IN THE WINNEBAGO TRIBAL COURT

	·) CASE #		
	Petitioner,)		
vs.	,)) FINANCIAL) AFFIDAVIT) (Divorce)		
	Respondent.)		
This A	Affidavit must be filed with the	e Clerk of the Tribal Court at the time of the filing of		
the Petition	in this case. Failure by either	er party to complete, present, and file this form as		
required shou	ald authorize the Court to accep	t the statement of the other party filing this statement		
as the basis for	or its decision.			
Any f	Calse statement made hereon sh	all subject you to the penalty for perjury and may be		
considered a	fraud upon the Court. In the e	vent space is insufficient for complete information or		
listing, please	e attach separate forms.			
STATE OF)	Petitioner's S.S.#		
COLINTY) ss. F)	Daguardantia C C #		
COUNTYO	·	Respondent's S.S.#		
I,		, the Affiant herein, being first		
	n oath, respectfully represent:			
1)		and my current address is:		
2)	The name of the other party	in this case is, and		
the other part	y's address:	·		
3)	The other party and I (please	check one): [] lived together for about years		
and then sepa	arated on	(date); [] never lived together		

	CHILD'S NAME	DATE OF BIRTH	ADDRESS
5) the other part			en not born between myself and with or are supported by me:
	CHILD'S NAME	DATE OF BIRTH	ADDRESS
6) [] listed in Para	graph 3.	that (check one): es in any other tribal or state	e court concerning the child(ren
Paragraph 3:		ioiner tribai or state cour	t involving child(ren) listed in
7) incorporated,	•	e information contained in the rein are true to the best of r	n Exhibits A-H attached and my knowledge.
		Affiant	
Subsc	ribed to and sworn befor	re me on this day of	, 20

EXHIBIT A

EMPLOYMENT AND MONTHLY EARNINGS

I am currently employed at		·	My employer's
s is			·
My current position or job title is			<u></u> ·
I am not employed for the following reasons:			
My employment is (check one): seas	sonal	year-round	1.
My educational background is			·
I [] have [] do not have health insurar	nce available	for my child(1	en) through my
yer. (If you have health insurance, ple	ase state the	name and	type of policy:
).
I have the following monthly income:			
Wages or Salary		\$	
Public or Government Assistance		\$	
Social Security or Disability payments		\$	
Child support from children not affected by t	his case	\$	
Per Capita payments		\$	
Income from rental or leased property		\$	
Other:		\$	
L (GROSS MONTHLY INCOME)		\$	
In the last two years, I have had the following	g jobs at the fo	ollowing salary	<i>r</i> :
	SALARY		
	My current position or job title is	My current position or job title is	My employment is (check one): seasonal

EXHIBIT B

AFFIANT'S MONTHLY DEDUCTIONS

GROS	S MONTHLY INCOME (From Page 3)	\$
	Social Security Withholding (FICA)	\$
	Federal Withholding	\$
	State Withholding	\$
	Health Insurance	\$
	Child Support for Children not affected by this case	\$
	Pension	\$
	Retirement, mandatory	\$
	Retirement, voluntary	\$
	Credit Union	\$
	Stock Purchase Plan	\$
	Other:	\$
NET N	MONTHLY INCOME	\$

EXHIBIT C

OTHER PARTY'S EMPLOYMENT AND MONTHLY EARNINGS

1)	The other party is currently employed at,		
addre	ss is		·
2)	The other party's current position or job title i		
3)	The other party is not employed for the follow	ving reasons:	·
4)	The other party's employment is (check one):	seasonal year	-round.
5)	The other party's educational background is _		·
6)	The other party [] has [] does not have h	nealth insurance available for the o	child(ren)
throu	gh their employer. (If you have health insurance	ce, please state the name and type of	of policy:
).
7)	The other party has the following monthly inc	come:	
	Wages or Salary	\$	
	Public or Government Assistance	\$	
	Social Security or Disability payments	\$	
	Child support from children not affected by the	nis case \$	
	Per Capita payments	\$	
	Income from rental or leased property	\$	
	Other:	\$	
TOT	AL (GROSS MONTHLY INCOME)	\$	
8)	In the last two years, the other party has had the	he following jobs at the following s	alary:
JOB	S	SALARY	

EXHIBIT D

OTHER PARTY'S MONTHLY DEDUCTIONS

GROSS MONTHLY INCOME (From Page 5)	\$
Social Security Withholding (FICA)	\$
Federal Withholding	\$
State Withholding	\$
Health Insurance	\$
Child Support for Children not affected by this case	\$
Pension	\$
Retirement, mandatory	\$
Retirement, voluntary	\$
Credit Union	\$
Stock Purchase Plan	\$
Other:	\$
NET MONTHLY INCOME	\$

EXHIBIT E

TABLE OF AFFIANT'S MONTHLY LIVING EXPENSES

Rent (House Payment)	\$ House taxes	\$
House insurance	\$ House/lawn care	\$
Food	\$ Telephone	\$
Natural Gas	\$ Electricity	\$
Water	\$ Newspaper	\$
Trash hauling	\$ Union dues	\$
Magazines	\$ Cable television	\$
Entertainment	\$ Auto payment	\$
Allowance for children	\$ Auto payment	\$
Photographs & film	\$ Auto insurance (monthly)	\$
Auto tax & license	\$ Health insurance	\$
Gasoline \$ oil	\$ Life insurance	\$
Toiletries	\$ Clothing (children)	\$
Medicine	\$ Clothing (parents)	\$
Doctor	\$ Barber & beauty shop	\$
Dentist	\$ School lunches	\$
School bus	\$ Babysitter	\$
Education expenses	\$ Recreation	\$
Gifts, supplies, etc.	\$ Other:	\$
Church	\$ Other:	\$
	TOTAL	\$

EXHIBIT F

TABLE OF OTHER PARTY'S MONTHLY LIVING EXPENSES

Rent (House Payment)	\$ House taxes	\$
House insurance	\$ House/lawn care	\$
Food	\$ Telephone	\$
Natural Gas	\$ Electricity	\$
Water	\$ Newspaper	\$
Trash hauling	\$ Union dues	\$
Magazines	\$ Cable television	\$
Entertainment	\$ Auto payment	\$
Allowance for children	\$ Auto payment	\$
Photographs & film	\$ Auto insurance (monthly)	\$
Auto tax & license	\$ Health insurance	\$
Gasoline \$ oil	\$ Life insurance	\$
Toiletries	\$ Clothing (children)	\$
Medicine	\$ Clothing (parents)	\$
Doctor	\$ Barber & beauty shop	\$
Dentist	\$ School lunches	\$
School bus	\$ Babysitter	\$
Education expenses	\$ Recreation	\$
Gifts, supplies, etc.	\$ Other:	\$
Church	\$ Other:	\$
	TOTAL	\$

EXHIBIT G

DEBTS OF THE PARTIES

Creditor	Total Amount Owed	Monthly Payment

EXHIBIT H

PROPERTY OF THE PARTIES

Property	Value	Debt on property	Check if property owned before marriage	Check if property acquired from an inheritance