

State Of North Dakota

In District Court

County Of \_\_\_\_\_

\_\_\_\_\_ Judicial District

\_\_\_\_\_ )

Plaintiff, )

)

vs

)

)

\_\_\_\_\_ )

Defendant. )

Case No. \_\_\_\_\_

**Financial Declaration**

*This Declaration will help you present detailed information to the court to use to determine the correct amount of child support based on the North Dakota Child Support Guidelines (N.D. Admin Code Ch. 75-02-04.1). Complete this Declaration at the same time you complete the child support calculator.*

***Complete this form based on the modifications to primary residential responsibility in your Stipulated Agreement form. If you need more space, please attach additional pages. Additional information can also be added in the Comment section at the end. Attach all requested documents and additional pages and file with your Motion to Modify Primary Residential Responsibility documents.***

**1. Personal Background**

Name	Last Four Digits of SSN	Year of Birth
Education (list degrees held)		

List the initials and year of birth of your biological or adopted children who **don't** live with you. Include the name of the person with whom **each child** lives, along with that person's relationship to the child:

Child's Initials	Year of Birth	Lives With (name/relationship)

List the initials and year of birth of your biological or adopted children who live with you:

Child's Initials	Year of Birth

***If you have a court order for split, equal or partial residential responsibility (custody) or parenting time (visitation), you must complete Data Sheet A.***

If you have an adopted child, is the adoption subsidized? ☐ Yes ☐ No

**If yes**, name of the individual receiving the subsidy payment (*if you receive the payment, enter your name or if another individual receives the payment, enter their name*):

\_\_\_\_\_ and the state (*North Dakota or another state*)  
providing the payment: \_\_\_\_\_. Monthly Amount: \$\_\_\_\_\_.

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## 2. Employment

Are you currently employed? ☐ Yes ☐ No

***If you are **unemployed**, you must complete Data Sheet B.***

***If you are **self-employed**, you must complete Data Sheet C.***

***If you **are or have been in the military and have received military compensation or veteran's benefits**, you must complete Data Sheet D.***

***If you have any **other income such as Workers' Compensation, Social Security, Railroad, other disability, or retirement payments**, you must complete Data Sheet E.***

**Note: If you're employed, you must attach:**

- A copy of your most recent federal income tax return, including copies of all W-2s, 1099s, and schedules.
- A copy of a year-end or final pay stub from each employer who gave you a W-2 form to attach to your most recent federal income tax return.
- For the current year, copies of your most recent pay stubs from all employers to show your year-to-date income from each employer (this includes your leave and earnings statement, if you're in the military).

***For confidentiality reasons, black out all social security numbers and financial account numbers that appear on the tax forms and pay stubs you're attaching.***

**Note:** *If you have more than one employer, answer the questions in this section based on your primary job. Then attach additional pages to provide the same kind of information for each of your other jobs.*

Are you **currently** under any medical restrictions that limit your ability to work? ☐ Yes ☐ No

If **yes**, describe the restrictions \_\_\_\_\_

\_\_\_\_\_

**Note:** *You must attach copies of medical records that confirm the work restrictions if you want them to be considered.*

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### 3. Current Employer

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer City, State, Zip: \_\_\_\_\_

Employer Telephone Number: \_\_\_\_\_

Date you started working for this employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Brief job description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Rate of Pay** (complete the option that best describes your situation):

Pay Cycle Type	Wage Amount	Hours	Overtime Amount	Hours
Hourly				
Monthly				
Annually				

<b>Number of pay periods</b> (check one)	
<input type="checkbox"/>	<b>Weekly</b>
<input type="checkbox"/>	<b>24 per year</b> (paid twice per month)
<input type="checkbox"/>	<b>26 per year</b> (paid every two weeks)
<input type="checkbox"/>	<b>Monthly</b>
<input type="checkbox"/>	<b>Other:</b>

**Overtime:**

Regarding overtime, it will be included unless shown to be atypical. (Atypical means not normal for a period of time). If you have atypical overtime, please provide verification, such as paystubs and a letter from your employer.

