FAMILY COURT OF THE STATE OF NEW YORK, COUNTY OF ST. LAWRENCE SWORN FINANCIAL STATEMENT

| Your Name Your Address (If P.O. Box or R.D. address, include also the name of the road on which you live) | | | | | | | | | |
|--|-----------------------|---------------|---|------------------------|-----|--------|--|--|--|
| Your Social Socurity Nu | mbor | | | | | | | | |
| Your Social Security Number | | | | | | | | | |
| Your Telephone Number - Home: | | | Business: | | | | | | |
| Your Employer | | | | | | | | | |
| Your Date of Birth | | _ | | | | | | | |
| | INCOME | | <u>EXPENSES</u> | | | | | | |
| | <u></u> | | | | | Total | | | |
| | | | | | | Weekly | | | |
| * Your <u>weekly</u> wages before deductions | | | * <u>Rent</u> payment (not mortgage) (monthly =) | | | - | | | |
| | | | | | | | | | |
| Your weekly wages after | r Federal, State, and | | Food | | | | | | |
| Social Security (FICA) deductions (do not include other deductions) | | | * Electricity | (monthly = |) | | | | |
| | | | Fuel/Cooking | | | | | | |
| | | | * Fuel/Heating (y | |) | | | | |
| | | | * Telephone | (monthly = |) | | | | |
| | | | Clothing | | | | | | |
| | | | Medical | | | | | | |
| | | | Dental | | | | | | |
| | | | Drugs | | | | | | |
| * Other income (specify | • | ons, | Gas/Transportat | | | | | | |
| business income, rental | income, etc.) | | Automobile Rep | | | | | | |
| <u>Source</u> | | Weekly Amount | Home maintena | • | | | | | |
| | | | Laundry/Dryclea | aning | | | | | |
| | | | Recreation | 2 | | | | | |
| | | | Babysitter/Day (| | 、 | | | | |
| | | | * Cable TV | (monthly = |) | | | | |
| | | | Taxes | (appual - | `` | | | | |
| Wookly income received | h by any others in | | * County/Town* School | (annual = (annual = | (| | | | |
| Weekly income received your household | a by any others in | | | · · | (| | | | |
| your nousenoid | | | Village * Sewer and Wate | (annual = |) | | | | |
| Name | Source | Amount | Insurance | 51 | | | | | |
| | Source | Amount | * Car | (annual = |) | | | | |
| | | | * Life | (annual = | (| | | | |
| | | | * Health | (annual = | (| | | | |
| | Total | | Garbage Pickup | · · · | / | | | | |
| | 10101 | · | Union Dues | , , | | | | | |
| A. TOTAL WEEKLY INCOME | | | School Tuition | | | | | | |
| | | | School Lunches | | | | | | |
| What is the number of dependents you claim for income | | | School Supplies | | | | | | |
| tax purposes during the year? | | | Cigarettes | | | | | | |
| on your income tax retui | | | Lottery/OTB | | | | | | |
| ,, ,, ,, ,, ,, ,, ,, ,, | | | Support/order of | r alimonv | | | | | |
| What was your total groat | ss income reported on | last | Other (specify) | , | | | | | |
| year's income tax return | | | - (- []) | | | | | | |
| The prior year's return? | | | | | | | | | |
| , , | | | | | | | | | |
| | | - | | | | | | | |
| | | I | B. TOTAL WEEKLY | Y LIVING EXPEN | SES | | | | |

* Yearly (annual) expenses or income are to be divided by 52 to obtain the weekly expenses or income. Monthly expenses or income are to be divided by 4.3 to obtain the weekly expenses or income.

NOTICE: You <u>must</u> attach copies of your latest pay stubs and the last two year's income tax returns to this form for submission to the Court.

MONTHLY PAYMENTS ON LOANS AND DEBTS

(include credit union payments, garnishments and mortgage payments)

| To Whom Paid | Date of Original Loan or Debt For What | | Balance Due | Monthly Payment (if you are making one) | |
|--|--|--|---|---|--|
| | | | | | |
| | | MONTHLY PAYMENTS OF | Divide by | 4.3 | |
| В. | TOTAL WEEKLY INC TOTAL WEEKLY EXF TOTAL WEEKLY DEF | PENSES | | | |
| Real Property | | ASSETS LOCATION | | MARKET VALUE | |
| Motor Vehicles and Boats/Trailers/Etc. | | NAME & YEAR | | VALUE | |
| Checking and Savings accounts Other assets including Stocks and Bonds | | BANK NAME | | AMOUNT | |
| | | WHAT & WHERE | | VALUE | |
| If you have trans 1. Asset transferred Date of transfer Value received To whom transferred | ferred any asset in the | last three years, complete th 2. Asset transferred Date of transfer Value received To whom transferred | | sset transferred: | |
| STATE OF NEW YORK COUNTY OF ST. LAWR |) ENCE) | VERIFICATION | | | |
| I, contents of the foregoing | financial statement and | , being duly sworn, c d that the same is true to my | depose and say that I own knowledge. | have read the | |
| Sworn to me this | day of, | Your signatu | ıre | | |