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**STATE OF VERMONT**

**SUPERIOR COURT**

**Unit**

**FAMILY DIVISION**

**Case No.**

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Plaintiff Name	DOB	V.	Defendant Name	DOB
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**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 (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 by you	Amount paid by someone else	Total Household
1. Rent or Mortgages, including Home Equity Loans <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 by you	Amount paid by someone else	Total Household
14. Total Vehicle Loans <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 by you	Amount paid by someone else	Total 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 you	Amount paid by 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> ) <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 you	Amount paid by someone else	Total
43. <b>TOTAL Monthly Payments on Credit Cards</b> ( <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 you	Amount paid by 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) (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. b. c. 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**

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**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 _____ Insurance _____ Maintenance _____ Registration _____	17. Rent for leased business property 18. Machinery or Equipment 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. b.	25. Utilities & Telephone 26. Wages	
11. Interest paid on Mortgage ( <i>to banks</i> )		27. Other ( <i>List &amp; Specify</i> ) a. b. c	
12. Other Interest Payment ( <i>Specify</i> )		d. e. f. g.	
13. Legal & Professional Services		<b>TOTAL MONTHLY BUSINESS EXPENSES</b> <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