

CHILD SUPPORT PROCESSES OPTIONS FOR CANADA

UNIFORM INCOME STATEMENT

APPENDIX I

IF YOU HAVE A LAWYER, you should seek the lawyer's help in completing this form. Because the Oregon Ethics Code says we cannot talk directly to you if you have a lawyer (without the lawyer's permission), please fill in your lawyer's name and phone number below, and we will contact the lawyer.

Lawyer's Name: _____ Phone: _____

If you are not represented by a lawyer, you may wish to consult a lawyer before you complete and return the form.

_____	_____	_____
CASE NUMBER	DATE	SOCIAL SECURITY NUMBER
_____	_____	_____
NAME	DATE OF BIRTH	PLACE OF BIRTH

IF YOU ARE CURRENTLY EMPLOYED:

a) Are you working full time? YES NO

b) Name, address & phone number of employer: _____

c) What is the amount of your gross monthly income? \$ _____

d) Do you have health insurance available for your child(ren) from your employer, union or on a group

basis? YES NO Insurance Co.: _____ Policy #: _____

Source of insurance: employer other group union

e) **ATTACH A COPY OF YOUR LATEST PAY STUB**

IF YOU ARE UNEMPLOYED:

a) What type of work have you done in the past? _____

b) What kind of job skills do you have? _____

c) Why did you leave your last job? _____

d) Are you receiving workers' compensation or unemployment benefits? YES NO

e) If yes, list the monthly amount of benefits and source:

SOURCE: _____ AMOUNT: \$ _____

IF YOU ARE SELF-EMPLOYED:

a) Name, address & phone number of your business: _____

b) List the annual gross receipts: \$ _____

c) List costs of goods sold minus ordinary expenses required for business operations: \$ _____

d) **ATTACH A COPY OF THE MOST CURRENT IRS TAX RETURN FILED**

OTHER INCOME: (Commissions, advances, bonuses, dividends, severance pay, pensions, interest, trust income, return on capital, annuities, social security benefits, benefits from disability insurance, gifts, prizes, alimony, food stamps, public assistance, supplemental security income)

SOURCE: _____ AMOUNT: \$ _____
SOURCE: _____ AMOUNT: \$ _____
SOURCE: _____ AMOUNT: \$ _____
Bank Account # _____ Bank: _____
Savings Account # _____ Bank: _____

SED 100 (Rev. 9/04)

DIVORCE DECREE:

Are you divorced from the other party in this action? YES No

If yes, does the divorce order you to pay child support? YES No \$ _____ Monthly amount

Divorce filed in _____ County _____ Date _____ Court Number _____

Please provide a copy of your Divorce Decree

SPOUSAL SUPPORT:

a) Are you obligated to pay spousal support? YES NO

b) If yes, list person's name and monthly amount: _____ AMOUNT: \$ _____

c) Has a court ordered someone else to pay spousal support to you? YES NO

d) If yes, list payer's name and monthly amount: _____ AMOUNT: \$ _____

PRE-EXISTING SUPPORT OBLIGATIONS:

Are you required to pay child support for any other children? YES No

If yes, list child's name, date of birth and amount you are ordered to pay:

_____ AMOUNT: \$ _____
_____ AMOUNT: \$ _____
_____ AMOUNT: \$ _____

NONJOINT CHILDREN:

If you are legally responsible for a child who lives in your home, list name of child, date of birth and how you are related:

CHILD CARE COSTS:

a) If you are the custodial parent, do you pay child care costs for a joint child so that you can work or look for work? YES NO

b) Is the child less than 12 years old or disabled and unable to care for self? YES NO

c) If you answered yes to both questions, list names, dates of birth and amount you pay for care:

_____ AMOUNT: \$ _____
_____ AMOUNT: \$ _____
_____ AMOUNT: \$ _____

MEDICAL EXPENSES:

If you are the custodial parent, do any of the joint children have recurring medical expenses that are not paid by health insurance?
___ YES ___ NO

If yes, list name of child, nature of expense, and monthly cost:

_____	AMOUNT: \$ _____
_____	AMOUNT: \$ _____
_____	AMOUNT: \$ _____

SHARED PHYSICAL CUSTODY:

Do you and the other parent have an agreement in writing or by court order that one parent has physical custody not less than 35% of the time? If so, attach a copy of the written agreement or order to this form.

OTHER PARENT:

Please fill in any information you have about the other parent's income, occupation and/or employer, and any other information you want considered:

Signature

Date