The Family Court of the State of Delaware

In and For  New Castle  Kent  Sussex County

**FINANCIAL REPORT FOR SPOUSAL SUPPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | D.O.B. |  | Employers Name | |  | File Number |
|  |  |  |  | |  |  |
| Address | |  | Address | |  |  |
|  | |  |  | |  |  |
| P.O. Box Number | |  | P.O. Box Number | |  | Petition Number |
|  | |  |  | |  |  |
| City/State/Zip Code | |  | City/State/Zip Code | |  |  |
|  | |  |  | |  |  |
| Home Phone Number | |  | Employer Phone Number | Date of Hire |
|  | |  |  |  |
| Attorney Name | |  | EIN (Federal Identification) Number of Employer | |
|  | |  |  | |
| Email Address | |

1. **EMPLOYMENT AND INCOME**

A. If unemployed or employed less than full time or if income is limited for medical or other reasons, please briefly describe the reason(s) and attach any supporting documentation.

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

B. List average monthly payroll income and income deduction during preceding twelve (12) months. If paid weekly,

multiply by 52 and divide by 12; if paid on alternate weeks, multiply by 26 and divide by 12; if paid twice per month

multiply by 2. Please attach supporting documentation such as pay stubs and tax returns.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Income Type** | **Amount** | | | **Required Documentation** | |
| Wage/salary - including overtime $ |  | per |  | Pay stubs, tax return, W-2 form | |
| Tips, commissions and bonuses $ |  | per |  | Pay stubs, tax return, W-2 form | |
| Wage/salary - second job $ |  | per |  | Pay stubs, tax return, W-2 form | |
| Employer provided housing/transp. $ |  | per |  | 1099 | |
| Geographic cost of living stipend $ |  | per |  | Pay stubs, letter from employer | |
| Gross Proceeds from self-employment $ |  | per |  | IRS Schedule C, 1099 forms | |
| Net Income from self-employment $ |  | per |  | Tax return, IRS Schedule C | |
| Interest, dividends, investments $ |  | per |  | Tax return, 1099 forms | |
| Social Security (SSD or SSR) $ |  | per |  | Social Security statement | |
| Supplemental Security Income (SSI) $ |  | per |  | Social Security statement | |
| Unemployment or Worker’s Compensation $ |  | per |  | Check stub, insurer statement | |
| Other pension, retirement or disability $ |  | per |  | Tax return, 1099, payor letter | |
| **TOTAL NET INCOME $** |  |  | | |  |

**Bring copies of your last three pay stubs and most recent tax return with all schedules and W-2 statements to every mediation conference and hearing. If self employed, the Schedule C from your last tax return with all 1099 forms is also required.** Other documents may be needed depending on the facts of your case .

Attachment checklist:  Pay stubs  W-2 Form(s)  Health Insurance   Childcare   Tax Return(s)  1099 Form(s)  Schedule C  Other

1. **DEDUCTIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Deduction Type** | **Amount** | | | **Required Documentation** | |
| Medical Insurance $ |  | per |  | Pay stubs, brochure | |
| Life Insurance $ |  |  |  | Pay Stubs | |
| Union Dues $ |  | per |  | Pay stubs | |
| Pension Contribution $ |  | per |  | Pay stubs | |
| Other mandatory deductions (list item and amount) $ |  | per |  | Pay stubs | |
| **TOTAL DEDUCTIONS $** |  |  | | |  |

1. **EXPENSE INFORMATION**

Monthly expenses (1/12 of actual payments made during preceding twelve (12) months and present or projected costs based on recent experience).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Expense Type** | **Amount** | | | **Required Documentation** | |
| Rent |  | per |  |  | |
| Mortgage (tax, insurance, escrow) |  | per |  |  | |
| Car Payment/Transportation Expense |  | per |  |  | |
| Water |  | per |  |  | |
| Sewer |  | per |  |  | |
| Electric |  | per |  |  | |
| Gas and/or Oil |  | per |  |  | |
| Garbage |  | per |  |  | |
| Cable TV |  | per |  |  | |
| Telephone |  | per |  |  | |
| Cell Phone |  | per |  |  | |
| Groceries (including household & Personal items) |  | per |  |  | |
| Clothing |  | per |  |  | |
| Out-of-pocket medical expenses |  | per |  |  | |
| Medical expenses for Chid(ren) |  | per |  |  | |
| Child Support |  | per |  |  | |
| Child Care Costs |  | per |  |  | |
| Other mandatory deductions (list item and amount) |  | per |  |  | |
| **TOTAL EXPENSES** |  |  | | |  |

1. **CURRENT PROVISIONS AVAILABLE/USED**

Please list the provisions currently being provided and/or available and if they are being used.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Description** | **Currently Used** | **Amount** |  |  | **Required Documentation** | |
| House/Apartment/Townhouse | Yes  No |  | per |  |  | |
| Vehicle: Year: | Yes  No |  | per |  |  | |
| Make:       Model: | Yes  No |  | per |  |  | |
| Bank Account:  Savings  Checking | Yes  No |  | per |  |  | |
| Bank Account:  Savings  Checking | Yes  No |  | per |  |  | |
| Rent | Yes  No |  | per |  |  | |
| Mortgage (tax, insurance, escrow) | Yes  No |  | per |  |  | |
| Car Payment/Transportation Expense | Yes  No |  | per |  |  | |
| Water | Yes  No |  | per |  |  | |
| Sewer | Yes  No |  | per |  |  | |
| Electric | Yes  No |  | per |  |  | |
| Gas and/or Oil | Yes  No |  | per |  |  | |
| Garbage | Yes  No |  | per |  |  | |
| Cable TV | Yes  No |  | per |  |  | |
| Telephone | Yes  No |  | per |  |  | |
| Cell Phone | Yes  No |  | per |  |  | |
| Groceries (including household & Personal items) | Yes  No |  | per |  |  | |
| Clothing | Yes  No |  | per |  |  | |
| Out-of-pocket medical expenses | Yes  No |  | per |  |  | |
| Medical expenses for Chid(ren) | Yes  No |  | per |  |  | |
| Child Support | Yes  No |  | per |  |  | |
| Child Care Costs | Yes  No |  | per |  |  | |
| Other mandatory deductions (list item and amount) | Yes  No |  | per |  |  | |
| **TOTAL** |  |  |  | | |  |

|  |  |  |
| --- | --- | --- |
| Date |  | Signature |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Attorney | | | |
| Sworn to subscribed before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_ | | | | |
|  | | | | |
|  | Mediator/Notary Public |  | Date |  |