

# CHEROKEE NATION OFFICE OF CHILD SUPPORT SERVICES HUMAN SERVICES DIVISION

#### FINANCIAL DISCLOSURE FORM

The Financial Disclosure Form is used to assist in the determination for the amount of child support to be paid. Both parties income is *included* in calculating child support. This calculation will be presented to the court for final determination.

"If you fail to turn in the financial disclosure form <u>within 30 days</u>, our office will be obligated to use other sources to determine the child support amount."

## PLEASE ATTACH COPIES OF YOUR TAX RETURNS FOR THE LAST YEAR AND PAYCHECK STUBS FROM YOUR EMPLOYER FOR THE LAST THREE MONTHS.

Financial Disclosure For:				
Assigned Case Manager:				
MTS/Case #:				
Social Security #: Date of Birth:				
Mailing Address:				
Address/P.O. Box/Apt # (if applicable)/Rural Route City State Zip Code Physical Address:				
Address/Apt # (if applicable)/Rural Route City State Zip Code Home Phone Number: Cell Phone Number:				
List all children involved in this case				
Child(ren) Date of Birth Child(ren) Date of Birth				
Primary Employer Information (Do not include overtime unless guaranteed)				
Employer Name: Occupation:				
Mailing Address:				
Address/P.O. Box/Apt # (if applicable)/Rural Route City State Zip Code				
Phone Number: Full Time Part Time				
Hourly Rate of Pay: Salary:				
Average # Weekly Hours: Pay Period: Weekly Bi-Weekly Monthly				

	imployer Inf	ormation (Do n	ot include	overtime unle	ess guaranteed)	
Employer Name:						
_	Occupation:					
Mailing Address:						
Ado	lress/P.O. Box/Ap	ot # (if applicable)/Rura	l Route	City S	tate Zip Code	
Phone Number: _				Full Tir	me Part Time	
Hourly Rate of Pay:			Salary:			
Average # Weekly H	ours:	Pay Peri	od: W	/eekly Bi	-Weekly Monthly	
Othe	er Sources o	of Income			Monthly	
Rental Income						
Bonus / Commission	S					
Pensions						
Social Security Disal	oility (SSD)					
Workers Compensation Benefits						
Alimony from someone other than the parent of this case.						
(N/A for Cherokee Nation orders)						
Unemployment Insur		<u>IS</u>				
Dividends / Interest I	ncome					
Military Pay						
Business / Farm / Jo						
Any Other Source (S	pecity)					
Total Gross Monthly	Income (incl	uding other sour	ces):			
Education / Degree / Certificates / Licenses (list all including professional and recreational):						
• •			•		cumentation for each	
expense)This informa			any percer			
NA 1: 15 (6		Type			Amount Per Month	
Medical Expenses (C	Ingoing expe	enses ex: braces	, asthma m	neds, etc)		
Medical Insurance						
Child Care						
List all abildues	h l	l ablimation to a		.4 :	4h: / list	
of other children if nee		i obligation to s	support no	ot included in	this case (attach list	
Child	DOB	Lives in ho Yes /		Child	d Support Ordered Yes / No	
		1337	110		1007110	

#### **LIST ALL CHILD SUPPORT OBLIGATIONS** (attach copies of all orders)

Court of Jurisdiction (Eg: State of OK - Adair County)	Order Date	Child Support Amount Ordered

### Available Resources to consider for In-kind (non-monetary) Payments:

#### In-kind payment option:

An "In-kind payment" option is the ability to use a specific service with an assigned value or using a good that has an assigned value that can be used to pay towards the current support amount. Any assigned value would be based upon the current fair market value. For example, if an NCP is a mechanic and could provide oil changes to the custodial party's vehicle that they use for the benefit of their child, then the office could agree to use that as an approved form of payment. Both parties would have to consent to this form of payment and proper documentation would need to be signed off on when accepting this type of payment to ensure credit is provided.

Potential In-kind Services
In-Kind Examples: diapers and formula, chopping wood for heat, maintenance on vehicle,
construction on home or property, provide deer or other game for food, etc.
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
I certify that my answers are true and complete to the best of my knowledge.
Signature Date