

NOTICE

This is an Affidavit, which you are required to complete in any child support case in the Winnebago Tribal Court. You must fill out all the requested information truthfully and completely, to the best of your knowledge and ability. If you knowingly make a false statement in this Affidavit, you could be subject to criminal prosecution for Perjury, which carries a maximum penalty of twelve months in jail and a \$5,000.00 fine, or both.

PERSONAL INFORMATION

Name: _____

Address: _____

Phone (home): _____ Phone (work): _____

Date of birth: _____ S.S.N.: _____

Other people who you live with and provide support for:

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

FAMILY INFORMATION

Name of other parent: _____

Address: _____

Children involved in this case:

Name: _____ D/O/B: _____

Name: _____ D/O/B: _____

Name: _____ D/O/B: _____

Name: _____ D/O/B: _____

Is there a court order determining who the father of the children is? _____

What court entered the order? _____ Case number? _____

Is there a child support order currently in place regarding the children involved? _____

If so, when was it entered? _____ How much is child support? _____

What court entered the support? _____ Case number? _____

Is the non-custodial parent current in support? _____

If not, how far is the non-custodial parent behind? _____

GOVERNMENTAL ASSISTANCE INFORMATION

Are you currently receiving any governmental aid (AFDC, welfare, food stamps, etc.) for the children involved in this case? _____ If so, please list the following:

Date you began receiving assistance: _____

State or agency you receive assistance from: _____

Amount per month you receive in assistance: _____

If you are *not* currently receiving governmental aid for the children involved in this case, have you at any time ever received such aid? _____ If so, please list the following:

Date you began receiving assistance: _____

Date your assistance ended: _____

State or agency you received assistance from: _____

Amount per month you received in assistance: _____

Are you receiving any governmental disability benefits (S.S.I., etc.)? _____

If so, where from? _____ How much per month do you receive? _____

If so, are your children involved in this case eligible to receive benefits? _____

EMPLOYMENT INFORMATION

Employer: _____ Job title: _____

Job duties: _____

How long have you been employed at your present job? _____

Work schedule: _____

If you receive a salary, list your salary before taxes and other withholding
(fill in the appropriate blank):

_____ /hour _____ /week _____ /two weeks

_____ /month _____ /year Do you receive overtime? _____

If so, how many times in the last year did you receive overtime? _____

If you are paid by commission or are self-employed, how much have you earned every month for
the last 12 months? _____

List all other jobs you have held in the last three years:

<i>Employer</i>	<i>Job duties</i>	<i>Salary</i>	<i>Length at job</i>	<i>Reason for leaving</i>

If you are unemployed, list all attempts you have made to obtain employment within the last
three months: _____

OTHER INCOME INFORMATION

Do you receive any retirement or disability benefits? _____ If so, answer the following:

Where is the benefit from? _____ How much do you receive? _____

How often do you receive payment? _____ How long will you receive payment? _____

Do you receive any money from an inheritance, trust, annuity, or other regular payment? _____

If so, answer the following: Where is the payment from? _____

How much do you receive? _____ How often do you receive payment? _____

How long will you receive payment? _____

Do you own any stocks, real estate, or other investments? _____

Describe the nature and value of these investments: _____

Do you receive any income from these investments? _____

If so, how much do you receive? _____ How often do you receive income? _____

Are you eligible to be enrolled in any Federally recognized tribe? _____

If so, which tribe? _____ Are you enrolled? _____

In which tribe are you enrolled? _____

Does the tribe you are enrolled in issue a per capita payment? _____

If so, how much did you receive in per capita payments from that tribe each year for the last three years? _____

Do you receive income from any other sources? _____

If so, please list the following:

<i>Source</i>	<i>Reason for income</i>	<i>Amount per month</i>

EXPENSES

List how much you pay per month for the following expenses:

Mandatory retirement: _____

Health insurance for the children involved in this case: _____

Health insurance for other children you support: _____

How much have you paid for uninsured medical expenses for the children in this case in the last 12 months (estimate)? _____ Is this court-ordered? _____

If so, what court? _____ Case number? _____

How much have you paid daycare expenses for the children in this case in the last 12 months (estimate)? _____ Is this court-ordered? _____

If so, what court? _____ Case number? _____

Are there any other court orders requiring you to pay child support for children not involved in this case? _____ If so, list the following:

Name of child: _____ D/O/B: _____

Amount of child support per month: _____ Date of order: _____

Court that entered order: _____ Case number: _____

Are you current on this child support? _____ If not, how far behind are you? _____

Name of child: _____ D/O/B: _____

Amount of child support per month: _____ Date of order: _____

Court that entered order: _____ Case number: _____

Are you current on this child support? _____ If not, how far behind are you? _____

Name of child: _____ D/O/B: _____

Amount of child support per month: _____ Date of order: _____

Court that entered order: _____ Case number: _____

Are you current on this child support? _____ If not, how far behind are you? _____

Do you provide support for any children that are not living with you without a court order? _____

If so, please list the following:

Name of child: _____ D/O/B: _____

Address of child: _____

Parent or guardian of child: _____

Amount of support you provide per month: _____

Name of child: _____ D/O/B: _____

Address of child: _____

Parent or guardian of child: _____

Amount of support you provide per month: _____

For any of your children, including the children involved in this case, do you provide any support other than direct payments of money (such as babysitting, payment of tuition for the children, or purchases of clothing) to the custodial parent? _____

If so, please list the child and describe the support you provide on a monthly basis. Include, as best you can, an estimate of the dollar value of the non-financial support you provide:

OTHER INFORMATION

Please list below any other information you wish the court to consider in determining child support in this matter:

