For e-Filing only

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THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
http://www.courts.state.nh.us

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

FINANCIAL AFFIDAVIT

1. General Information
Name _____
Street Address _____
Town/City, State, Zip _____
Mailing Address, if different _____
Date of Birth _____
Social Security Number _____
Highest Grade or Degree Completed _____
Date of Marriage _____
Date of Separation or Divorce _____

2. Children born to, or adopted by, the Parties (Full Name, DOB, and SSN)

_____
_____
_____
_____

2a. Number of people currently living in household including self: _____

3. Employment Information
Name, Address, and Phone Number of Employer

_____
_____
_____

Date and Place of Last Employment

_____
_____

Job Skills

_____
_____

4. Monthly Income - Miscellaneous

AFDC, TANF, and Food Stamps	$
Other Public Assistance	$
Children's Income	$
Child Support	$

5. Monthly Income Before Taxes

Base Pay from Salary, Wages	$
Overtime and Shift Differential	$
Commissions, Tips, Bonuses	$
Part-time Employment	$
Self-employment	$
Unemployment and Veteran's Benefits	$
Disability, Workers' Compensation	$
Pension and Retirement Benefits	$
Social Security Benefits (SSA)	$
Interest and Dividends	$
Trust and Other Investment Income	$
Rental Income and Business Profits	$
All other sources _____	$
Total Section 5 Monthly Income	$

6. Monthly Expenses

Court Ordered Support for Others	$
State Income Taxes	$
Mandatory Pension	$
50% of actual self-employment taxes paid	$
Health Insurance for Parties' Children	$
Day Care for Parties' Children	$
Total Section 6 Monthly Expenses	$

7. Assets

	Fair Market Value	*Related Debt*	*Additional Information*
Homestead	$	$	
Other Real Estate	$	$	
Primary Motor Vehicle	$	$	
Other Motor Vehicles	$	$	
Furniture and Appliances	$	$	
Checking Accounts	$	$	
Investments	$	$	
Life Insurance	$	$	
Business Interests	$	$	
Pensions	$	$	
Retirement Accounts	$	$	

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FINANCIAL AFFIDAVIT

8. Additional Assets - If you have an interest in any property which is held solely by or jointly with any other person or entity, and which has not already been disclosed, or if you are owed money from any source, please explain

_____

9. Tax Return Information

Year of last return filed _____

Single or joint return _____

My Total W-2s and 1099s = $ _____

☐ If Self-employed, check here and attach copy of most recent IRS Schedule C.

10. Insurance

Life

Company _____

Type and Face Amount _____

Beneficiaries _____

Health

Company _____

Type _____

Description of Coverage

_____

_____

Dental

Company _____

Description of Coverage

_____

_____

11. Debts

Who is debt owed to?	*Who owes debt?*	*Balance*
		$
		$
		$
		$
		$

12. Retirement Plans

Plan or Account Name _____

Type _____

Most Recent Value $ _____

Value at Filing $ _____

If Defined Benefit, status of vesting and description of Benefit

_____

_____

13. Attachments:

☐ Pay Stub ☐ Monthly Expenses

☐ Schedule C ☐ Other (describe) _____

☐ Check here if parties agree to waive Monthly Expenses form.

14. Additional Information

_____

_____

I swear (affirm) that:

A. To the best of my knowledge and belief, I have fully disclosed all income and all assets having any substantial value; and

B. I have reasonably estimated the fair market value of each asset; and

C. I understand that I have a duty to update the information provided in this financial affidavit for each court hearing; and

D. I understand that if a support order is issued in this case obligating me to pay support, it shall be my responsibility to immediately provide the Court with any change of address in writing. If I fail to do so, I may be held in default, found in contempt of court and a warrant may be issued for my arrest. (See USO Standing Order SO-4C.)

E. Rule 1.25-A Compliance -- Family Division Only: (Initial one)

_____ I have complied with Rule 1.25-A regarding mandatory disclosure; OR

_____ I understand my obligation to comply with Rule 1.25-A regarding mandatory disclosure. I have not fully complied with Rule 1.25-A due to: _____

Case Name: _____

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FINANCIAL AFFIDAVIT

I state that on this date I am ☐ e-serving through the court's electronic filing system, or ☐ mailing by U.S. mail, or ☐ hand delivering a copy of this document to:

_____ or _____

Other party | Other party's attorney

_____ _____

Name | Signature Date

_____ _____

Law Firm Bar ID # of attorney | Telephone

_____ _____

Address | E-mail

_____

City State Zip code

State of _____, County of _____

The person signing this financial affidavit appeared and signed this before me and took oath that the statements set forth in this Financial Affidavit, together with any attachments listed in section 13 above, are true to the best of his or her knowledge and belief.

