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**STATE OF VERMONT**

**SUPERIOR COURT**

**Unit**

**FAMILY DIVISION**

**Case No.**

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

|                |     |    |                |     |
|----------------|-----|----|----------------|-----|
| Plaintiff Name | DOB | V. | Defendant Name | DOB |
|----------------|-----|----|----------------|-----|

**FINANCIAL AFFIDAVIT  
(400-813A)**

I am:  Plaintiff  Defendant  Other: \_\_\_\_\_

|                    |  |     |           |       |     |
|--------------------|--|-----|-----------|-------|-----|
| Name               |  |     |           |       |     |
| Street Address     | Mailing Address (if different from Street Address) |     |           |       |     |
| Town/City          | State  | Zip | Town/City | State | Zip |
| Phone Number (day) | Phone Number (evening)                             |     |           |       |     |
| Email Address      |  |     |           |       |     |

**INSTRUCTIONS:** You are required to complete and file the 813A if-

1. You are a party in a newly filed divorce, civil union dissolution, legal separation, annulment or parentage action and you and the other party have minor children; OR
2. You or the other party are seeking to modify a previously issued order regarding child support or spousal maintenance (alimony); OR
3. You are the person required to pay support, and an enforcement action has been filed against you; OR
4. Your child is in the custody of the Department of Children and Families and support has been requested of you; OR
5. You are ordered by the Court to complete and file this form or the other party requests that you fill out the form as part of the discovery process.

**DEADLINE FOR FILING:** This form must be filed with the court before or at your first case manager's conference. If no conference is scheduled it must be filed at least seven (7) days before your first scheduled court hearing.

**YOU MUST SEND A COPY OF YOUR COMPLETED FORM TO THE OTHER PARTY AT THE SAME TIME YOU FILE IT WITH THE COURT.**

I declare that the information provided is true and accurate to the best of my knowledge and belief. I understand that if the information provided is false, I will be subject to the penalty of perjury or to other sanctions in the discretion of the court.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

## SECTION I – INCOME

| EMPLOYER NAME and ADDRESS | SECOND EMPLOYER |
|---------------------------|-----------------|
|                           |                 |

- I am self-employed (sole proprietor, partnership, d/b/a) as a \_\_\_\_\_  
 I am not currently employed because \_\_\_\_\_

**A. MONTHLY GROSS INCOME FROM EMPLOYMENT** - Income before any deductions for payroll taxes or benefits. (If your income varies throughout the year, calculate your annual income and divide by twelve to get your monthly income in each category below.)

**To calculate MONTHLY amounts from paychecks:**

- If you are paid weekly, multiply average weekly pay by 4.333.  
If you are paid every other week, multiply average bi-weekly pay by 2.165  
If you are paid twice a month, multiply average semi-monthly pay by 2

**ATTACH 4 MOST RECENT PAYCHECK STUBS.**

**1. SALARY OR WAGES**

I have included overtime       Yes       No \_\_\_\_\_

**2. TIPS, COMMISSIONS, BONUSES, ROYALTIES** \_\_\_\_\_

**3. SELF EMPLOYMENT INCOME** \_\_\_\_\_

(If applicable, fill out the Self Employment worksheet on page 11 or attach the IRS Schedule C from your tax filing and enter the Monthly Business Net Income amount here.)

**4. PERSONAL EXPENSES PAID BY EMPLOYER** \_\_\_\_\_

(for example: cell phone, car, housing allowance, meals, military allowances)

Total Income from Employment \_\_\_\_\_

**B. OTHER SOURCES OF INCOME (Indicate Monthly Amount)**

**1. RENTAL INCOME** \_\_\_\_\_

(If applicable, fill out the Rental Income worksheet on page 10 or attach the IRS Schedule E from your tax filing and enter the **Total Monthly Income Amount** here.)

