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.

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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).

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| **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 |  |