STATE OF SOUTH CAROLINA ) IN THE FAMILY COURT OF THE

COUNTY OF       )       JUDICIAL CIRCUIT

)

      ) **SHORT FORM**

Plaintiff ) **FINANCIAL DECLARATION**

vs ) OF

) **(*FOR USE ONLY IN CHILD SUPPORT ENFORCEMENT***

) ***AND WITH PETITION FOR ORDER OF PROTECTION)***

      )

Defendant ) Docket No.

|  |  |
| --- | --- |
| Address |  |
| Age |  |
| Occupation |  |
| Employer |  |
| Employer Address |  |

**Gross Monthly Income** Amount: **Monthly Expenses** Amount: **(have proof of expenses available)**

1. Earnings **(attach recent pay stubs)**       1) Rent/Mortgage
2. Overtime       2) Utilities
3. Social Security, VA Benefits       3) Cell phone/Phone

Workers Comp or Disability (SSI) 4) Food

1. Unemployment       5) Child Support/Alimony
2. Alimony/Child Support       (outside of this case)
3. Other (Specify)             6) Child Care

(Add lines 1-6) Total Amount:       7) Car Payment

8) Car Operating Expenses

(Insurance, gas, maintenance)

**Assets** Amount: 9) Clothing       10) Cable/Satellite TV/Internet

1. Cash       11) Medical/Dental/Vision Expenses (self)
2. Money in Bank accounts       12) Medical/Dental/Vision Expenses (child)

(Checking & Savings) 13) Medical/Dental/Vision Insurance (self)

1. IRA/401K/Pensions       14) Medical/Dental/Vision Insurance (child)
2. Other (Specify)             15) Credit Card/Loan Payments

(Add lines 1-4) Total Amount:       16) Other (Specify)

(Add lines 1-16) Total Amount:

How many other biological children in the home?

Name(s) and Date(s) of Birth

Sworn to before me this \_\_\_\_\_\_\_ day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ **Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public for South Carolina

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_