CSC No: _____
Party Name: _____
Dependents: _____ _____
_____ _____ _____

FINANCIAL STATEMENT

CHILD SUPPORT RECOVERY UNIT
IOWA DEPT OF HUMAN SERVICES

DATE: _____

Docket No: _____
County: _____

Worker ID: _____
Phone: _____

COMPLETE THIS FORM USING BLACK INK AND RETURN IN 10 DAYS
Because this form becomes a public record, do not list any personal information such as:
►the name of employer(s), or ►addresses, or ►social security numbers, or ►telephone numbers

I am currently..... ☐Employed full-time ☐Employed part-time ☐Self-employed ☐Unemployed
Job Title or Occupation _____
I am paid:.....☐weekly ☐bi-weekly (every other week) ☐twice a month ☐monthly
My paychecks are:.....☐the same each pay period ☐different each pay period
The amount of my last paycheck (before deductions) was:.....$☐,☐☐☐.☐☐

(Attach your last three pay stubs. If self-employed, attach your last three income tax returns and all schedules).

I get income from other sources (not FIP or TANF benefits) ..... ☐YES ☐NO
Attach proof of other income such as pay stubs, award letters, or tax returns
Check All That Apply:

☐ Another Job $☐,☐☐☐.☐☐ ☐weekly ☐bi-weekly ☐twice a month ☐monthly
☐ Unemployment $☐,☐☐☐.☐☐ ☐weekly ☐bi-weekly ☐twice a month ☐monthly
☐ Worker's Compensation $☐,☐☐☐.☐☐ ☐weekly ☐bi-weekly ☐twice a month ☐monthly
☐ Pension/Retirement $☐,☐☐☐.☐☐ ☐weekly ☐bi-weekly ☐twice a month ☐monthly
☐ Veteran's Benefits $☐,☐☐☐.☐☐ monthly
☐ Supplemental Security Income (SSI) $☐,☐☐☐.☐☐ monthly
☐ Social Security Disability (SSD) or Social Security Retirement (SSR)
$☐,☐☐☐.☐☐ monthly and benefits are for: ☐myself ☐my spouse ☐my children
☐ Other (please specify)_____
$☐,☐☐☐.☐☐ ☐weekly ☐bi-weekly ☐twice a month ☐monthly

List the cost for health or dental plans that are available to you ***even if you are not currently enrolled***:

Attach verification that shows all of the plans available to you, and the costs for <u>BOTH</u> family and single coverage. If a health benefit plan is ordered, the cost of the health insurance premium for the child(ren) is added to the support obligation and shared between you and the other parent. If you want to carry health insurance for the child(ren) through a stepparent you may provide that plan information.

Family Health Insurance.....$☐,☐☐☐.☐☐ ☐weekly ☐bi-weekly ☐twice a month ☐monthly
Single Health Insurance.....$☐,☐☐☐.☐☐ ☐weekly ☐bi-weekly ☐twice a month ☐monthly
Family Dental Insurance.....$☐,☐☐☐.☐☐ ☐weekly ☐bi-weekly ☐twice a month ☐monthly
Single Dental Insurance.....$☐,☐☐☐.☐☐ ☐weekly ☐bi-weekly ☐twice a month ☐monthly

☐ *I currently carry a ……..* ☐ *Single Health Plan* ☐ *Family Health Plan*
☐ *I currently carry a……...* ☐ *Single Dental Plan* ☐ *Family Dental Plan*
☐ Health insurance is not available.

I am currently married ..... ☐YES ☐NO

List the amounts you pay and ***attach proof of the following deductions.***

Union Dues $☐,☐☐☐.☐☐ ☐weekly ☐bi-weekly ☐twice a month ☐monthly

You may only receive a mandatory pension deduction if ***you do not contribute to Social Security***.

Mandatory Pension $☐,☐☐☐.☐☐ ☐weekly ☐bi-weekly ☐twice a month ☐monthly

Mandatory Occupational License Fees $☐,☐☐☐.☐☐ ☐yearly ☐other:_____(Enter a time period)

Who pays your fees? ☐ I do. ☐ My employer does.

If you pay the fees, do you deduct them on your tax return as a business expense? ☐ YES ☐ NO

You may receive credit for other court ordered child support, medical support, or alimony you are paying.

I pay child support for other children of mine:
..... ☐ to the Iowa Collection Services Center ☐to the Clerk of Court ☐to another state

I pay medical support for other children of mine:
..... ☐ to the Iowa Collection Services Center ☐to the Clerk of Court ☐to another state

I pay alimony:
..... ☐ to the Iowa Collection Services Center ☐to the Clerk of Court ☐to another state

If you make payments through the clerk of court or another state, attach a copy of the court order and proof of payments. CSRU has records of payments made to the Iowa Collection Services Center.

I have other children with no court order for support..... ☐YES ☐NO

(Include other children for whom you receive payments. Do not include stepchildren.)