This instrument was acknowledged before me on _____ by _____

My commission expires: _____ _____

Affix seal, if any | Signature of Notarial Officer / Title

Case Name: _____

Case Number: _____

FINANCIAL AFFIDAVIT

NOTE: Round all numbers to the nearest dollar. To convert weekly expenses to monthly, multiply by 4.33.

1. Housing

Rent	$
Mortgage Payment	$
Property Tax	$
Condo Fee	$
Home Maintenance	$
Snow Removal and Lawn Care	$
_____	$

2. Utilities

Heating Oil	$
Wood and Coal	$
Propane and Natural Gas	$
Telephone	$
Electricity	$
Cable Television	$
Water and Sewer	$
Trash Collection	$
_____	$

3. Insurance

Homeowner	$
Renter	$
Vehicle	$
Health	$
Dental	$
Life	$
Disability	$

4. Uninsured Health Care

Medical	$
Dental	$
Orthodontics	$
Eye Care/Glasses/Contacts	$
Prescription Drugs	$
Therapy and Counseling	$
_____	$

5. Transportation

Primary Vehicle Payment	$
Other Vehicle Payments	$
Vehicle Maintenance	$
Gas and Oil	$
Registration and Tax	$
_____	$
_____	$

6. General and Personal

Groceries	$
Meals Eaten Out	$
Tobacco/Alcohol Products	$
Clothing and Shoes	$
Hair Care	$
Toiletries and Cosmetics	$
Pet Food and Care	$
Church and Charities	$
Laundry and Dry Cleaning	$
Gifts	$
Newspapers and Magazines	$
Education (personal)	$
Dues and Memberships	$
Vacations	$
Entertainment and Recreation	$
Visitation Expenses	$
_____	$

7. Children's Expenses and Activities

Children's Clothing and Shoes	$
Diapers	$
Day Care	$
School Supplies	$
School Lunches	$
Tuition and Lessons	$
Sports and Camp	$
_____	$

8. Financial

Federal Income Tax	$
Social Security and Medicare	$
Loan Payments	$
Other Debts	$
Savings	$
401(k)	$
IRA	$
Other Retirement Plans	$
_____	$
_____	$

9. Other Expenses

_____	$
_____	$
_____	$
_____	$
_____	$
TOTAL MONTHLY EXPENSES	$

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THE STATE OF NEW HAMPSHIRE

General Instructions for Completing the Financial Affidavit Form

A. When this form is needed - You must fill out and file this form with the Court.

If you are the petitioner or respondent in a divorce, legal separation, or civil union dissolution case.
If you are the petitioner or respondent in an after-divorce, custody/parenting, child support, or paternity case.
If either side is requesting child support or alimony or a change in an existing support or alimony order.
If a person's ability to pay an obligation is an issue.
Any other time that the Court may require.

B. If you need more space for any answer, either add an attachment and note it at section 13, or use section 14. When using section 14, put in the number of the answer needing more space, and then the information.

C. The importance of the oath - This form must be sworn to under oath and signed before a Notary Public or N.H. Justice of the Peace. All information must be true, accurate, and complete, to the best of your knowledge and belief, under the pains and penalties of perjury.

D. Monthly Expenses form - You must always fill out and attach the Monthly Expenses form in the following cases.

- If child support is an issue and either side claims that the Child Support Guidelines should not apply.
- If either side is requesting alimony or payment of college expenses.
- If you and the other side do not agree how to divide your debts.
- If either side requests it.
- If the Court requires it.

It is not required in *other* cases, if both sides agree by checking the box in section 13, or if the Office of Child Support Enforcement (OCSE) does not request it and the Court approves.

E. Duty to Update - You must fill out and file a new Financial Affidavit for every hearing.

F. Use of Forms - You may use the Financial Affidavit and Monthly Expenses forms provided by the Court or your own forms, as long as the format and content are identical to the Court version. You may design other attachments as you see fit.

