

If yes:

Does the plan of health insurance also cover you and/or your spouse? Yes – No

What is the name of the company? (ie. Blue Cross): _____

If no:

Why are the children not covered? (ie. Cannot afford, not available, health issues):

Has your income increased, decreased or stayed the same over the last 3 years? _____

Information about all children, including children either of you have had with other individuals:

Name	Date of Birth:	Was child born during marriage?	To whom does this child belong?
_____	____/____/____	Yes / No	_____
_____	____/____/____	Yes / No	_____
_____	____/____/____	Yes / No	_____
_____	____/____/____	Yes / No	_____
_____	____/____/____	Yes / No	_____
_____	____/____/____	Yes / No	_____

List any information which you feel may be important when considering the amount of child support:

Attach additional sheets if needed.

Spouse Information

Name: _____

Mailing Address (if different from yours) _____

Phone: _____ (Cell) (Land Line)

Social Security Number: ____--____--_____

Date of Birth: _____

Employer: Name _____ Yearly Gross Income: _____
Address _____
City _____ State _____ Zip _____
Employer's Phone: _____ FAX: _____
Employer's Federal EIN number if known: _____

Employer: Name _____ Yearly Gross Income: _____
Address _____
City _____ State _____ Zip _____
Employer's Phone: _____ FAX: _____
Employer's Federal EIN number if known: _____

County of Residence: _____

What school district does your spouse reside in? _____

Income and Tax Information

How is your spouse paid (circle one)? **Weekly / Bi-weekly / Monthly**

Enter your spouses' average gross income per pay period: \$_____

If your spouse is paid hourly, how much is he/she paid per hour? \$_____

How many hours per week, on the average, does your spouse work? _____

How many overtime hours per week, on the average, does your spouse work? _____

What is your spouses' overtime pay per hour? \$_____

If self-employed, what is the net profit or earned income from self-employment?

\$_____ per **Week / Bi-week / Month / Year** (circle one)

How did you determine this information: **Tax forms** or **Estimating** (circle one)

List any additional income and sources (such as alimony and interest) below:

The filing status on the spouse's next tax return will be :

Single: ____ Married: ____ Head of Household: ____ Separated: ____

Number of dependents that your spouse can claim on a tax return: ____

Is the spouse legally blind and/or over age 65? ____

Income Expenses

List the following that your spouse must pay and how often: (weekly, bi-weekly, monthly)

Union dues..... _____ per _____

Mandatory pension _____ per _____

Unreimbursed medical support paid (include medications) _____ per _____

Child support (from a prior court order) _____ per _____

Spousal Support (from a prior court order _____ per _____

Child care expenses _____ per _____

Dependent Medical Insurance _____ per _____

Has this income increased, decreased or stayed the same over the last 3 years? _____

Information about all children:

Born during marriage

Name	Date of Birth	or	relationship? To whom does this child belong?
_____	___/___/___	Yes / No	_____
_____	___/___/___	Yes / No	_____
_____	___/___/___	Yes / No	_____
_____	___/___/___	Yes / No	_____
_____	___/___/___	Yes / No	_____
_____	___/___/___	Yes / No	_____
_____	___/___/___	Yes / No	_____

List any information not covered that your spouse may feel is important when considering the amount of child support:

Survey for Financial Affidavit

Please complete the following questionnaire to the best of your ability. Be as accurate as possible. Be careful to avoid errors and omissions. If you need more room, use the back of the paper. If you have a question about any item please let us know. Some items may require additional documentation.

1. Enter the date that the following information is accurate: _____

2. Do you receive any disability or unemployment insurance? Yes / No

If so, please describe and enter the amount:

3. Do you have any income deductions other than federal or state taxes or FICA? Yes / No

If so, please describe and enter the amount:

List of Expenses for Financial Affidavit

Household Expenses

Amount Circle One

Comments

Association Fees	\$_____	Y	M	W	_____
Electricity, Oil, Gas	\$_____	Y	M	W	_____
House Payment or Rent	\$_____	Y	M	W	_____
Household Insurance	\$_____	Y	M	W	_____
Lawn Care	\$_____	Y	M	W	_____
Real Estate Taxes	\$_____	Y	M	W	_____
Repairs and Maintenance	\$_____	Y	M	W	_____
Snow Removal	\$_____	Y	M	W	_____
Telephone	\$_____	Y	M	W	_____
Water, Garbage, Sewer	\$_____	Y	M	W	_____
Other	\$_____	Y	M	W	_____

