## **Instructions for Financial Affidavit & Form**

The Financial Affidavit is a sworn statement about the financial situation of the party completing the form. It is meant to give the judge and the parties accurate information about the property and debts involved in the divorce. The values used should be as of the day the party completes the Financial Affidavit.

## Both parties need to complete a separate Financial Affidavit Form and submit the same to the Court.

- Complete this form in black or blue ink only!
- Complete the caption (the top portion of the form). **NOTE:** The caption is the top portion of each form. You will need to know the name of your county, judicial circuit (ask the Clerk if you do not know), name of plaintiff, name of defendant and case filing number (ask the Clerk if you do not know). The caption will be the same on every form you fill out.
- Fill in the personal information in paragraphs (1)-(25). Use the information from your last two tax returns and your most current pay check stub, if you have them, to help you. If you do not know an answer then place a question mark ("?") in the blank. If you know for certain that you don't have or receive the item listed then enter a zero (0).
- Fill in the blanks for sections I, II, and III. Values should be an actual amount (if known) or an estimate of what the property is worth. If you do not have or receive the item listed, enter a zero (0).
- You must sign and date the Affidavit in the presence of a notary public or clerk of court. Make sure to bring photo identification to show the notary public or clerk of court. A notary public can usually be found at the bank and sometimes at the courthouse.

WARNING: By signing your name, you are telling the court that you are telling the truth and that you have a good faith reason for your requests. If you are not telling the truth, if you are misleading the court, or if you are serving or filing this document for an improper purpose, the court could find you in contempt or you could be charged with a crime for not telling the truth.

STATE OF SOUTH DAKOTA )		/	IN CIRCUIT COURT	
:SS COUNTY OF)			JUDICIAL CIRCUIT	
	Plaintiff,		DIV	
	vs.		FINANCIAL AFFIDAVIT	
	Defendant.			
I,	My mailing address is My telephone number is ( I am (check one) EMP (If employed) my monthly gr Monthly gain or profit from a Pension, retirement, disability \$ per Interest, dividends, rentals, ro Gain from sale, trade or conve	DOYED	ear under oath and under penalty of law that the following is true.	
(11)	Other income (including spousal support received). Explain:  \$			
	TOTAL GROSS M	ONTHLY INC	COME (Add 4-11): \$	
(12) (13) (14) (15) (16) (17)	\$ Social Security and Medicare Contributions to an IRS qualit	taxes withheld fied retirement ness expenses ( ort orders OTF nce of payment	plan not exceeding 10% of gross income:\$  Attach IRS form 2106): \$  IER THAN FOR CHILDREN IN THIS PROCEEDING: \$  s).	
	TOTAL DEDUCTI	ONS (Add 12-	18): \$	
	NET MONTHLY II INCOME): \$		BTRACT TOTAL DEDUCTIONS FROM GROSS MONTHLY	
(18) (19) (20)	My total gross income before	deductions for	the previous year was \$  two years ago was \$  er of dependents:	
(21)	Do you have health insurance	available for d	ependents through your employer?	

(22)	If you provide medical or dental insurance for your child(ren), please complete the following:  Name of the Health and/or Dental Insurance Company						
	Total monthly cost for the employee only: \$						
	Total monthly cost for the employee only: \$_ Total monthly cost for the employee and child	d(ren): \$					
	Persons covered under the policy of insurance	»:	·				
(23)	Do you incur child care costs as result of employment, job search or training or education necessary to obtain a job or enhance earning potential?						
	Name and address of child care provider:  The name(s) of the child(ren) for whom child care is provided:						
	The name(s) of the child(ren) for whom child care is provided:						
	How many hours per week is child care being provided?  Cost of Child Care: Monthly: \$ Weekly: \$ Hourly: \$ List the costs, per month, of the child care expenses incurred for the past six months:						
	Cost of Child Care: Monthly: \$	Weekly: \$ Hou	rly: \$				
	List the costs, per month, of the child care exp	benses incurred for the past six months					
	Do you receive any state assistance for child c	care? If so, how	much?				
	Do you claim the Federal Child Care Tax Cred	dit?					
(24)	Enter the amount of Social Security or Veteral retirement, disability or other eligibility: \$ Which parent receives the payment for the chi	n's Benefits provided to a child(ren) o	f the parties due to your				
	Which parent receives the payment for the chi	ild?					
(25)	The following amounts accurately represent m	ny assets and liability:					
	1. ASSET	(S (things we own or are buying)					
a. CAS	SH (on hand or in banks)		\$				
b. AC	COUNTS and NOTES RECEIVABLE (IOU's a	and other money payable to me)	\$				
c. INV	VESTMENTS(stocks, bonds, savings bond, CD's	s, money market, stock options, etc.)	Þ				
	FIREMENT ACCOUNT (account balance)		Φ				
	AL ESTATE (house, land, tribal lease land, renta	al property, etc.)	\$				
f. AU7	ГОМОВILE(S) make, model, year:		¢				
			\$ \$				
g. REC	CREATIONAL VEHICLES (boats, campers, A)	TV's, etc)	\$				
	USEHOLD GOODS (furniture, appliances, TV,		\$				
	ORTING EQUIPMENT (hunting/fishing, campin		\$				
	/ELRY						
k. TO	OLS, SHOP EQUIPMENT		\$				
l. VAI	LUE OF BUSINESS		\$				
m. OT	THER PERSONAL PROPERTY (tools, sports ed	quipment, etc.)	\$				
n. AN	Y OTHER ASSETS (anything else I could sell of	or borrow money on)	\$				
	Т	ГОТАL VALUE OF ASSETS	\$				
	2. <u>LIAB</u>	BILITIES (money that we owe)					
o Our	regular monthly expenses are: (housing, utilities	s food insurance etc.)					
	BTS (vehicle loans, mortgages, credit cards, stud		us etc.):				
0. <b>D</b> EI							
	I owe	this amount\$_					
	I owe						
	I owe						
	I owe						
	I owe	this amount\$					
	I owe	this amount\$					
	Lowe	this amount					

## 3. ANTICIPATED INCOME (money or property you are expecting)

a. Total monies or income from sale of house or latrust funds, lease money, etc	\$
Dated:	Signature of Person Filling out this Affidavit
	(Sign only in front of notary public or clerk of courts.)
Sworn/affirmed before me this day of	If notary, My Commission Expires
Notary Public \ Clerk of Courts  (SEAL)	

- If you have children, you must complete the child support calculation. The DSS calculator is found at <a href="https://apps.sd.gov/SS17PC02CAL/Calculator.aspx">https://apps.sd.gov/SS17PC02CAL/Calculator.aspx</a>
- Attach your calculation of child support