

No: _____ Party Name: _____ Dependents: _____ _____	FINANCIAL STATEMENT CHILD SUPPORT RECOVERY UNIT IOWA DEPT OF HUMAN SERVICES DATE: _____	Docket No: _____ County: _____ Worker ID: _____ Phone: _____
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COMPLETE THIS FORM USING BLACK INK AND RETURN IN 10 DAYS

Because this form becomes a public record, do not list any personal information such as:

▶ the name of employer(s), or ▶ addresses, or ▶ social security numbers, or ▶ telephone numbers

I am currently Employed full-time Employed part-time Self-employed Unemployed

Job Title or Occupation _____

I am paid: weekly bi-weekly (every other week) twice a month monthly

My paychecks are: the same each pay period different each pay period

The amount of my last paycheck (before deductions) was: \$ _____

(Attach your last three pay stubs. If self-employed, attach your last three income tax returns and all schedules).

I get income from other sources (not FIP or TANF benefits) YES NO

Attach proof of other income such as pay stubs, award letters, or tax returns

Check All That Apply:

Another Job \$ _____ weekly bi-weekly twice a month monthly

Unemployment \$ _____ weekly bi-weekly twice a month monthly

Worker's Compensation \$ _____ weekly bi-weekly twice a month monthly

Pension/Retirement \$ _____ weekly bi-weekly twice a month monthly

Veteran's Benefits \$ _____ monthly

Supplemental Security Income (SSI) \$ _____ monthly

Social Security Disability (SSD) or Social Security Retirement (SSR)

 \$ _____ monthly and benefits are for: myself my spouse my children

Alimony/Spousal Support I receive: \$ _____ weekly bi-weekly twice a month monthly

(Attach proof of payments received, and a copy of the order that contains the alimony/spousal support award)

Other (for example commissions, tips. Please specify source) _____

\$ _____ weekly bi-weekly twice a month monthly

List the cost for health or dental insurance that is available to you **even if you are not currently enrolled**. If you want to carry health insurance for the children through a stepparent you may provide that plan information.

IMPORTANT: Attach a copy (front and back) of your insurance card, completed enrollment form or verification that shows all of the plans available to you (or the stepparent), the costs and names of ALL people enrolled.

Family Health Insurance \$ _____ weekly bi-weekly twice a month monthly

Single Health Insurance \$ _____ weekly bi-weekly twice a month monthly

Select at least one:

I currently carry OR my spouse currently carries a health plan that costs \$ _____ per month
 Included in the health plan Self Spouse Children (# of children) _____

Health insurance is available but I am not enrolled.

Health insurance is not available.

My children are on *hawk-i*. My cost is \$ _____ per month.

I currently carry a Family Dental Plan Single Dental Plan

Family Dental Insurance \$ _____ weekly bi-weekly twice a month monthly

Single Dental Insurance \$ _____ weekly bi-weekly twice a month monthly

I am currently married YES NO

List the amounts you pay and attach proof of the following deductions.

Union Dues \$ _____ weekly bi-weekly twice a month monthly

You may only receive a mandatory pension deduction if **you do not contribute to Social Security.**

Mandatory Pension \$ _____ weekly bi-weekly twice a month monthly

Mandatory Occupational License Fees \$ _____ /per _____ (Enter a time period)

Who pays your fees? I do My employer does

If you pay the fees, do you deduct them on your tax return as a business expense? YES NO

You may receive credit for **other** court ordered child support, medical support, or alimony/spousal support you are paying.

	Monthly Amt:	Court order #:	County:	State:
I pay child support:	\$ _____	_____	_____	_____

I pay cash medical support:	\$ _____	_____	_____	_____
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I pay alimony/spousal support:	\$ _____	_____	_____	_____
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If you make payments through the clerk of court or another state, attach a copy of the court order and proof of payments. CSRU has records of payments made to the Iowa Collection Services Center.

