

**IN THE WINNEBAGO TRIBAL COURT
WINNEBAGO, NEBRASKA**

)	CASENO. _____
Petitioner,)	
vs.)	FINANCIAL
)	AFFIDAVIT
Respondent.)	(Paternity)

This Affidavit must be filed with the Clerk of the Tribal Court at the time of the filing of the Petition in this case. Failure by either party to complete, present, and file this form as required should authorize the Court to accept the statement of the other party filing this statement as the basis for its decision.

Any false statement made hereon shall subject you to the penalty for perjury and may be considered a fraud upon the Court. In the event space is insufficient for complete information or listing, please attach separate forms.

STATE OF _____)		Petitioner's S.S.# _____
) ss.	
COUNTY OF _____)		Respondent's S.S.# _____

I, _____, the Affiant herein, being first duly sworn on oath, respectfully represent:

- 1) I am currently ____ years old and my current address is: _____

- 2) The name of the other party in this case is _____, and the other party's address: _____.
- 3) The other party and I (please check one): [] lived together for about ____ years and then separated on _____ (date); [] never lived together

4) These are the names and present address(es) of the child(ren) born between myself and the other party in this case:

CHILD'S NAME	DATE OF BIRTH	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5) These are the names and addresses of other children not born between myself and the other party in this case, however, these children either reside with or are supported by me:

CHILD'S NAME	DATE OF BIRTH	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6) I also state to this court that (check one):

There are no other cases in any other tribal or state court concerning the child(ren) listed in Paragraph 3.

There is a case in another tribal or state court involving child(ren) listed in Paragraph 3: (Please give details) _____.

7) I have completed the information contained in Exhibits A-F attached and incorporated, and that the contents therein are true to the best of my knowledge.

Affiant

Subscribed to and sworn before me on this _____ day of _____, 20__.

Notary Public

EXHIBIT A

EMPLOYMENT AND MONTHLY EARNINGS

- 1) I am currently employed at _____ . My employer's address is _____ .
- 2) My current position or job title is _____ .
- 3) I am not employed for the following reasons: _____ .
- 4) My employment is (check one): _____ seasonal _____ year-round.
- 5) My educational background is _____ .
- 6) I [] have [] do not have health insurance available for my child(ren) through my employer. (If you have health insurance, please state the name and type of policy: _____).
- 7) 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 this case	\$ _____
Per Capita payments	\$ _____
Income from rental or leased property	\$ _____
Other: _____	\$ _____
TOTAL (GROSS MONTHLY INCOME)	\$ _____

- 8) In the last two years, I have had the following jobs at the following salary:

JOB	SALARY
_____	_____
_____	_____
_____	_____

EXHIBIT B

AFFIANT'S MONTHLY DEDUCTIONS

GROSS 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 MONTHLY INCOME	\$ _____

EXHIBIT C

OTHER PARTY’S EMPLOYMENT AND MONTHLY EARNINGS

- 1) The other party is currently employed at _____, whose address is _____.
- 2) The other party’s current position or job title is _____.
- 3) The other party is not employed for the following 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 health insurance available for the child(ren) through their employer. (If you have health insurance, please state the name and type of policy: _____).
- 7) The other party has the following monthly income:

Wages or Salary	\$ _____
Public or Government Assistance	\$ _____
Social Security or Disability payments	\$ _____
Child support from children not affected by this case	\$ _____
Per Capita payments	\$ _____
Income from rental or leased property	\$ _____
Other: _____	\$ _____
TOTAL (GROSS MONTHLY INCOME)	\$ _____

- 8) In the last two years, the other party has had the following jobs at the following salary:

JOB	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	\$ _____