Personal and Incidental Related Expenses

Clothing (include children)	\$_____	Y	M	W	_____
Club and Membership Dues	\$_____	Y	M	W	_____
Cosmetics / Personal Grooming	\$_____	Y	M	W	_____
Incidentals	\$_____	Y	M	W	_____
Laundry and Dry Cleaning	\$_____	Y	M	W	_____
Meals and Food	\$_____	Y	M	W	_____
Pet Care and Maintenance	\$_____	Y	M	W	_____
Vacation	\$_____	Y	M	W	_____
Other	\$_____	Y	M	W	_____

Transportation Expenses

Car Insurance	\$_____	Y	M	W	_____
Car Maintenance / Repairs	\$_____	Y	M	W	_____
Car Payments	\$_____	Y	M	W	_____
Car Registration	\$_____	Y	M	W	_____
Gas and Oil for Cars	\$_____	Y	M	W	_____
Parking Fees	\$_____	Y	M	W	_____
Other	\$_____	Y	M	W	_____

Medical Expenses

Amount Circle One

Comments

Dental and Orthodontia	\$ _____	Y	M	W	_____
Drugs, Prescription, Medicine	\$ _____	Y	M	W	_____
Health Insurance	\$ _____	Y	M	W	_____
Medical and Chiropractic	\$ _____	Y	M	W	_____
Optical and Optometrist	\$ _____	Y	M	W	_____
Unreimbursed medical	\$ _____	Y	M	W	_____
Other	\$ _____	Y	M	W	_____

Educational Expenses

Allowances, Books, Games	\$ _____	Y	M	W	_____
Classes, Lessons, Tutors	\$ _____	Y	M	W	_____
School Activities/Supplies	\$ _____	Y	M	W	_____
School lunches	\$ _____	Y	M	W	_____
Special Events/Circumstances	\$ _____	Y	M	W	_____
YMCA, Campfire, Preschool	\$ _____	Y	M	W	_____
Other	\$ _____	Y	M	W	_____

Insurance Expenses

Disability Insurance	\$ _____	Y	M	W	_____
Life Insurance	\$ _____	Y	M	W	_____
Other	\$ _____	Y	M	W	_____

Child Care

Babysitting	\$ _____	Y	M	W	_____
Day Care	\$ _____	Y	M	W	_____
Other	\$ _____	Y	M	W	_____

Child and Spouse Support

Child / Dependent Support	\$ _____	Y	M	W	_____
Spouse Support	\$ _____	Y	M	W	_____
Other	\$ _____	Y	M	W	_____

Recreation and Hobbies

Amount Circle One Comments

Books and Novels	\$ _____	Y	M	W	_____
Cable-Satellite TV	\$ _____	Y	M	W	_____
Hobbies (Sports and Crafts)	\$ _____	Y	M	W	_____
Magazines	\$ _____	Y	M	W	_____
Newspapers	\$ _____	Y	M	W	_____
Recreation and Entertainment	\$ _____	Y	M	W	_____
Other	\$ _____	Y	M	W	_____

Donations and Gifts

Donations	\$ _____	Y	M	W	_____
Gifts	\$ _____	Y	M	W	_____
Other	\$ _____	Y	M	W	_____

Monetary, Legal and Banking Expenses

Attorney and Broker Fees	\$ _____	Y	M	W	_____
Bank and Investment Fees	\$ _____	Y	M	W	_____
IRA's	\$ _____	Y	M	W	_____
Savings Plans	\$ _____	Y	M	W	_____
Tax Preparation / Accounting	\$ _____	Y	M	W	_____
Other	\$ _____	Y	M	W	_____

Miscellaneous (Any Other Expenses)

_____	\$ _____	Y	M	W	_____
_____	\$ _____	Y	M	W	_____
_____	\$ _____	Y	M	W	_____
_____	\$ _____	Y	M	W	_____
_____	\$ _____	Y	M	W	_____

Monthly Installments and Debts

_____	\$ _____	Y	M	W	_____
_____	\$ _____	Y	M	W	_____
_____	\$ _____	Y	M	W	_____
_____	\$ _____	Y	M	W	_____
_____	\$ _____	Y	M	W	_____