**Tips and Commissions:**

Tips: \$\_\_\_\_\_ per \_\_\_\_\_

Commissions: \$\_\_\_\_\_ per \_\_\_\_\_

**Bonuses:**

Did you receive any bonuses during the past three (3) calendar years? ☐ Yes ☐ No

**If yes**, provide the amount of bonuses received in each of the past three (3) calendar years and the reason for the bonuses:

Year \_\_\_\_\_ Amount \$\_\_\_\_\_ Reason: \_\_\_\_\_  
 Year \_\_\_\_\_ Amount \$\_\_\_\_\_ Reason: \_\_\_\_\_  
 Year \_\_\_\_\_ Amount \$\_\_\_\_\_ Reason: \_\_\_\_\_

Do you expect to receive a bonus during the current calendar year?

☐ Yes ☐ No; because \_\_\_\_\_

**Employee Benefits:**

Describe the benefits provided to you by your employer and the annual value of such benefit (examples include accrued vacation and sick leave (vacation and sick leave you get paid for), health insurance, employer retirement contributions, etc.)

Benefit Provided	Annual value
	\$
	\$
	\$

**In-kind Income:**

Describe any in-kind income provided to you by your employer and the annual value of the in-kind income. (In-kind income means you are allowed to use your employer's property, or you are being provided with services at no charge or less than the usual charge.) Examples include housing allowance or the use of living quarters, or being provided with transportation, groceries, or cell phone.)

In-kind income received	Annual value
	\$
	\$
	\$

**If you have insurance and/or out of pocket medical expenses for the child, you must complete Data Sheet F.**

**Employee Expenses:**

Union Dues Per Month	Name of Union		
Are Unions dues required as a condition of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List Each Professional/Occupational License You Hold	Is the license required as a condition of employment	Annual Fee	Is fee covered or reimbursed by employer?
	<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
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>You must attach:</b> <input type="checkbox"/> Proof that union dues are required as a condition of employment <input type="checkbox"/> Proof from your employer of expenses, licensure requirements and fees.			

Are you required, **as a condition of employment**, to contribute to a retirement plan?

☐ Yes

If **yes**, monthly amount of required contribution: \$ \_\_\_\_\_ or

Percentage of Gross Income \_\_\_\_\_ %

☐ No

**You must attach proof that contributions to a retirement plan are required as a condition of employment.**

Do you have out-of-pocket expenses for special equipment or clothing required as a condition of your employment? (Examples: steel toed boots, uniforms) ☐ Yes ☐ No

If **yes**, describe these items, your annual out-of-pocket expenses for them, and the amount, if any, that you are reimbursed for them:

Item	Annual Out of Pocket Expenses	Amount Reimbursed
	\$	\$
	\$	\$
	\$	\$

Do you have out-of-pocket expenses for lodging when you must travel as a condition of your employment? ☐ Yes ☐ No

If **yes**, are you reimbursed for these lodging expenses? ☐ Yes ☐ No

If **no**, please provide the number of overnights in the last calendar year: \_\_\_\_\_

And this year to date: \_\_\_\_\_

Are you required, as a condition of employment, to use your personal vehicle to **drive between work locations** (*this does not include driving between your home and your work*)?

☐ Yes

☐ No

If **yes**, are you reimbursed for these mileage expenses? ☐ Yes ☐ No

If **no**, please provide the number of these miles driven in the last calendar year: \_\_\_\_\_

and number of miles driven in the current calendar year to date: \_\_\_\_\_

**Note:** If you claim any employment-related expenses for special equipment, clothing, lodging, or mileage, you must provide proof of those expenses if you want them to be considered.

