

Superior Court of the District of Columbia

FAMILY DIVISION

DOMESTIC RELATIONS BRANCH

Plaintiff vs. Defendant

Jacket No. D

EMPLOYER'S STATEMENT

(Covering Employment of Husband (Wife))

- 1. Name of employee SS#:
2. Name of employer
3. Address of employee Phone:
4. Business address of employer Phone:
5. Occupation of employee
6. Name and title of supervisor
7. Pay days
8. Dependents claimed for exemption purposes
9. Annual pay 10. Base pay
11. Rate of pay per hour 12. Overtime
13. Bonds deducted
14. Social Security (F.I.C.A.) or retirement deducted
15. Withholding tax deducted:
a. Federal
b. District of Columbia
c. State of
Total:
16. Union dues
17. Garnishments
18. Other Deductions (please itemize)
19. Gross Wages per pay day
20. Gross Wages actually paid employee during each of last six months

21. REMARKS: Is health insurance available? Cost to add ___ children to health insurance: _____
If employee has health insurance what is the individual cost? _____
What is the additional cost for ___ children? _____

I, _____, do hereby certify that the foregoing statement has been prepared by me and the facts contained therein are true.

Date: _____

Employer

Jacket No. _____

FINANCIAL STATEMENT

Date _____

V. _____

NAME: _____	SOCIAL SECURITY NO.: _____	OCCUPATION: _____
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NAME AND ADDRESS OF CURRENT EMPLOYER: _____	I claim _____ exemptions for withholding tax purposes.
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INCOME INFORMATION*

AVERAGE MONTHLY EXPENSES

1. Monthly gross wages \$ _____	
2. Less Mandatory Monthly Deductions:	
Federal Income Tax \$ _____	
State Income Tax _____	
Retirement:	
FICA _____	
Social Security _____	
Medical Insurance _____	
Other \$ _____	
TOTAL \$ _____	
3. Monthly Net Wages \$ _____	
(Subtract Line 2 from line 1)	
4. Monthly income from all other sources (e.g., part-time or overtime wages, fees rents, dividends, commissions, unemployment compensation, disability, social security, retirement, interest, bonuses, etc.) \$ _____	
5. Less Other Mandatory Monthly Deductions:	
Federal Income Tax \$ _____	
State Income Tax _____	
Retirement:	
FICA _____	
Social Security _____	
Medical Insurance _____	
Other _____	
TOTAL \$ _____	
6. Monthly Net Income from all other sources \$ _____	
(Subtract Line 5 from Line 4)	
7. Total Monthly Net Disposable Income \$ _____	
(Add Lines 3 and 6)	
8. Total Monthly Gross Income \$ _____	
(Add Lines 1 and 4)	

	Wife/Husband	Children
Housing, etc.		
Rent/Mortgages \$ _____	\$ _____	\$ _____
Utilities _____	_____	_____
Taxes _____	_____	_____
Food		
Groceries/Household Supplies _____	_____	_____
Meals Out _____	_____	_____
Automobile		
Payment _____	_____	_____
Gas/Oil _____	_____	_____
Repairs _____	_____	_____
Insurance _____	_____	_____
Tags _____	_____	_____
Life Insurance (List beneficiaries)		
_____	_____	_____
_____	_____	_____
Health Insurance (not listed as income deduction)		
_____	_____	_____
School		
Tuition _____	_____	_____
Supplies/Fees _____	_____	_____
Child Care Expenses		
To allow for employment/education _____	_____	_____
To allow for recreation _____	_____	_____
Lessons (e.g. music, dance, art) _____	_____	_____
Allowance _____	_____	_____
Clothing/Uniforms _____	_____	_____
Dry Cleaning/Laundry _____	_____	_____
Medical Expenses (Unpaid by insurance) _____	_____	_____
Charitable Contributions _____	_____	_____
Recreation _____	_____	_____
Vacations _____	_____	_____
Miscellaneous:		
Transportation (non-auto) _____	_____	_____
Telephone _____	_____	_____
Periodic Payments Required on Bills: _____	_____	_____
_____	_____	_____
_____	_____	_____
Total Monthly Expenses	_____	_____

SUMMARY

9. Total Monthly Net Disposable Income \$ _____	
10. Less Total Monthly Expenses \$ _____	
11. Difference: \$ _____	

NOTE: If you are paid weekly, multiply your weekly gross wages by 4.3 to arrive at your monthly gross wage. If you are paid every two weeks multiply your bi-weekly gross wages by 2.15 to arrive at your monthly gross wage.

LIABILITIES

Type of Debt	To Whom Owned	Date Incurred	Total Amt. of Debt	Amt. Paid to Date	Balance Due
Total Liabilities					

ASSETS <small>(List as separately or jointly owned with spouse)</small>			SUMMARY		
	Separate	Joint		Separate	Joint
Cash			Total Assets		
Automobiles			Less Total Liabilities		
Bank Accounts			Net Worth		
Bonds			*Use this box to comment on any items that need further explanation. (e.g. explaining how the client manages deficit expenses over income.)		
Notes					
Real Estate					
Stocks					
Personal Property					
Total Assets					

Signature

I certify that this statement indicates my current financial situation to the best of my knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

(Deputy Clerk or Notary Public)