THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

http://www.courts.state.nh.us

Court Name: _						
Case Name:						
Case Number:						
(if known)		FINIANICIAL AI				
4.0		FINANCIAL AI				
 General Information Name 				Income - Miscellaneous NF, and Food Stamps	\$	
				lic Assistance	\$	
			Children's		\$	
	nt		Child Support		\$	
			5. Monthly	Income Before Taxes		
			Base Pay from Salary, Wages		\$	
			Overtime	Overtime and Shift Differential		
Highest Grade or Degree	Completed		Commissi	ons, Tips, Bonuses	\$	
Date of Marriage			Part-time	Employment	\$	
Date of Separation or Divo	orce		Self-emplo	pyment	\$	
2. Children born to, or add	pted by, the Parties (Full Na	ame, DOB, and SSN)	Unemployment and Veteran's Benefits		\$	
			Disability,	Workers' Compensation	\$	
			Pension a	nd Retirement Benefits	\$	
			Social Sec	curity Benefits (SSA)	\$	
			Interest ar	nd Dividends	\$	
2a. Number of people cur	rently living in household in	cluding self:	Trust and	Other Investment Income	\$	
3. Employment Information	-	J	Rental Inc	ome and Business Profits	\$	
Name, Address, and Phor			All other s	ources		
	. ,				\$	
				tion 5 Monthly Income	\$	—
				Expenses	ф	
Date and Place of Last En	nployment	_		ered Support for Others	\$	
	, ,		State Inco		\$	
			Mandatory		\$	—
Job Skills			50% of actual self-employment taxes paid		\$	
				urance for Parties' Children	\$	
				for Parties' Children	\$	
7. Assets	Fair Market Value	Related Debt	Total Sec	tion 6 Monthly Expenses Additional Information		
Homestead	\$	\$		Auditional Illionnation		
Other Real Estate	\$					
Primary Motor Vehicle	\$					
Other Motor Vehicles	\$					
Furniture and Appliances	\$					
Checking Accounts	\$	i i				
Investments	\$					
Life Insurance	\$					
Business Interests	\$	φ.				
Pensions	\$			_		
Retirement Accounts	\$	 \$				

Case Name:		
Case Number:		
FINANCIAL AFFIDAVIT		
8. Additional Assets - If you have an interest in any property which is held already been disclosed, or if you are owed money from any source, please		which has not
9. Tax Return Information Year of last return filed	11. Debts Who is debt owed to? Who owes debt?	Balance
Single or joint return		
<i>My</i> Total W-2s and 1099s = \$		
☐ If Self-employed, check here and attach copy of most recent IRS Schedule C.		
10. Insurance		
Life	12. Retirement Plans	
Company	Plan or Account Name	
Type and Face Amount	Type	
Beneficiaries	Most Recent Value \$	
Health	Value at Filing \$	
Company	If Defined Benefit, status of vesting and description o	f Benefit
Туре	·	
Description of Coverage		
	13. Attachments: Pay Stub Monthly Expenses	
Dental	Schedule C Other (describe)	
Company	☐ Check here if parties agree to waive Monthly	
Description of Coverage	onconners in 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 inco	me 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 the D. I understand that if a support order is issued in this case obligating mean Court with any change of address in writing. If I fail to do so, I may be my arrest. (See USO Standing Order SO-4C.) 	e to pay support, it shall be my responsibility to immedia	
E. Rule 1.25-A Compliance Family Division Only: (Initial one) I have complied with Rule 1.25-A regarding mandatory d	isclosure; OR	
I understand my obligation to comply with Rule 1.25-A reduce to:		I with Rule 1.25-A
Date	Signature	
State of, County The person signing this financial affidavit appeared and signed this befor together with any attachments listed in section 13 above, are true to the This instrument was acknowledged before me on	pest of his or her knowledge and belief.	
My commission expires:		
Affix seal, if any	Signature of Notarial Officer / Title	
I certify that on this date I provided a copy of this document to(other party's atto	orney) by: Hand-delivery OR US Mail OR	her party) or to
E-mail (E-mail only by prior agreement of the parties based on Circui	t Court Administrative Order).	
Date	Signature	

NOTE: Round all numbers to the nearest dollar. To convert veeckly expenses to monthly, multiply by 4.33. Concernia Conce	Case Number:			
New North Comment S	FINANCIAL AFFIDAVIT			
Rent	NOTE: Round all numbers to the neares	t dollar. To convert w	reekly expenses to monthly, multiply by 4.33.	
Mortgage Payment \$ Meals Eaten Out \$ Properly Tax \$ Tobacco/Alcohol Products \$ Condo Fee \$ Tobacco/Alcohol Products \$ Home Maintenance \$ Tobacco/Alcohol Products \$ Home Maintenance \$ Tobacco/Alcohol Products \$ Hair Care \$ Tolletties and Cosmetics \$ Pet Food and Care \$ Pet Food and Care \$ Properly and Natural Gas \$ Propane and Matural Cas \$ Propane and Matural Cas \$ Propane and Matura		ф		Φ
Property Tax		\$		\$
Condo Fee \$ Clothing and Shoes \$ Home Maintenance \$ Half Care \$ Snow Removal and Lawn Care \$ Tolletries and Cosmetics \$ 2. Utilities Tolletries and Care \$ Church and Charities \$ Wood and Coal \$ Church and Dharities \$ \$ Wood and Coal \$ Gifts \$ \$ Propane and Natural Gas \$ Newspapers and Magazines \$ \$ Propane and Natural Gas \$ Newspapers and Magazines \$ \$ Electricity \$ Dues and Memberships \$ \$ Electricity \$ Dues and Memberships \$ \$ Cable Television \$ Vacailons \$ \$ Water and Sower \$ Dues and Memberships \$ \$ Trash Collection \$ Visitation Expenses \$ \$ Inception Collection \$ Visitation Expenses \$ \$ Presenter		\$		\$
Hair Care		\$		\$
Show Removal and Lawn Care S		\$	_	\$
Pet Food and Care S Pet Food and Care S Church and Charities S Laundry and Dry Cleaning S S Clear S Church and Charities S Laundry and Dry Cleaning S S Clear Clear S Clear Clea		\$		\$
Church and Charities S Church and Church	Snow Removal and Lawn Care	\$	Toiletries and Cosmetics	\$
Laundry and Dry Cleaning S		\$	Pet Food and Care	\$
Wood and Coal \$ Giffs \$ Propane and Natural Gas \$ Newspapers and Magazines \$ Telephone \$ Education (personal) \$ Electricity \$ Dues and Memberships \$ Cable Television \$ Vacations \$ Water and Sewer \$ Entertainment and Recreation \$ Trash Collection \$ Visitation Expenses \$ 3. Insurance Visitation Expenses \$ 4. Uninsurance \$ Diapers \$ Children's Clothing and Shoes \$ \$ Renter \$ Diapers \$ Vehicle \$ Day Care \$ Vehicle \$ Day Care \$ Vehicle \$ Day Care \$ School Supplies \$ \$ Life \$ Tuition and Lessons \$ Disability \$ Sports and Camp \$ 4. Uninsured Health Care \$ Sports	2. Utilities		Church and Charities	\$
Newspapers and Magazines Selectricity Selectr	Heating Oil	\$	Laundry and Dry Cleaning	\$
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Dues and Memberships S Wacations S W	Propane and Natural Gas	\$	Newspapers and Magazines	\$
Cable Television \$ Vacations \$ Water and Sewer \$ Entertainment and Recreation \$ Trash Collection \$ Visitation Expenses \$ Joint and Cell Section \$ Section Supplies \$ Renter \$ Diapers \$ Section Supplies \$ Vehicle \$ Day Care \$ Section Supplies \$ Section Supplies \$ Dental \$ Section Supplies	Telephone	\$	Education (personal)	\$
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\$	Trash Collection	\$		
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Dental \$ School Lunches \$ Life \$ Tuition and Lessons \$ Life \$ Sports and Camp \$ Sports and Camp \$ Such and Cam		<u></u>		
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4. Uninsured Health Care Medical \$		φ		\$
Medical\$8. FinancialDental\$Federal Income Tax\$Orthodontics\$Social Security and Medicare\$Eye Care/Glasses/Contacts\$Loan Payments\$Prescription Drugs\$Other Debts\$Therapy and Counseling\$Savings\$5. TransportationIRA\$Primary Vehicle Payment\$Other Retirement Plans\$Other Vehicle Payments\$\$Vehicle Maintenance\$9. Other Expenses	•	>	Sports and Camp	\$
Dental \$		Φ.	-	_ \$
Orthodontics \$ Social Security and Medicare \$ Sepe Care/Glasses/Contacts \$ Loan Payments \$ Security and Medicare \$ Sepe Care/Glasses/Contacts \$ Loan Payments \$ Security and Medicare \$ Security and M				
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Prescription Drugs \$ Other Debts \$ Therapy and Counseling \$ Savings \$		\$		\$
Therapy and Counseling \$ Savings \$	-	\$		\$
\$ 401(k) \$ 5. Transportation Primary Vehicle Payment \$ Other Retirement Plans \$ 5. Transportation Primary Vehicle Payment \$ Other Retirement Plans \$ 5. Transportation Primary Vehicle Payment \$ 5. Transportation \$ 5. Transportation Plans \$ 5. Transportation Plansportation		\$		\$
5. Transportation Primary Vehicle Payment Other Vehicle Payments Vehicle Maintenance Gas and Oil PRA Other Retirement Plans \$ S S S S S S S S S S S S S S S S S	Therapy and Counseling	\$		\$
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Other Vehicle Payments \$ \$ \$ \$ \$ \$ \$ Gas and Oil \$ \$ 9. Other Expenses	5. Transportation		IRA	\$
Vehicle Maintenance \$	Primary Vehicle Payment	\$	Other Retirement Plans	\$
Gas and Oil \$ 9. Other Expenses	Other Vehicle Payments	\$		\$
7. Other Expenses	Vehicle Maintenance	\$		\$
· ·	Gas and Oil	\$	9. Other Expenses	
Trogistration and Tax	Registration and Tax	\$	•	\$
		\$		
		<u> </u>		
TOTAL MONTHLY EXPENSES \$			TOTAL MONTHLY EXPENSES	- v

Case Name:

Case Name:			
Case Number:			
FINANCIAL AFI	FIDAVIT		

THE STATE OF NEW HAMPSHIRE

General Instructions for Completing the Financial Affidavit Form NHJB-2065-F

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.