

CSC No: _____

Party Name: _____

Dependents: _____

FOSTER CARE FINANCIAL STATEMENT

FOSTER CARE RECOVERY UNIT
IOWA DEPT OF HUMAN SERVICES

Docket No: _____

County: _____

Worker ID: _____

Phone: _____

DATE: _____

COMPLETE THIS FORM USING BLACK INK AND RETURN IN 10 DAYS

Because this form becomes 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 currentlyEmployed 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 BOTH 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.

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 Iowa Collection Services Center to the Clerk of Court to another state

I pay medical support for other children of mine:

..... to Iowa Collection Services Center to the Clerk of Court to another state

I pay alimony:

..... to 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 record of payments made to Iowa Collection Services Center.

I am currently married YES NO

I receive subsidized adoption benefits and the child's name is _____ YES NO

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	Living Location	Relationship to Child
_____	_____	Foster Care__ Home __ Other__	Natural __ Step __ Adopted __
_____	_____	Foster Care__ Home __ Other__	Natural __ Step __ Adopted __
_____	_____	Foster Care__ Home __ Other__	Natural __ Step __ Adopted __

You must provide proof such as: 1) birth certificate and marriage certificate, or 2) paternity affidavit, or 3) Court or Administrative Order. CSRU has record 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.

OTHER HOUSEHOLD INCOME

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

Job Title/Occupation: _____

He/She is paid: weekly bi-weekly (every two weeks) 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
_____	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
_____	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
_____	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

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: _____

Foster Care 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 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. When we file this information with the court, the information will become public record.

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