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#### 4. Incarceration

Are you currently incarcerated (*physically confined to a prison, jail, or other correctional facility*)? ☐ Yes ☐ No

If yes, are you eligible for work release? ☐ Yes ☐ No

Have you been released from incarceration within the past six months:

☐ Yes – Date of Release \_\_\_\_\_ ☐ No

**Comments:** Provide any other information that you think would help the court understand your situation or to supplement answers given above, including any factors that affect your ability to work:

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**5. Date and Signature**

I declare, under penalty of perjury under the law of North Dakota, that the foregoing Financial Declaration is true and correct.

Signed on \_\_\_\_\_ (date) in \_\_\_\_\_ (city),  
\_\_\_\_\_ (county), \_\_\_\_\_ (state), \_\_\_\_\_ (country).

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Email Address)



## Data Sheet A: Residential Responsibility (Custody)

***You must fill out and attach Data Sheet A to the Financial Declaration if you have a court order for split, equal or partial responsibility (custody) or parenting time.***

***If you don't have any of the above, you don't need to fill out or attach this form.***

### Equal

**Equal residential responsibility** means each parent, **by court order**, has residential responsibility for the child or all children for an equal amount of time.

Do you and the other parent have equal residential responsibility for your children?

☐ Yes   ☐ No

### Split

**Split primary responsibility** means that you and the other parent have more than one child in common and you and the other parent each have primary residential responsibility for at least one child.

Do you and the other parent have split primary residential responsibility for your children?

☐ Yes   ☐ No

### Parties Equal

**Partial equal residential responsibility** means that equal residential responsibility is court ordered for some but not all the children and an obligation must be calculated for each parent for whom the other parent has primary residential responsibility plus the children for whom the parents have equal residential responsibility.

If you and the other parent have partial equal residential responsibility for your children, please provide information regarding your court order and residential responsibility arrangement.

### Parenting Time (Visitation)

Does a court order specify when you have parenting time with your children and the annual total exceeds **100 overnights**?

☐ Yes – Answer below:      ☐ No

Provide the annual total number of court-ordered parenting time overnights.

Name of Child	Total Annual Number of Overnights

## Data Sheet B: Unemployment Information

***You must fill out and attach Data Sheet B to the Financial Declaration if you're unemployed.***

***If you're employed, you don't need to fill out or attach this form.***

### You must attach:

- ☐ Unemployment compensation benefits award letter or other documentation of amount received.
- ☐ Most recent federal income tax return, including W-2s, 1099s, and schedules.
- ☐ Year-end or final paystub from each employer who gave you a W-2 form.

Last Employer Name			
Address	City	State	Zip Code
Job Title/Occupation		Date You Became Unemployed	
Reason for Unemployment			
If your unemployment seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you receive severance pay when you became unemployed? <input type="checkbox"/> Yes – Amount Received: \$_____ <input type="checkbox"/> No			
Have you received unemployment compensation in the past 36 months? <input type="checkbox"/> Yes – Answer below: <input type="checkbox"/> No			
Weekly Compensation Amount: \$_____			
Date Compensation Began: _____			
Date Compensation Ended: _____			

### Work History

Describe other jobs you have had in the past, aside from your last employer.

## Data Sheet C: Self-Employment Income

**You must fill out and attach Data Sheet C to the Financial Declaration if you're self-employed.**

**If you're not self-employed, you don't need to fill out or attach this form.**

### You must attach:

- ☐ Business and personal federal income tax returns, including all schedules, for the last five years including, as applicable, IRS Forms 1040, 1065, 1120, and 1120S.
- ☐ If you don't have income returns, provide profit and loss statements for the last five years.

**Note:** If you have more than one self-employment activity, please answer the questions in this section based on your primary self-employment activity. Then attach additional pages to provide the same kind of information for each of your other self-employment activities.