**2. RETIREMENT/PENSIONS** \_\_\_\_\_

**3. UNEMPLOYMENT INSURANCE BENEFITS** \_\_\_\_\_

**4. WORKER'S COMPENSATION and/or DISABILITY INSURANCE** \_\_\_\_\_

**5. SOCIAL SECURITY BENEFITS** (Specify type \_\_\_\_\_) \_\_\_\_\_

**6. VETERANS BENEFITS (VA)** \_\_\_\_\_

**7. INTEREST OR DIVIDEND INCOME** \_\_\_\_\_

**8. TRUST OR ANNUITY INCOME** \_\_\_\_\_

**9. GIFTS OR PRIZE MONEY** (Including lottery winnings) \_\_\_\_\_

**10. SPOUSAL MAINTENANCE (Alimony)** \_\_\_\_\_

(From the other party in this action)

**11. SPOUSAL MAINTENANCE (Alimony)** \_\_\_\_\_

(From a person not a party in this action)

**12. OTHER:** Please specify \_\_\_\_\_

(For example, capital gains)

Total Income from Other Sources \_\_\_\_\_

**TOTAL MONTHLY INCOME** \_\_\_\_\_

(Employment and Other Sources)

## SECTION II - PUBLIC BENEFITS

DO YOU RECEIVE PUBLIC BENEFITS?

Yes       No

If yes, please check all boxes that apply and indicate dollar amount, where applicable

Reach Up, RUFA, TANF \_\_\_\_\_  
 Dr. Dynasaur \_\_\_\_\_  
 Fuel Assistance \_\_\_\_\_

General Assistance \_\_\_\_\_  
 Medicaid/Medicare \_\_\_\_\_  
 Food Assistance \_\_\_\_\_

SSI  
 VHAP  
 Housing Assistance

## SECTION III - INCOME/EXPENSES of MINOR CHILDREN

"Minor Children" means children under 18 or children over the age of 18 but still in high school.

### A. LIST ALL MINOR CHILDREN YOU HAVE WITH THE OTHER PARTY

| NAME | Date of Birth | Current Primary Residence |
|------|---------------|---------------------------|
|      |               |                           |
|      |               |                           |
|      |               |                           |
|      |               |                           |

### B. LIST ALL OTHER MINOR CHILDREN FOR WHOM YOU PROVIDE SUPPORT

| NAME | Date of Birth | Relationship to you | Current Primary Residence |
|------|---------------|---------------------|---------------------------|
|      |               |                     |                           |
|      |               |                     |                           |
|      |               |                     |                           |
|      |               |                     |                           |

### C. LIST ALL CHILDREN FOR WHOM YOU ARE ORDERED TO PAY CHILD SUPPORT

| NAME | Amount Ordered | Amount Paid | State/County of Order |
|------|----------------|-------------|-----------------------|
|      |                |             |                       |
|      |                |             |                       |
|      |                |             |                       |

**D. HEALTH INSURANCE AVAILABLE THROUGH YOUR EMPLOYMENT:**

You must complete this paragraph if you *could get this kind of insurance through your job even if your children are not enrolled*. Check with your Payroll or Human Resources Department to obtain amount of your monthly payroll contribution to the cost.

TOTAL MONTHLY FAMILY HEALTH INSURANCE COST TO EMPLOYEE \_\_\_\_\_

TOTAL MONTHLY TWO PERSON COST TO EMPLOYEE \_\_\_\_\_

TOTAL MONTHLY COST FOR SINGLE PERSON COVERAGE TO EMPLOYEE \_\_\_\_\_

ARE CHILDREN OF THIS ACTION ENROLLED IN YOUR PLAN?

 Yes No**E. YOUR CHILD CARE COSTS FOR CHILDREN OF THIS RELATIONSHIP**

(If monthly amounts change during the year, use total annual amount divided by 12)

TOTAL MONTHLY CHILD CARE COSTS (before subsidy) TOTAL MONTHLY CHILD CARE \_\_\_\_\_

SUBSIDY \_\_\_\_\_

OUT OF POCKET COSTS (Total costs minus subsidy) \_\_\_\_\_

Enter the amount from OUT-OF-POCKET COSTS on page 9, line 51

**F. YOUR EXTRAORDINARY EXPENSES FOR CHILDREN OF THIS RELATIONSHIP**

|                                    | Type of expense | Cost per month |
|------------------------------------|-----------------|----------------|
| Child's Uninsured Medical expenses |                 |                |
| Child's Educational Expenses       |                 |                |
| Child's Special Needs Expenses     |                 |                |

**G. MONTHLY INCOME RECEIVED BY A CHILD OF THIS RELATIONSHIP**

| INCOME SOURCE  | Child's Name | Amount |
|--|--------------|--------|
| 1. DISABILITY BENEFITS                                 |              |        |
| 2. SOCIAL SECURITY BENEFITS                            |              |        |
| 3. OTHER   |              |        |
| Name of Parent who receives the child's benefit: _____ |              |        |

