

**CHILD SUPPORT OBLIGATION
INCOME STATEMENT/AFFIDAVIT**

Case Number

IN THE CIRCUIT COURT OF _____ COUNTY

0

AFFIDAVIT

I, Emily Umfress Hood, being duly sworn upon my oath, state as follows:

1. I am the defendant in this case.

My Social Security number is: 422-11-8329

2. I am not now employed.

3. My gross monthly income includes:

Employment income	\$	-
Self-employment income		
Other employment-related income		
Other non-employment related income		
Total	\$	-

3a. I incur the following amount monthly for child care -

3b. The child(ren) of the parties is/are

X not covered by health insurance from me
and/or my employer.

covered by health insurance and I pay the
following amount monthly for the insurance
coverage \$ -

4. I understand that I will be required to maintain all income documentation used in preparing this affidavit (including my most recent income tax return) and that such documentation shall be made available as directed by the court.

5. I understand that any intentional falsification of the information presented in this income statement/affidavit shall be deemed contempt of court.

Sworn to and subscribed before me this

Emily Umfress Hood

Date: February 23, 2015

Notary/Clerk/Register

**CHILD SUPPORT OBLIGATION
INCOME STATEMENT/AFFIDAVIT**

IN THE CIRCUIT COURT OF _____ COUNTY

0

AFFIDAVIT

I, Stephen Dale Hood, being duly sworn upon my oath, state as follows:

1. I am the plaintiff in this case.

My Social Security number is: 465-61-7710

2. I am now employed. My employer's name and address are as follows:

Ascension Episcopal Church
1912 Canyon Rd
Birmingham, AL 35216

3. My gross monthly income includes:

	Employment income	\$	7,733.25
	Self-employment income		
	Other employment-related income		
	Other non-employment related income		
Total		\$	7,733.25

3a. I incur the following amount monthly for child care -

3b. The child(ren) of the parties is/are

X not covered by health insurance from me
and/or my employer.

covered by health insurance and I pay the
following amount monthly for the insurance
coverage \$ -

4. I understand that I will be required to maintain all income documentation used in preparing this affidavit (including my most recent income tax return) and that such documentation shall be made available as directed by the court.

5. I understand that any intentional falsification of the information presented in this income statement/affidavit shall be deemed contempt of court.

Sworn to and subscribed before me this Stephen Dale Hood

Date: February 23, 2015

Notary/Clerk/Register

IN THE CIRCUIT COURT OF _____ COUNTY

Children	Date of Birth	Children	Date of Birth

	Plaintiff	Defendant	Combined
1. MONTHLY GROSS INCOME		-	
a. Minus Preexisting Child Support Payments		-	
b. Minus Preexisting Periodic Alimony Payments		-	
2. MONTHLY ADJUSTED GROSS INCOME		-	-
3. PERCENTAGE SHARE OF INCOME (Each parent's income on Line 2 divided by the Combined income)			
4. BASIC CHILD SUPPORT OBLIGATION (Apply Line 2 Combined to "schedule of basic child support obligations" (Appendix to Rule 32))			
5. WORK RELATED CHILD CARE COSTS			
6. HEALTH INSURANCE COSTS			
7. TOTAL CHILD SUPPORT OBLIGATION (Add lines 4,5, and 6)			
8. EACH PARENT'S CHILD SUPPORT OBLIGATION (Multiply Line 7 by Line 3)	-	-	
9. ADJUSTMENT FOR PAYMENT OF HEALTH INSURANCE (If obligor pays health insurance, enter amount paid in obligor's column)	-	-	
10. RECOMMENDED CHILD SUPPORT ORDER (Subtract Line 9 from the amount on Line 8 Leave custodial parent's column blank)	\$ -	\$ -	

Comments, Calculations, or Rebuttals to Guidelines:

BY: _____ Date: _____