### Select the Structure of Business and the Percentage of Ownership

Structure of Business	Percentage of Ownership	Structure of Business	Percentage of Ownership
<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> S Corporation	%
<input type="checkbox"/> Partnership	%		%

Name of Business Entity		Business Telephone Number	
Address	City	State	Zip Code
How long has this business been in existence? Years:                      Months:		Tax Identification Number(s)	
Type of Business <input type="checkbox"/> Farming <input type="checkbox"/> Service <input type="checkbox"/> Retail Sales <input type="checkbox"/> Wholesale Sales <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other ( <i>describe</i> ) _____			
Description of Business Activity (e.g., type of service provided, type of item sold, etc.)          			

**List the household members who work in this business, the wage/salary paid, and the job duties.**

Name of Household Member	Wages/Salary	Job Duties

**Currently Deferred Income**

Amount Per Year
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**Receipt of Previously Deferred Income**

Amount Per Year	Was this treated as income to you at the time it was deferred? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Previously Included

**Gains**

Amount Per Year	Describe Transaction Resulting in Gains

## Data Sheet D: Military Service/Veteran's Benefits

***You must fill out and attach Data Sheet D to the Financial Declaration if you have been in the military and have received military compensation or veteran's benefits..***

***If you haven't been in the military or haven't received military compensation or veteran's benefits, you don't need to fill out or attach this form.***

Are you currently in the military? <input type="checkbox"/> Yes – Answer below <input type="checkbox"/> No		
Branch	Rank	Occupation
Years of Service	Duty Station	

### Provide the monthly payments and allowances you receive

Payment Type	Monthly Amount
Base Pay	
Basic Allowance for Housing (BAH)	
Basic Allowance for Subsistence (BAS)	
Other	
<b>You must attach:</b> <input type="checkbox"/> Year-to-end Leave and Earnings Statement for the current year. <input type="checkbox"/> Final Leave and Earnings Statement for the most recent tax year.	

### Veteran's Benefits

Are you receiving veteran's pension or disability benefits? <input type="checkbox"/> Yes – Answer below <input type="checkbox"/> No		
Monthly Payment: _____		
Date Payments Began: _____		
Percentage (if disabled): _____ %		
Does the child receive benefits resulting from your own claim for benefits? <input type="checkbox"/> Yes – Answer below <input type="checkbox"/> No		
Name of Child	Type of Benefit	Monthly Amount
<b>You must attach:</b> <input type="checkbox"/> Veterans' pension or disability benefits award letter		

**Military Retirement Benefits**

Are you receiving military retirement benefits?

☐ Yes – Answer below

☐ No

Monthly Payment: \_\_\_\_\_

Date Payments Began: \_\_\_\_\_

**You must attach:**

☐ **Military retirement award letter**

## Data Sheet E: Other Income

***You must fill out and attach Data Sheet E to the Financial Declaration if you have any other income such as Worker's Compensation, Social Security, Railroad, or other disability, or retirement payments.***

***If you don't have other income, you don't need to fill out or attach this form.***

### Worker's Compensation

Are you now receiving or did you receive worker's compensation wage replacement payments?

☐ Yes – Answer below      ☐ No

Weekly Payment: \_\_\_\_\_

Date Payments Began: \_\_\_\_\_

Date Payments Ends: \_\_\_\_\_

**You must attach:**

☐ **Worker's compensation benefits award letter.**

### Social Security Payments

Are you receiving Social Security Disability Income (SSDI) Payments?

☐ Yes – Answer below      ☐ No

Fill Monthly Payment Before Deductions: \_\_\_\_\_

Date Payments Began: \_\_\_\_\_

Does your child receive benefits resulting from your own claim for benefits?

☐ Yes – Answer below      ☐ No

Name of Child	Type of Benefit	Monthly Amount

Are you receiving Social Security-Supplemental Security Income (SSI) payments?

☐ Yes      ☐ No

Are you receiving Social Security retirement payments?

