# Lummi Nation Child Support Program
# FINANCIAL WORKSHEET

This is the FINANCIAL WORKSHEET of _____(full name). [To the extent that you are aware of the other party's income, please also give information for that parent as well.] If you need more space, use a separate sheet and attach it to this form.

## I. NON-CUSTODIAL PARENT'S INCOME (PERSON WHO WILL PAY SUPPORT)

**CURRENT EMPLOYMENT** (Please add new sheets if needed for other employers)
**** complete page 4 if you are unemployed**

1. EMPLOYER:_____

ADDRESS: _____

OCCUPATION: _____

Net wages per month: $_____(If the income is seasonal, check this box [ ] and give annual totals)

Extra payments from employment (bonuses, commissions, etc.) per year: $ _____

2. EMPLOYER:_____

ADDRESS: _____

OCCUPATION: _____

Net wages per month: $_____(If the income is seasonal, check this box [ ] and give annual totals)

Extra payments from employment (bonuses, commissions, etc.) per year: $ _____

**Please list if you make any of the following payments, whether or not it is deducted from your paycheck. If you wish an amount to be deducted from your income in calculating income, please provide documentation of payments.**

| | |
|---|---|
| Mandatory union or professional dues | $ _____ |
| Mandatory pension plan payments | $ _____ |
| Premiums for the child(ren)'s medical and dental insurance: | $ _____ |
| Child Support ACTUALLY paid for other child(ren) | $ _____ |
| Name(s) of other child(ren): _____ | |
| Debt ACTUALLY paid for preexisting jointly acquired debt | $ _____ |
| Court ordered spousal maintenance ACTUALLY paid | $ _____ |

**ALL OTHER SOURCES OF INCOME**: For the purpose of child support, income is defined as income from any source, including but not limited to salaries, wages, fishing income, commissions, stipends, bonuses, dividends, severance pay, per capita payments, interest, trust income, annuities, deferred compensation, refunds of deductions from income, capital gains, social security benefits, worker's compensation benefits, unemployment insurance benefits, disability insurance benefits, pension benefits, insurance payments, retirement benefits, gifts, gaming winnings, prizes, and spousal maintenance.

☐ FISHING INCOME:

Types of fisheries:_____

☐ boat owner ☐ captain ☐crew member if so, captain name(s): _____

☐ boat name(s): _____ Estimated annual income: $_____

☐ PER CAPITA

Name of tribe: _____Estimated annual: $_____

☐ FIREWORKS INCOME:

Name of Stand(s): _____

☐ owner ☐ employee, if so, owner name(s):___ _____

Estimated annual income: $_____

☐ TRUST INCOME

Name of tribe: _____Estimated annual: $_____

☐ OTHER INCOME: (e.g., unemployment, retirement, worker's compensation, disability, TANF or GA, Social Security, rentals, subsidies, grants, stocks, bonds, gaming, gifts, prizes) Describe and estimate value.

| *Type* | *Source* | *Amount [ ] monthly [ ] yearly* |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

II. CUSTODIAL PARENT'S FINANCIAL INFORMATION (PERSON WHO WILL RECEIVE SUPPORT)

**CURRENT EMPLOYMENT** (Please add new sheets if needed for other employers)

1. EMPLOYER:_____

ADDRESS: _____

OCCUPATION: _____

Net wages per month: $_____(If the income is seasonal, check this box [ ] and give annual totals)

Extra payments from employment (bonuses, commissions, etc.) per year: $ _____

2. EMPLOYER:_____

ADDRESS: _____

OCCUPATION: _____

Net wages per month: $_____(If the income is seasonal, check this box [ ] and give annual totals)

Extra payments from employment (bonuses, commissions, etc.) per year: $ _____

**OTHER INCOME**

Please list all other sources of income (such as TANF or GA):

| *Type* | *Source* | *Amount [ ] monthly [ ] yearly* |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**EXTRA EXPENSES FOR CHILD(REN) Please provide documentation of the amount.**
Custodial Parent's monthly expenses, based on annual average, for the child(ren):

☐ premiums for the child(ren)'s medical and dental insurance: $_____

☐ costs in excess of $100 not covered by insurance or IHS, per year per child, for medical, dental or counseling services for the child(ren): $_____

☐ Services required for a child with physical and/or mental disability: $_____

☐ Child care necessary to permit the custodial parent to work: $_____

**OPTIONAL -- EXTRA EXPENSES** **If you wish an expense to be shared, please provide documentation of the amount.** If the custodial parent seeks to have the court order the other parent to pay contribution toward these other expenses, please state the monthly expenses, based on annual average, for the child(ren):

☐ Substance abuse counseling or treatment expenses $_____

☐ Expenses for child(ren)'s traditional cultural activities: $_____

☐ Extraordinary expenses for child(ren)'s education or extracurricular activity: $_____

☐ Necessary transportation or communication expenses for long-distance visitation or time-sharing $_____

☐ Additional extraordinary costs: $_____

Describe: _____

III. OTHER FACTORS.

Please list any other factors about your or the other parent's financial information that you wish to be considered.

IV. DOCUMENTATION

In addition to document requested above, please attach a copy of your most recent 2 pay stubs for all employers and your last income tax return.

V. DECLARATION

I declare under penalty of perjury that the statements made in this financial worksheet (pages 1-4) are true and correct to the best of my knowledge and belief.

_____ _____

Dated Signature

_____

Printed Name

**IF YOU ARE CURRENTLY UNEMPLOYED, OR UNDEREMPLOYED, PLEASE COMPETE THE FOLLOWING:**

## I. PAST TWO EMPLOYERS

1. From _____ (mo/yr) to _____ (mo/yr)

EMPLOYER:_____

ADDRESS: _____

OCCUPATION: _____

Net wages per month: $_____(If the income is seasonal, check this box [ ] and give annual totals)

Extra payments from employment (bonuses, commissions, etc.) per year: $ _____

Reason left employment:

2. From _____ (mo/yr) to _____ (mo/yr)

EMPLOYER:_____

ADDRESS: _____

OCCUPATION: _____

Net wages per month: $_____(If the income is seasonal, check this box [ ] and give annual totals)

Extra payments from employment (bonuses, commissions, etc.) per year: $ _____

Reason left employment:

## II. JOB SKILLS AND TRAINING

Based on past work history and/or training, what types of jobs would you be eligible for?

## III. JOB / TRAINING / INCOME SEARCH

Please describe efforts you are undertaking to earn income.

## IV. BARRIERS TO EMPLOYMENT

Do you have any barriers to employment, such as a disability? If so, please describe and provide documentation of those barriers.