Child's Name	Date of Birth	Child's Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____

You must provide proof such as: 1) birth certificate and marriage certificate, or 2) paternity affidavit, or 3) Court or Administrative Order. CSRU has records of paternity affidavits approved by the State of Iowa.

FOR PAYEES (person owed support or for court-ordered joint physical care, either parent) ONLY:

I have child care expenses while I am at work ..... ☐YES ☐NO

(Attach proof of payments such as a letter from your day care provider or a copy of the Child and Dependent Care Expenses tax form.)

If yes, list the amount $☐,☐☐☐.☐☐ ☐weekly ☐bi-weekly ☐twice a month ☐monthly

FOR PAYORS (person paying support) ONLY:

The children in this case stay overnight at least 128 times per year with me..... ☐YES ☐NO

This must be court ordered and a copy of the order must be attached. If the court ordered equally shared physical care, Extraordinary Visitation Credit does not apply.

SIGNATURE

I certify under penalty of perjury (punishment for lying) and under the laws of the State of Iowa that the above financial information I have given is true and correct. I understand that you may use this information in an action to establish or modify support for my children. I agree to accept service of all documents related to this action by first class mail. I further agree to inform your office of any change of address.

SIGN HERE: _____ DATE: _____

☐

CSC No: _____ **Party Name:** _____ **Dependents:** _____ _____ _____ _____ _____	FINANCIAL STATEMENT CHILD SUPPORT RECOVERY UNIT IOWA DEPT OF HUMAN SERVICES **DATE:** _____	**Docket No:** _____ **County:** _____ **Worker ID:** _____ **Phone:** _____

OTHER HOUSEHOLD INCOME

My spouse/partner is currently..... ☐Employed full-time ☐Employed part-time ☐Self-employed ☐Unemployed

Job Title/Occupation: _____

Spouse/Partner is paid: ☐weekly ☐bi-weekly ☐twice a month ☐monthly

The amount of each paycheck (before deductions) is: $___,___ ___ ___.___ ___

MY MONTHLY EXPENSES

Monthly House Payment or Rent:..... $___,___ ___ ___.___ ___

Monthly Utilities (Such as heat, gas, water, and electric):..... $___,___ ___ ___.___ ___

Monthly Cost of Meals or Food:..... $___,___ ___ ___.___ ___

Monthly Telephone/Cell Phone Costs: ..... $___,___ ___ ___.___ ___

Monthly Clothing Costs:..... $___,___ ___ ___.___ ___

Monthly Cable T.V. Costs: ..... $___,___ ___ ___.___ ___

Monthly Car Expenses (Not the amount of your car loan payment): ..... $___,___ ___ ___.___ ___

Monthly Internet Service: ..... $___,___ ___ ___.___ ___

Other expenses paid monthly:..... $___,___ ___ ___.___ ___

Please specify other expenses: _____

There are other people who help pay my monthly expenses ..... ☐YES ☐NO

(Do not include the spouse/partner listed above).

If yes, list the amount they pay each month..... $___,___ ___ ___.___ ___

MY MONTHLY DEBTS/INSTALLMENT PAYMENTS

For example: department stores, loan companies, banks, or auto loans

(If you need more space, please attach a separate sheet of paper.)

Payable to/Item	Monthly Payment Amount	Balance Due
_____	$___,___ ___ ___.___ ___	$___ ___,___ ___ ___.___ ___
_____	$___,___ ___ ___.___ ___	$___ ___,___ ___ ___.___ ___
_____	$___,___ ___ ___.___ ___	$___ ___,___ ___ ___.___ ___

MY ASSETS

Balance in Savings Account: ..... $ ☐☐,☐☐☐.☐☐
Name of Bank: _____

Balance in Checking Account: ..... $ ☐☐,☐☐☐.☐☐
Name of Bank: _____

Real Estate Value: ..... $ ☐☐☐,☐☐☐.☐☐
Balance owed on real estate: ..... $ ☐☐☐,☐☐☐.☐☐

Stocks: ..... $ ☐☐☐,☐☐☐.☐☐
Bonds: ..... $ ☐☐☐,☐☐☐.☐☐

Vehicles:
Type: _____ Year: _____ Make: _____ Model: _____

Type: _____ Year: _____ Make: _____ Model: _____

SIGNATURE

I certify under penalty of perjury (punishment for lying) and under the laws of the State of Iowa that the above financial information I have given is true and correct. I understand that you may use this information in an action to establish or modify support for my children. I agree to accept service of all documents related to this action by first class mail. I further agree to inform your office of any change of address.

SIGN HERE: _____ DATE: _____

Request for Additional Financial Information

Date: _____
Case Number: _____
Worker ID: _____

Child Support Recovery Unit
_____
_____
_____
Phone: _____

_____
_____
_____
_____

We need more financial information from you to set your child support. The amount of your child support is based on the Iowa Supreme Court guidelines.

After you fill out the form, send it to the office listed at the top of the page. Please return the form within 10 days of the date of this request.

We may provide a copy of this form to the other parent. We may file this information with the court. If so, the information will become public record.

If you have questions about filling out this form, please contact your local office (see address and phone number above).