☐ Yes – Answer below      ☐ No

Full Monthly Payment Before Deductions: \_\_\_\_\_

Date Payments Began: \_\_\_\_\_



Are you receiving Social Security survivor's payments? ☐ Yes – Answer below ☐ No

Full Monthly Payment Before Deductions: \_\_\_\_\_

Date Payments Began: \_\_\_\_\_

**You must attach:**

- ☐ Social Security Disability Income (SSDI) benefits award letter.
- ☐ Social Security Income (SSI) benefits award letter.
- ☐ Social Security Retirement benefits award letter.
- ☐ Social Security Survivor's benefits award letter.

**Railroad Retirement Board Payments**

Are you receiving total and permanent disability payments from the railroad retirement board?

☐ Yes – Answer below ☐ No

Full Monthly Payment Before Deductions: \_\_\_\_\_

Date Payments Began: \_\_\_\_\_

Are you receiving occupational disability payments from the railroad retirement board?

☐ Yes – Answer below ☐ No

Full Monthly Payment Before Deductions: \_\_\_\_\_

Date Payments Began: \_\_\_\_\_

Are you receiving retirement payments from the railroad retirement board?

☐ Yes – Answer below ☐ No

Full Monthly Payment Before Deductions: \_\_\_\_\_

Date Payments Began: \_\_\_\_\_

**You must attach:**

- ☐ Railroad retirement board benefits award letter.

**Other Disability or Retirement Payments**

Are you receiving any disability, retirement, or pension payments not included above?

☐ Yes – Answer below ☐ No

Source of Payment: \_\_\_\_\_

Full Monthly Payment Before Deductions: \_\_\_\_\_

Date Payments Began: \_\_\_\_\_

**Additional Sources of Income**

Source of Income	Amount Per Year
Dividends and Interest	
Annuity Income	
Trust Income	
Rental Income	
Mineral Lease Income	
Income from Royalties	
Spousal Support (Alimony) Payments Received	
Gifts and Prizes (exceeding \$1000/year)	
Refundable Tax Credits	
Gains	
Specify Any Other Income:	

## Data Sheet F: Insurance and Medical Expenses

***You must fill out and attach Data Sheet F to the Financial Declaration if you have insurance or out of pocket medical expenses for the child.***

***If you don't have insurance or out of pocket medical expenses for the child, you don't need to fill out or attach this form.***

Do you have <b>access</b> to insurance coverage for your children?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If coverage is or would be available, are you currently enrolled in the <b>health insurance</b> plan?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are <b>not</b> currently eligible for coverage, on what date will you be eligible?			
Select Plan Currently Enrolled In			
<input type="checkbox"/> Single <input type="checkbox"/> Single plus Dependent <input type="checkbox"/> Family <input type="checkbox"/> Child/Children Only			
Insurance Company		Telephone Number	
Address	City	State	Zip Code
Name of Policyholder	Group Number	Policy Number	
<b>Persons Covered</b>		<b>Effective Date</b>	

**What is the cost to you for all available health insurance plans?**

Plan	Cost	Per		Plan	Cost	Per
Single				Family		
Single + Dependent				Child Only		
<b>You must attach:</b>						
<input type="checkbox"/> A copy of the front and back of any insurance cards						

Do you currently have <b>dental insurance</b> for your children?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Persons Covered</b>	<b>Effective Date</b>

**What is the cost to you for all available dental insurance plans?**

Plan	Cost	Per		Plan	Cost	Per
Single				Family		
Single + Dependent				Child Only		

Do you currently have <b>vision insurance</b> for your children?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Persons Covered</b>	<b>Effective Date</b>

**What is the cost to you for all available vision insurance plans?**

Plan	Cost	Per		Plan	Cost	Per
Single				Family		
Single + Dependent				Child Only		

Annual amount of out-of-pocket medical expenses you pay for the children for whom support is being determined

Name of Child	Annual Amount

Is It reasonably likely that similar expenses will continue?

☐ Yes – Describe expenses below:                      ☐ No

**You must attach:**

☐ **Proof of out-of-pocket actual medical expenses payments made by you. (Example: detailed billing statement)**