I have **other** children for whom I am legally responsible. YES NO (Do not include stepchildren.)

Child's Name	Date of Birth	I or my spouse carry health insurance for the child(ren):
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

To get a deduction for qualifying children, you must provide proof of your parentage, such as: birth and marriage certificates, paternity affidavit, or court/administrative order. CSRU has records of paternity affidavits approved by the State of Iowa. To get a deduction for the cost of health insurance for these children, you must also provide proof of health insurance coverage, as requested on page one.

FOR PAYEES (person owed support or for court-ordered joint physical care, either parent) ONLY:

I have child care expenses YES NO

If yes, list the amount \$ _____ weekly bi-weekly twice a month monthly

(Attach an itemized statement from your child care provider which shows child care costs specifically for the child(ren) on this case or a copy of the Child and Dependent Care Expenses tax form)

FOR PAYORS (person paying support) ONLY:

The children in this case stay overnight at least 128 times per year with me YES NO

This must be court ordered and a copy of the order must be attached. If the court ordered equally shared physical care, Extraordinary Visitation Credit does not apply.

SIGNATURE

I certify under penalty of perjury (punishment for lying) and under the laws of the State of Iowa that the above financial information I have given is true and correct. I understand that you may use this information in an action to establish or modify support for my children. I agree to accept service of all documents related to this action by first class mail. I further agree to inform your office of any change of address.

SIGN HERE: _____ DATE: _____

CSC No: _____
Party Name: _____
Dependents: _____

FINANCIAL STATEMENT

CHILD SUPPORT RECOVERY UNIT
IOWA DEPT OF HUMAN SERVICES

Docket No: _____
County: _____

Worker ID: _____
Phone: _____

DATE: _____

OTHER HOUSEHOLD INCOME

My spouse/partner is currently Employed full-time Employed part-time Self-employed Unemployed

Job Title/Occupation: _____

Spouse/Partner is paid: weekly bi-weekly twice a month monthly

The amount of each paycheck (before deductions) is: \$ _____

MY MONTHLY EXPENSES

Monthly House Payment or Rent: \$ _____

Monthly Utilities (Such as heat, gas, water, and electric): \$ _____

Monthly Cost of Meals or Food: \$ _____

Monthly Telephone/Cell Phone Costs: \$ _____

Monthly Clothing Costs: \$ _____

Monthly Cable T.V. Costs: \$ _____

Monthly Car Expenses (Not the amount of your car loan payment): \$ _____

Monthly Internet Service: \$ _____

Other expenses paid monthly: \$ _____

Please specify other expenses: _____

There are other people who help pay my monthly expenses YES NO

(Do not include the spouse/partner listed above).

If yes, list the amount they pay each month \$ _____

MY MONTHLY DEBTS/INSTALLMENT PAYMENTS

For example: department stores, loan companies, banks, or auto loans. (If you need more space, please attach a separate sheet of paper.)

Payable to/Item	Monthly Payment Amount	Balance Due
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

MY ASSETS

Balance in Savings Account: \$ _____ Name of Bank: _____

Balance in Checking Account: \$ _____ Name of Bank: _____

Real Estate Value: \$ _____ Balance owed on real estate: \$ _____

Stocks: \$ _____ Bonds: \$ _____

Vehicles: _____

Type: _____ Year: _____ Make: _____ Model: _____

Type: _____ Year: _____ Make: _____ Model: _____

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SIGN HERE: _____ DATE: _____



Request for Additional Financial Information

Date: _____
Case Number: _____
Worker ID: _____

Child Support Recovery Unit

Phone: _____

We need more financial information from you to set your child support. The amount of your child support is based on the Iowa Supreme Court guidelines.

After you fill out the form, send it to the office listed at the top of the page. Please return the form within 10 days of the date of this request.

We may provide a copy of this form to the other parent. We may file this information with the court. If so, the information will become public record.

If you have questions about filling out this form, please contact your local office (see address and phone number above).