## SECTION IV - LOANS AND DEBTS

### LOANS

#### A. Primary Residence Loans:

| Type of Loan            | Lender | Balance owed | Monthly payment | Check here if YOU are making this payment |
|-------------------------|--------|--------------|-----------------|---|
| 1. Primary Residence    |        |              |                 |   |
| 2. Second Mortgage      |        |              |                 |   |
| 3. Home Equity          |        |              |                 |   |
| Total Primary Residence |        |              |                 |   |

Enter the amount from **Total Primary Residence – Monthly Payment** on page 7, line 1

#### B. Other Real Estate Loans - DO NOT include business or rental property loans

| Property Description    | Lender | Balance Owed | Monthly Payment | Check here if YOU are making this payment |
|-------------------------|--------|--------------|-----------------|---|
|                         |        |              |                 |   |
|                         |        |              |                 |   |
|                         |        |              |                 |   |
| Total Other Real Estate |        |              |                 |   |

Enter the amount from **Total Other Real Estate – Monthly Payment** on page 8, line 38

#### C. Vehicle Loans

| Type of Vehicle<br>(Year, Make, Model) | Lender | Balance Owed | Monthly Payment | Check here if YOU are making this payment |
|--|--------|--------------|-----------------|---|
|  |        |              |                 |   |
|  |        |              |                 |   |
|  |        |              |                 |   |
| Total Vehicle Loans                    |        |              |                 |   |

Enter the amount from **Total Vehicle Loans – Monthly Payment** on page 7, line 14

**D. Other Loans**

| Type of Loan        | Lender | Balance Owed | Monthly payment | Check here if YOU are making this payment |
|---------------------|--------|--------------|-----------------|---|
| Personal Loan       |        |              |                 |   |
| School/College Loan |        |              |                 |   |
| Other               |        |              |                 |   |
| Other               |        |              |                 |   |
| Total Other Loans   |        |              |                 |   |

Enter the amount from **Total Other Loans – Monthly Payment** on page 8, line 38**DEBTS****A. Credit Card Debt**

| Card Holder            | Company | Balance Owed | Monthly payment | Check here if YOU are making this payment |
|------------------------|---------|--------------|-----------------|---|
|                        |         |              |                 |   |
|                        |         |              |                 |   |
|                        |         |              |                 |   |
|                        |         |              |                 |   |
|                        |         |              |                 |   |
|                        |         |              |                 |   |
| Total Credit Card Debt |         |              |                 |   |

Enter the amount from **Total Credit Card Debt - Monthly Payment** on page 8, line 43**B. Other Debts (for example tax liens, hospital bills, collection accounts)**

| Type of Debt      | Company/Entity Owed | Balance Due | Monthly payment if any | Check here if YOU are making this payment |
|-------------------|---------------------|-------------|------------------------|---|
|                   |                     |             |                        |   |
|                   |                     |             |                        |   |
|                   |                     |             |                        |   |
| Total Other Debts |                     |             |                        |   |

Enter the amount from **Total Other Debts - Monthly Payment** on page 8, line 38

## SECTION V - EXPENSES

### **MONTHLY EXPENSES:**

List your monthly expenses. For those expenses paid other than monthly, take the annual amount and divide it by 12. If amount paid changes from month to month, use the annual amount divided by 12.

| <b>HOUSEHOLD EXPENSES-</b>  | Amount paid<br>by you | Amount paid by<br>someone else | Total<br>Household |
|---|-----------------------|--------------------------------|--------------------|
| 1. Rent or Mortgages, including Home Equity Loans<br><b>(Total Household</b> amount is the same amount as the <b>Total Monthly Amount</b> from page 5, Section A, Primary Residence). |                       |                                |                    |
| 2. Property Taxes   |                       |                                |                    |
| 3. Homeowner's or Renter's Insurance  |                       |                                |                    |
| 4. Electricity  |                       |                                |                    |
| 5. Telephone (Land and Cell Phone)  |                       |                                |                    |
| 6. Water  |                       |                                |                    |
| 7. Gas for home   |                       |                                |                    |
| 8. Oil, Wood or other fuel not listed above   |                       |                                |                    |
| 9. Mowing, Plowing, Trash   |                       |                                |                    |
| 10. Groceries   |                       |                                |                    |
| 11. Cable/Internet  |                       |                                |                    |
| 12. Laundry/Dry Cleaning  |                       |                                |                    |
| 13. Maintenance/repair  |                       |                                |                    |
| <b>TOTAL OF HOUSEHOLD EXPENSES</b>  |                       |                                |                    |

