**State of Delaware**

**Office of State Court Collections Enforcement 414 Federal St, Rm 175**

**Dover, DE 19901 (302)735-1980**

# Affidavit and Defendant's Financial Statement

## Defendant

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: (First, Middle, Last) | | | | | | Nickname, Maiden Name: | | | |
| Social Security No: | | Date of Birth: | | | Age: | Student:  Part time  Full Time  N/A | | College/University/School: | |
| Current Address:  House  Apt./Bldg. #        Mobile Home Lot #        Other | | | | | | | | | How Long? |
| Previous Address: | | | | | | | | | How Long? |
| Permanent Mailing Address: (if student, list parent's name and address) | | | | | | | | | |
| Home Phone No: | | Work Phone No: | | | Message Phone No: | | Languages Spoken:  English  Spanish  Other | | |
| Driver's License No: | | State: | | Expiration Date: | | Marital Status:  Single  Married  Divorced  Separated  Widow or Widower | | | |
| No. of Dependants:  Spouse       Children (ages)             Other(Relationship | | | | | | | | | Total Dependants: |
| Employer: (Name and Address) | | | | | | Supervisor's Name: | | Phone No: | |
| How Long? | Your Title: | | Hours per week | | | Hourly Rate | Pay Schedule:  Weekly  Biwkly  Other | | Date of Next Check: |
| Payroll Deductions:  Health Ins.  Savings  Garnishments   Life Ins.  Child Support  Other | | | | | If Unemployed:  Your Trade | | Are you seeking employment?  Yes  No | How long have you been unemployed?        Weeks | |
| Military: (Branch) | | Rank: | | | Active  Reserves  National Guard | | Years: | Meal Card:  Yes  No | |
| Company/Unit assigned to: | | | | | First Sgt.: | | Phone No.: | Serial No.: | |

## Spouse

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: (First, Middle, Last) | | | | Nickname, Maiden Name: | | | |
| Social Security No: | | Employer: (Name and Address) | | | | Sup. Name: | Phone No.: |
| How Long? | Title: | Hours per Week: | Hourly Rate | | Pay Schedule  Weekly  Biwkly  Other | | Date of Next Check |

File Attachment **#1**

|  |  |
| --- | --- |
| **Monthly Income Received** | |
| Net Take-Home Pay (Self) |  |
| Net Take-Home Pay (Spouse) |  |
| Unemployment |  |
| Worker's Compensation |  |
| Welfare  (Type) |  |
| Social Security |  |
| Child Support |  |
| Alimony/Maintenance |  |
| Disability |  |
| Veteran's Benefits |  |
| Parents |  |
| Accident Benefits |  |
| Allotment Checks |  |
| Interest |  |
| Dividends |  |
| Other |  |
| Other |  |
| Total Monthly Household Income |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Monthly Expenses Paid** | | |
| \*Mortgage/Rent (your portion) | |  |
| Utilities (your portion) | |  |
| Electric  Gas  Phone  Water  Cable TV  Total (Post Above) |  |  |
|
|
| Vehicle Loan(s) | |  |
| \*Vehicle Insurance | |  |
| \*Life/Health Insurance | |  |
| \*All Bank Credit Cards | |  |
| \*All Other Credit Cards/Charge Accts. | |  |
| \*Loans (personal, student, bank) | |  |
| \*Medical/Hospital/Dental | |  |
| Child Care | |  |
| Child Support | |  |
| \*Probation | |  |
| \*Counseling | |  |
| Other | |  |
| Total Monthly Houshold Expenses | |  |
| \*Detail on next page | |  |

I swear (affirm) under the penalty of perjury that the preceeding information is true and correct.

I understand that providing false and/or incomplete information to the Court may result in further legal action against me.

The Court has my permission to make any necessary inquiries to verify the information provided and to obtain any additional information required by the Court.

Defendant's Signature:       Date: