

SHELBY COUNTY POST DECREE INFORMATION FORM DR-2

CASE NO. _____

____ Plaintiff _____ Petitioner
Mailing Address _____

vs

____ Defendant _____ Petitioner
Mailing Address _____

Telephone Number: _____
Age: _____

Telephone Number: _____
Age: _____

Complete **IN FULL**: This Form Filled Out by ____ Former Husband ____ Former Wife

DATES OF: Dissolution/Divorce: _____ Last Child Support Order: _____

HOW PAID? Weekly, Bi-Weekly, Semi-Monthly, Monthly

AMOUNT PER PAYMENT: \$ _____ for _____ (number of children)

PART I
(PERSONAL HISTORY AFFIDAVIT)

FORMER HUSBAND

Residence Address: _____
(If different from Mailing Address above)

Note any unusual mental or physical condition: _____

Marital Status: ____ Single ____ Married Date of Marriage: _____

Are you currently living with or sharing expenses with someone? ____ Yes ____ No

Education: 1 2 3 4 5 6 7 8 HS 9 10 11 12 COLLEGE 1 2 3 4 POST COLLEGE 1 2 3 4

FORMER WIFE

Residence Address: _____
(If different from Mailing Address above)

Note any unusual mental or physical condition: _____

Marital Status: _____ Single _____ Married Date of Marriage: _____

Are you currently living with or sharing expenses with someone? _____ Yes _____ No

Education: 1 2 3 4 5 6 7 8 HS 9 10 11 12 COLLEGE 1 2 3 4 POST COLLEGE 1 2 3 4

PART II
(CHILDREN)
CHILDREN RELATED TO THIS CASE

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Grade</u>	<u>Custodian</u>
1. _____				
2. _____				
3. _____				
4. _____				

FORMER HUSBAND'S CHILDREN (not related to this case)

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Grade</u>	<u>Is Husband Custodian?</u>	<u>Does Husband Pay Support?</u>
1. _____				___ Y ___ N	___ Y ___ N
2. _____				___ Y ___ N	___ Y ___ N
3. _____				___ Y ___ N	___ Y ___ N
4. _____				___ Y ___ N	___ Y ___ N

FORMER WIFE'S CHILDREN (not related to this case)

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Grade</u>	<u>Is Wife Custodian?</u>	<u>Does Wife Pay Support?</u>
1. _____				___ Y ___ N	___ Y ___ N
2. _____				___ Y ___ N	___ Y ___ N
3. _____				___ Y ___ N	___ Y ___ N
4. _____				___ Y ___ N	___ Y ___ N

PART III
(INCOME)
EMPLOYMENT INCOME

Plaintiff/Petitioner

Defendant/Petitioner

	Employer Name	
	Employer Address	
	City, State, Zip Code	
12 24 26 52	Scheduled Paychecks Per Year	12 24 26 52
	(Circle One)	
\$ _____	Monthly Gross Income	\$ _____
\$ _____	Annual Gross Income	\$ _____
\$ _____	Bonuses Anticipated/Received This Year	\$ _____
\$ _____	Bonuses Received Last Year	\$ _____
\$ _____	Bonuses Received Year Before Last Year	\$ _____
\$ _____	Overtime Anticipated/Received This Year	\$ _____
\$ _____	Overtime Received Last Year	\$ _____
\$ _____	Overtime Received Year Before Last Year	\$ _____

PART III (Continued)
SELF EMPLOYED INCOME

Self-employed Person: _____ Husband _____ Wife _____ Joint

Self-employed Person: _____

Type of Business: _____

Address: _____

In Business since 19__/20__ No. of employees _____ Employer I.D.# _____

The business files the following tax return(s):

Individual (Schedule C) _____ Partnership _____

1. Attach a copy of your last year's business federal income tax return. Year _____
2. If not in business for all of last year, or significant change in income or expenses expected this year, attach worksheet of projected income and expenses for this year.
3. Estimated current year's net income: \$ _____
 Add estimated current year's depreciation: \$ _____
 Total income subject to support: \$ _____

If you own more than 10% of a corporation, show percentage of ownership and attach most recent balance sheet and Corporate Tax return. PERCENTAGE: _____%

OTHER INCOME (MONTHLY)

\$ _____	Unemployment	\$ _____
\$ _____	Workers Compensation	\$ _____
\$ _____	SSI/SSD	\$ _____
\$ _____	Retirement/Pension/Annuities	\$ _____
\$ _____	Interest	\$ _____
\$ _____	Dividends	\$ _____
\$ _____	Rentals	\$ _____
\$ _____	Spousal Support Received	\$ _____
\$ _____	ADC/GR	\$ _____
\$ _____	Miscellaneous Income	\$ _____
_____	(Source)	_____
\$ _____	Secondary Employment	\$ _____
_____	Employer Name	_____
_____	Employer Address	_____
_____	City, State, Zip Code	_____

PART IV
(MONTHLY EXPENSES)

(To be completed **ONLY** in actions where child support is to be established **AND** a deviation from the Court guidelines is sought, **OR** in actions where temporary or permanent spousal support is requested.)

This form shows: _____ expenses of myself and spouse based on past experience
 _____ expenses of myself only based on past experience
 _____ my estimated future expenses

Living Expenses

Rent, Mortgage (include Taxes)	_____	Heat (average)	_____
Food, Cosmetics & Toiletries	_____	Electric (average)	_____
Clothing - Self	_____	Water/Sewer	_____
Clothing - Children	_____	Cable T.V.	_____
Child Care	_____	Telephone	_____
School Tuition	_____	Trash Pickup	_____
School Supplies, Lunches, Activities	_____	Home Maintenance	_____

Auto Gas, Repair, Transportation _____
 Prescription Medication _____
 Unreimbursed Medical, Dental, etc. _____
 Hair Care _____
 Laundry, Dry Cleaning _____
 Entertainment, Incidentals _____

Medical Insurance _____
 Property Insurance _____
 Auto Insurance _____
 Life Insurance (self) _____
 Life Ins. (children) _____
 Other _____

A. Total Monthly Living Expenses \$ _____

Debts

<u>Creditor</u>	<u>H/W/J</u>	<u>Security</u>	<u>Balance</u>	<u>Monthly Payment</u>
Car Payment	_____	_____	_____	\$ _____
Car Payment	_____	_____	_____	\$ _____
Charge Acct	_____	_____	_____	\$ _____
Charge Acct	_____	_____	_____	\$ _____
Charge Acct	_____	_____	_____	\$ _____
Charge Acct	_____	_____	_____	\$ _____
Student Loan	_____	_____	_____	\$ _____
Other	_____	_____	_____	\$ _____
Other	_____	_____	_____	\$ _____
Other	_____	_____	_____	\$ _____

B. Total Monthly Debts \$ _____
 Total Monthly Expenses (Add A & B) \$ _____

**PART V
 (ACKNOWLEDGMENT)**

This information is complete and accurate to the best of my belief.

 Husband

 Wife

Sworn and subscribed in my presence this _____ day of _____, 200__.

 Notary Public