

SHELBY COUNTY JUVENILE COURT CURRENT INFORMATION FORM

(Required to be filed in all support, custody and visitation cases after original orders)

CASE NO.

FATHER

MOTHER

Mailing Address _____

Mailing Address _____

Phone No. _____

Phone No. _____

Birthdate: _____ Age _____ Birthdate: _____ Age _____

Complete **IN FULL**: This Form Filled Out by: _____ Father _____ Mother _____

DATES OF : Last Child Support Order _____

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

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

PART I (PERSONAL HISTORY AFFIDAVIT)

FATHER

Residence Address _____
(if different from Mailing Address above)

Note any unusual mental or physical condition: _____

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

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

Education _1_2_3_4_5_6_7_8_9_10_11_12 College _1_2_3_4 Post College _1_2_3_4

MOTHER

Residence Address _____
(if different from Mailing Address above)

Note any unusual mental or physical condition: _____

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

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

Education _1_2_3_4_5_6_7_8_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>Birthdate</u>	<u>Custodian</u>
1.					
2.					
3.					
4.					

FATHER=S CHILDREN (not related to this case)

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Grade</u>	<u>Birthdate</u>	<u>Is Father Custodian?</u>	<u>Does Father Pay Support?</u>
1. _____					___ Yes ___ No	___ Yes ___ No
2. _____					___ Yes ___ No	___ Yes ___ No
3. _____					___ Yes ___ No	___ Yes ___ No
4. _____					___ Yes ___ No	___ Yes ___ No

MOTHER'S CHILDREN (not related to this case)

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Grade</u>	<u>Birthdate</u>	<u>Is Mother Custodian?</u>	<u>Does Mother Pay Support?</u>
1. _____					___ Yes ___ No	___ Yes ___ No
2. _____					___ Yes ___ No	___ Yes ___ No
3. _____					___ Yes ___ No	___ Yes ___ No
4. _____					___ Yes ___ No	___ Yes ___ No

PART III (INCOME)

EMPLOYMENT INCOME

Father

Mother

Name & Address of Employer:

Name & Address of Employer:

-
-
-

Scheduled Paychecks Per Year:

___12 ___24 ___26 ___52

Scheduled Paychecks Per Year:

___12 ___24 ___26 ___52

Monthly Gross Income:\$ _____

Monthly Gross Income:\$ _____

Annual Gross Income: \$ _____
(Attach copy of tax return & W-2 for previous year)

Annual Gross Income: \$ _____
(Attach copy of tax return & W-2 for previous year)

Bonuses Anticipated/Received
This Year: \$ _____

Bonuses Anticipated/Received
This Year: \$ _____

Bonuses Received Last Year: \$ _____

Bonuses Received Last Year: \$ _____

Bonuses Received Year Before
Last Year: \$ _____

Bonuses Received Year Before
Last Year: \$ _____

Overtime Anticipated/Received
This Year: \$ _____

Overtime Anticipated/Received
This Year: \$ _____

Overtime Received Last Year: \$ _____

Overtime Received Last Year: \$ _____

Overtime Received Year Before
Last Year: \$ _____

Overtime Received Year Before
Last Year: \$ _____

PART III (Continued)

SELF-EMPLOYED INCOME

Self-employed Person: _____ Father _____ Mother

Name of Business:

Type of Business: _____

Address:

In Business since 19__ No. of Employees _____ Employer I.D. #

The business filed 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 owe more than 10% of a corporation, show percentages of ownership and attach most recent balance sheet and Corporate Tax Return.

Percentage _____%

OTHER INCOME (MONTHLY)

Father

Mother

Unemployment: \$
Worker's Compensation: \$
SSI / SSD: \$
Retirement/Pension/Annuities: \$
Interest: \$
Dividends: \$
Rentals: \$
Spousal Support Received: \$
Public Assistance: \$
Miscellaneous Income: \$
(Source):
Secondary Employment:
Employer Name:
Employer Address:

Unemployment: \$
Worker's Compensation: \$
SSI / SSD: \$
Retirement/Pension/Annuities: \$
Interest: \$
Dividends: \$
Rentals: \$
Spousal Support Received: \$
Public Assistance: \$
Miscellaneous Income: \$
(Source):
Secondary Employment:
Employer Name:
Employer Address:

PART V (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 a modification in 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(Including 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	_____	Medical Insurance
Prescription Medication	_____	Property Insurance
Unreimbursed Medical, Dental	_____	Auto Insurance
Hair Care	_____	Life Insurance (self)
Laundry, Dry Cleaning	_____	Life Insurance (children)
Entertainment, incidentals	_____	Other

A. Total Monthly Living Expenses \$ _____

Debts

	<u>Creditor</u>	<u>Security</u>	<u>Balance</u>	<u>Payment</u>	Monthly
Car Payment	_____				\$
Car Payment	_____				\$
Charge Account	_____				\$
Charge Account	_____				\$
Charge Account	_____				\$
Student Loan	_____				\$
Other	_____				\$
Other	_____				\$

B. Total Monthly Debts \$ _____

Total Monthly Expenses \$ _____

PART VI (ACKNOWLEDGMENT)

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

 Father

 Mother

Sworn and subscribed in my presence this _____ day of _____, 2____ .

 Notary Public