

AFFIDAVIT

BEFORE ME, the undersigned authority, personally came and appeared the undersigned who, being by me first duly sworn, did depose and say that the following is a true and correct statement of affiant's monthly income and expenses:

INCOME AND EXPENSES ON A PER MONTH BASIS

A.	Total Gross Monthly Income			
B.	Itemized Payroll Deductions Federal Taxes State Taxes FICA Insurance Other deductions			
C.	Total Monthly Payroll Deductions			
D.	Total Net Monthly Income			
E.	MONTHLY EXPENSES:	Client	Child/ren	Total
	1. Housing			
	a. Mortgage/rent			
	b. Second Mortgage			
	c. Homeowners Insurance			
	d. Flood Insurance			
	e. Alarm			
	f. Furniture rental			
	g. Yard care			
	g. Maintenance			
	h. Pest control			
	h. Maid service			
	i. Carpet cleaning			
	2) Food &			
	Household Supplies			
	3) Clothing			
	4) Transportation/Automobile			
	a. Car note/lease			
	j. Maintenance			
	k. Gas & Oil			
	l. Repairs			
	m. Insurance			

	5. Medical and Dental			
	a. Insurance (hospitalization & Major Medical)			
	b. Prescriptions			
	c. Expenses not covered by insurance			
	d. Routine exams			
	b. Over the counter medications			
	e. Contacts			
	f. Counseling			
	g. Dental maintenance			
	c. Orthodontists			
	6. Utilities:			
	a. Water			
	b. Pool -			
	c. Electric -			
	d. Cable -			
	e. Natural Gas -			
	f. Household Phone -			
	g. Cellular Phone -			
	7. Laundry and cleaning			
	8. Personal and grooming (Cosmetics, haircuts, nails, etc.)			
	9. Education Expenses -			
	a. Tuition			
	b. Registration Fees			
	c. Transportation			
	d. School Lunches			
	e. Fees (gym, band, etc.)			
	f. Books & Supplies			
	g. Miscellaneous (field trips, etc.)			
	10. Garnishments			
	11. Child Support (For children other than those of this marriage)			
	12. Fixed Obligations			
	a. Car loan			
	h. Credit cards (min. balance)			
	(1)			

	(2)			
	(3)			
	(4)			
	(5)			
	i. Credit union (min. balance)			
	j. Department store balances:			
	1.			
	2.			
	3.			
	k. Live Insurance			
	1. Disability Insurance			
	m. Other Insurance (explain)			
	13. Entertainment/Holidays/Extra Curricular Activities			
	a. Birthdays			
	b. Holiday expenses (Christmas, Easter, Mardi Gras, Valentine's Day, etc.)			
	b. Gifts from children to others			
	c. Books, magazines, etc. subscriptions			
	d. Entertainment - (movies, videos, theme parks, Show Biz Pizza, Discovery Zone, fairs, Zoo, tickets to ice shows, circus, etc.)			
	e. Meals away from home			
	c. Holiday expenses (decorations, costumes, gifts for other children & teachers, etc.)			
	d. Dance lessons			
	e. Health club membership			
	f. Activity fees (baseball, soccer, swimming, summer camp, scouting, etc.)			
	g. Equipment & uniforms			
	h. Other (explain)			
	14. Miscellaneous (explain)			
	f. Charitable contribution			
	g. Professional dues			
	h. Vacations with child/ren			
	a. Pet expenses			
	1. Food			

	2. Vet/grooming			
	3. Boarding			
F.	TOTAL MONTHLY EXPENSES			

G. Affiant's Full Name:
Address:

Age: (DOB) S.S.No.: Phone:

Current Marital Status:

List All Marriages/Children:

Name of Ex-Spouse	How Marriage Dissolved	Name and Date of Birth of children (if any)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

a) Affiant's Employer:

Address:

Telephone:

Length of Employment:

Is the business or corporation managed, controlled or owned by a relative? Yes or No

If yes give details:

Wages: _____ Weekly \$ _____ Monthly \$ _____

Are any of the following supplied to you by your employer?

	Yes	No	Amount Per Month
Automobile	___	___	\$ _____
Fuel/Credit Card	___	___	\$ _____
Meal Allowance	___	___	\$ _____
Travel Allowance	___	___	\$ _____
Health/Life Ins.	___	___	\$ _____
Other	___	___	\$ _____

b) Previous Employer:

Address:

Telephone:

Length of Employment:

Was the business or corporation managed, controlled or owned by a relative? yes or no

If yes give details:

Wages: Weekly \$ _____ Monthly \$ _____

Were any of the following supplied to you by your previous employer?

	Yes	No	Amount Per Month
Automobile	___	___	\$ _____
Fuel/Credit Card	___	___	\$ _____
Meal Allowance	___	___	\$ _____
Travel Allowance	___	___	\$ _____
Health/Life Ins.	___	___	\$ _____
Other	___	___	\$ _____

c) If remarried, Current Spouse:

Name & Address of Current Spouse's Employer:

Current Spouse's earnings: Weekly \$ _____ Monthly \$ _____

d) Are you buying a home? Yes _____ No _____

Address:

Value of home:

Balance owed:

If you are not buying a home give the address where you are living:

Amount of rent, if any:

e) Do you own or have any interest in any other real estate? Yes _____ No _____

If yes, state the nature of the property and its value:

f) Do you own or have an interest in any of the following:

	Yes	No	Value
i) Automobile	___	___	\$ _____
ii) Mobile home	___	___	\$ _____
iii) Boat	___	___	\$ _____
iv) Livestock	___	___	\$ _____
v) Machinery	___	___	\$ _____
vi) Stocks & bonds	___	___	\$ _____
vii) Checking Acct.	___	___	\$ _____
viii) Savings Acct.	___	___	\$ _____
ix) Certificate of Deposit	___	___	\$ _____

g) Do you have any income or asset which is not shown above? Yes ___ No ___
If yes, explain fully:

h) Are you aware that it is a crime for you to intentionally give a false answer to any of the above (R.S. 14:123)?

Yes _____ No _____

i) Have you attached copies of your two (2) most recent U.S. Income Tax Returns as ordered by the Court? Yes ___ No ___

If no, explain:

SWORN TO AND SUBSCRIBED before me, this _____ day of _____
2000, at Lafayette, Louisiana.

NOTARY PUBLIC