

SM TESTA CICCONE FAMILY FILE # _____ NEXT DATE: _____

Financial Disclosure Affirmation

*****Are you also requesting Court Assigned Counsel as a Respondent in Violation or Paternity Action?*****

Y or N

Notice to Parties in a Support Proceeding

You are required to file this form and other documents with the Court **BEFORE** your appearance. You may submit by fax, email or mail as detailed on Page 3.

In addition to this form, you **MUST SUBMIT** a copy of:

- Your two (2) most recent pay stubs or other proof of current
- Your most recent Federal and state tax returns,
- Your W-2s and/or 1099 statements
- Proof of health insurance coverage and cost
- Proof of public assistance

State of New York

File #: _____

County of _____

Docket #: _____

Court Date, Time, and Part: _____

I, _____ (print name), affirm that the following is an accurate statement of my income, my assets, my expenses, and my liabilities:

Income Are you self-employed? Yes No

Employer: _____ Hours worked per week _____

Address: _____

Gross income (all jobs): \$_____ per _____ Take-home income (all jobs): \$_____ per _____

Other income (Public Assistance, SNAP, Rent, Tips, Unemployment Insurance benefits, Workers' Compensation, Social Security Disability (SSD), Supplemental Security Income (SSI), Pensions and Retirement Benefits, Fellowships/Stipends/Annuities, Investment Income, etc)

Amount	Source
\$_____ per _____	_____
\$_____ per _____	_____
\$_____ per _____	_____

How many people are in your household? Me + _____ others

Name Relationship to me

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Income from other household members: \$_____ per _____

Are you paying additional child support orders? Yes No. If yes, attach copies of all support orders

How much? \$_____ To whom? _____

Health Insurance Coverage You must bring in proof of your insurance coverage and the cost. If you have health insurance available through employment, but have not signed up for it, you still must bring proof of the coverage and cost.

My insurance coverage is through my job privately purchased Medicaid Medicare
 I don't have health insurance coverage

My coverage includes Medical Dental Vision Prescription

Insurance Plan Name: _____ Policy #: _____

The cost of my health insurance is

\$ _____ per _____ for a Family Plan. ***YOU MUST PROVIDE THE COST FOR BOTH PLANS ***

\$ _____ per _____ for an Individual Plan.

The child(ren)'s health insurance is covered by: my plan the other parent's plan Child Health Plus
 Medicaid Other: _____

Child Care (Provide receipts)

My child care provider is _____

The average number of hours per week that I need child care is _____. The cost is \$ _____ per _____

Assets (Include additional page of other assets, if needed)

Savings Account: Bank name: _____ Balance: \$ _____

Checking Account: Bank name: _____ Balance: \$ _____

Automobile: Year: _____ Make: _____ Value: \$ _____
 Model: _____

House/Apt Owned: Address: _____
 Market value: \$ _____ Mortgage: \$ _____

Other assets: Details: _____ Value: \$ _____

(other real estate, car, boat, snowmobile, stocks, bonds, trailer, etc.)
 Details: _____ Value: \$ _____

Expenses The following are my monthly expenses

Rent or mortgage: \$ _____

Utilities Gas: \$ _____

Phone/TV/internet: \$ _____

Electric: \$ _____

Other: _____ \$ _____

Child care: \$ _____

School tuition and expenses: \$ _____

Food: \$ _____

Clothing: \$ _____

Medical/Dental/Prescription: \$ _____

Contributions \$ _____

Health insurance: \$ _____

Other insurance Life: \$ _____

Auto: \$ _____

Home/Fire: \$ _____

Other: _____ \$ _____

Transportation \$ _____

Auto payment: \$ _____

Gasoline: \$ _____

Public transportation: _____

Other: _____ \$ _____

Total : \$ _____

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Loans and Debt (Include additional page of other loans and debt, if needed)

Owed to: _____ For: _____

Balance: \$ _____ Payment: \$ _____ monthly weekly

Owed to: _____ For: _____

Balance: \$ _____ Payment: \$ _____ monthly weekly

VERIFICATION

I affirm this ___ day of _____, _____, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the above statements are true, and I understand that this document may be filed in an action or proceeding in a court of law.

Signature

MUST BE SUBMITTED IN ADVANCE BY ONE OF THE FOLLOWING METHODS:

Email: TiogaSupportCourt@nycourts.gov

Fax: (646) 963-6399

Mail: Tioga County Family Court
PO Box 10
Owego, NY 13827