| <b>VEHICLE EXPENSES</b>   | Amount paid<br>by you | Amount paid by<br>someone else | Total<br>Household |
|---|-----------------------|--------------------------------|--------------------|
| 14. Total Vehicle Loans<br><b>(Total Household</b> amount is the same amount as the <b>Total Monthly Amount</b> from page 5, Section C, Vehicle Loans). |                       |                                |                    |
| 15. Car Insurance   |                       |                                |                    |
| 16. Gas   |                       |                                |                    |
| 17. Maintenance/Repairs   |                       |                                |                    |
| 18. Registration  |                       |                                |                    |
| <b>TOTAL VEHICLE</b>  |                       |                                |                    |

| <b>INSURANCE EXPENSES</b> | Amount paid<br>by you | Amount paid by<br>someone else | Total<br>Household |
|---------------------------|-----------------------|--------------------------------|--------------------|
| 19. Life Insurance        |                       |                                |                    |
| 20. Disability Insurance  |                       |                                |                    |
| 21. Health Insurance      |                       |                                |                    |
| 22. Dental/Vision         |                       |                                |                    |
| <b>TOTAL INSURANCE</b>    |                       |                                |                    |

| <b>YOUR PERSONAL EXPENSES</b>   | Amount paid by<br>you | Amount paid by<br>someone else | Total |
|---|-----------------------|--------------------------------|-------|
| 23. Uninsured Medical Expenses  |                       |                                |       |
| 24. Clothing/Shoes  |                       |                                |       |
| 25. Toiletries/Cosmetics  |                       |                                |       |
| 26. Meals/Snacks eaten out  |                       |                                |       |
| 27. Hair Care   |                       |                                |       |
| 28. Magazines, Newspapers, Books, other reading material  |                       |                                |       |
| 29. Tobacco and Alcohol Products  |                       |                                |       |
| 30. Veterinarian and other pet expenses   |                       |                                |       |
| 31. Entertainment (movies, bowling, museums, etc.)  |                       |                                |       |
| 32. Gifts for others  |                       |                                |       |
| 33. Charitable Contributions  |                       |                                |       |
| 34. Vacation  |                       |                                |       |
| 35. Union Dues  |                       |                                |       |
| 36. Monthly Contribution to Savings   |                       |                                |       |
| 37. Monthly Contribution to Retirement Funds (401K, IRA, etc.)  |                       |                                |       |
| 38. Monthly Loan & Debt Payments ( <i>do not include primary residence loans, credit cards, or vehicle payments</i> )<br><b>Total Household</b> amount is the sum of the <b>Total Monthly Amounts</b> from page 5, section B (Other Real Estate Loans), page 6, Section D (Other Loans), and page 6, Section B (Other Debts). |                       |                                |       |
| 39. Expenses for Children living with you but not of this relationship  |                       |                                |       |
| 40. Court Ordered Child Support you pay for children of another relationship.   |                       |                                |       |
| 41. Court Ordered Spousal Maintenance (Alimony) you pay   |                       |                                |       |
| 42. Miscellaneous (please list on a separate sheet and fill in total here)  |                       |                                |       |
| <b>TOTAL PERSONAL EXPENSES</b>  |                       |                                |       |
| CREDIT CARD DEBT  | Amount paid by<br>you | Amount paid by<br>someone else | Total |
| 43. <b>TOTAL Monthly Payments on Credit Cards</b><br>( <b>Total Household</b> amount is the same amount as the <b>Total Monthly Amount</b> from page 6, Section A, Credit Card Debt).   |                       |                                |       |
|   | Amount paid by<br>you | Amount paid by<br>someone else | Total |
| <b>GRAND TOTAL</b> of Household, Vehicle, Insurance and Personal Expenses and Credit Card Payments  |                       |                                |       |

## INCOME TAX PAYMENTS

| MONTHLY PAYROLL WITHHOLDING OR ESTIMATED TAXES |  |
|--|--|
| 44. FEDERAL                                    |  |
| 45. FICA                                       |  |
| 46. MEDICARE                                   |  |
| 47. STATE OF VERMONT                           |  |
| 48. OTHER TAXES WITHHELD/PAID                  |  |

## CHILDREN'S EXPENSES

| MONTHLY EXPENSES FOR CHILDREN OF THIS RELATIONSHIP PAID BY YOU  |  |
|---|--|
| 49. Clothing and Shoes  |  |
| 50. Diapers   |  |
| 51. Out-of-Pocket Child Care Costs related to your employment (including related childcare for employment related education)<br>(Amount is the same as the <b>Out-of-Pocket Costs</b> from page 4, Section E, Your Child Care Costs for Children of This Relationship). |  |
| 52. School lunches  |  |
| 53. School supplies   |  |
| 54. Fees/expenses for special activities (e.g., piano lessons, sports)  |  |
| 55. Summer Camp   |  |
| 56. Private School Tuition  |  |
| 57. Uninsured Medical/Dental Expenses   |  |
| 58. Child Support you pay for your children of this relationship  |  |
| 59. Miscellaneous: Please itemize below.  |  |
| Miscellaneous 1   |  |
| Miscellaneous 2   |  |
| Miscellaneous 3   |  |
| Miscellaneous 4   |  |
| <b>TOTAL MONTHLY EXPENSES FOR CHILDREN</b>  |  |

**RENTAL INCOME WORKSHEET**

Complete this worksheet only if you have rental income.

| A. ANNUAL RENT RECEIVED | Amount | Line A |
|-------------------------|--------|--------|
|                         |        |        |

**B. ANNUAL RENTAL EXPENSES**

|                                      | Amount                   |        |
|--------------------------------------|--------------------------|--------|
| 1. Cleaning and Maintenance          |                          |        |
| 2. Commissions                       |                          |        |
| 3. Insurance                         |                          |        |
| 4. Legal and Other Professional Fees |                          |        |
| 5. Mortgage Interest Paid to Banks   |                          |        |
| 6. Other Interest                    |                          |        |
| 7. Repairs                           |                          |        |
| 8. Supplies                          |                          |        |
| 9. Taxes                             |                          |        |
| 10. Utilities                        |                          |        |
| 11. Wages and Salaries               |                          |        |
| 12. Other (please list)              | a.<br>b.<br>c.<br>d.     |        |
| 13. Depreciation Expense             |                          |        |
| TOTAL ANNUAL RENTAL EXPENSES         | (Add lines 1 through 13) | Line B |
| TOTAL ANNUAL RENTAL INCOME           | (Line A minus Line B)    | Line C |
| TOTAL MONTHLY RENTAL INCOME          | (Line C divided by 12)   |        |

Enter this **TOTAL MONTHLY INCOME** amount on page 2, Section B, line 1 Rental Income

**SELF EMPLOYMENT WORKSHEET**

Complete this worksheet only if you have self-employment income.

**A. MONTHLY GROSS RECEIPTS OR SALES**

|  |
|--|
|  |
|--|

**B. MONTHLY BUSINESS EXPENSES**

|   |   |  |  |
|---|---|--|--|
| 1. Cost of goods sold and/or operation                        |   | 14. Office Expenses & Supplies   |  |
| 2. Advertising  |   | 15. Laundry & Cleaning   |  |
| 3. Bad debts from sales or service                            |   | 16. Pension and/or profit-sharing plan   |  |
| 4. Auto Expense:  | Gas _____<br>Insurance _____<br>Maintenance _____<br>Registration _____ | 17. Rent for leased business property<br>18. Machinery or Equipment<br>19. Other Business Property |  |
| 5. Commissions  |   | 20. Repairs  |  |
| 6. Depletion  |   | 21. Supplies   |  |
| 7. Depreciation   |   | 22. Taxes  |  |
| 8. Dues & Publications  |   | 23. Travel   |  |
| 9. Employee Benefit Program                                   |   | 24. Meals & Entertainment  |  |
| 10. Insurance ( <i>other than Health</i> ) ( <i>Specify</i> ) | a.<br>b.  | 25. Utilities & Telephone<br>26. Wages   |  |
| 11. Interest paid on Mortgage ( <i>to banks</i> )             |   | 27. Other ( <i>List &amp; Specify</i> )<br>a.<br>b.<br>c.  |  |
| 12. Other Interest Payment ( <i>Specify</i> )                 |   | d.<br>e.<br>f.<br>g.   |  |
| 13. Legal & Professional Services                             |   | <b>TOTAL MONTHLY BUSINESS EXPENSES</b><br><b>(Add Lines 1 through 27)</b>                          |  |
|   |   | <b>MONTHLY BUSINESS NET INCOME</b> (Gross Receipts/Sales minus Expenses)                           |  |

Enter this **MONTHLY BUSINESS NET INCOME** amount on page 2, Section A, line 3, Self-Employment Income