G. Child Support - If child support is an issue, read the Uniform Support Order and its Instructions.

Specific Instructions for Numbered Sections of the Financial Affidavit Form

1. General Information - *Street Address* means your complete residence address. If you have filed a Domestic Violence Petition, or if there are restraining orders, you do *not* have to give your address. The last two lines in section 1 apply only to divorce and post-divorce cases.

2. Children of the Parties - Fill in the first and last name, with middle initial, if any, for each child. Give date of birth and Social Security Number.

3. Employment Information - Fill in name, address and phone number of current employer. List date and place of last employment. List job skills.

4. Monthly Income - Miscellaneous - List all public assistance income, including AFDC, TANF, food stamps, SSI, APTD, and general assistance from town or county. If your dependent children receive income from employment, investments, or other sources, list it here. This income is *excluded* when calculating child support.

5. Monthly Income - Before Taxes- List *all* income, except from those sources specified in section 4. If you are paid weekly, multiply the weekly amount by 4.33 to get monthly. If you are paid every 2 weeks, multiply the bi-weekly amount by 2.17 to get monthly. If income is occasional or irregular, fill in the average amount.

6. Monthly Expenses - *Support for Others* means child support or alimony you are paying under court order for children other than the children of the parties, or for alimony for another ex-spouse. *Health Insurance* means the actual amount paid for medical insurance coverage for the children of the parties.

Case Name: _____

Case Number: _____

FINANCIAL AFFIDAVIT

7/8. Asset Information - You must list all of your assets in these sections. In section 7, the first column is for your good-faith estimate of the total fair market value of assets in each category. *Fair Market Valu*e is what you could sell an asset for, *not* the purchase price or replacement cost. It is not necessary to have every asset appraised. However, you must consider all factors known to you when stating values. The second column is to list any debts that are owed against the asset, such as a mortgage or a vehicle loan. You may put any additional information in the third column.

Motor Vehicles means cars, trucks, motorcycles, airplanes, boats, snowmobiles and the like.
Investments means savings accounts, certificates of deposit, stocks, savings bonds, other bonds, money market accounts, and the like.
Life insurance means the *cash value* of any life insurance policy that you own or have an interest in.
Pension means a defined benefit retirement plan. What you receive is based on years of service and pay.
Retirement Account means a defined contribution plan or other retirement account in your name.
Examples are: 401(k) plans, thrift/savings plans, Keoghs, IRAs.

The extra lines are for other categories of assets that are not listed on the form, or for providing more details on listed assets. You must list *all* assets. Assets include, but are not limited to, the following:

Any asset in which you have an interest, but that is being held in the name of someone else. For example, if a relative is holding money or an asset that you own, or can get back under any circumstances, you must include it.
Any assets that are owned partly by you and partly by someone else, such as a jointly owned bank account, motorcycle, or piece of real estate.
Any asset of substantial value that you either gave away or sold for less than fair market value, within 6 months of the date of the Financial Affidavit.
Any debt that anyone owes you, whether or not repayment is expected or likely.

9. Tax Return Information - Total W-2s and 1099s refer to those tax forms from work done by you and from assets in your name. Do *not* include those that result from your spouse's income.

10. Insurance - List all insurance coverage you have. *Description* means any deductibles and co-pays.

11. Debts - List all debts in your name or joint names. *Debt* means loans, credit cards, past due bills, and the like. For each debt, list the name of the person or business you owe the debt to, whether the debt is in your name or in joint names, and the amount currently owed.

12. Pension and Retirement Accounts - Name your retirement plans or accounts. On the second line, note if your retirement account is a 401(k) plan, profit-sharing plan, defined benefit plan, or other specific type of plan. A defined benefit plan is one where what you receive is based upon years of service and pay. *Value at filing* refers to the value of your retirement plan at the time the divorce was filed, and needs to be filled in only in divorce cases.

13. List of Attachments - Check off which forms and documents you are attaching to your Financial Affidavit. If the attachment is not listed, check off *other* and write in what it is.

14. Additional Information - Use this space to provide information that will not fit in prior sections and to provide additional information that you wish the Court to consider.

Certification of Copies - You must give a copy of your Financial Affidavit with all attachments to the other side. The *other side* means the lawyer representing your spouse, ex-spouse, or the other parent. If he or she does not have a lawyer, give it to your spouse, ex-spouse, or the other parent. If the State is a party, also give a copy to Office of Child Support Enforcement (OCSE). Write in the names of each person you have given a copy to.

Monthly Expenses - Section D above explains who must complete the Monthly Expenses form.