

STATE OF SOUTH CAROLINA)
 COUNTY OF _____)
)
 _____)
 Plaintiff)
 vs)
)
 _____)
 Defendant)

IN THE FAMILY COURT OF THE
 _____ JUDICIAL CIRCUIT

**SHORT FORM
 FINANCIAL DECLARATION
 OF _____
 (FOR USE ONLY IN CHILD SUPPORT ENFORCEMENT
 AND WITH PETITION FOR ORDER OF PROTECTION)**

Docket No. _____

Address	
Age	
Occupation	
Employer	
Employer Address	

<u>Gross Monthly Income</u>	<u>Amount:</u>	<u>Monthly Expenses</u> (have proof of expenses available)	<u>Amount:</u>
1) Earnings (attach recent pay stubs)	_____	1) Rent/Mortgage	_____
2) Overtime	_____	2) Utilities	_____
3) Social Security, VA Benefits Workers Comp or Disability (SSI)	_____	3) Cell phone/Phone	_____
4) Unemployment	_____	4) Food	_____
5) Alimony/Child Support	_____	5) Child Support/Alimony (outside of this case)	_____
6) Other (Specify) _____	_____	6) Child Care	_____
(Add lines 1-6) Total Amount:	_____	7) Car Payment	_____
		8) Car Operating Expenses (Insurance, gas, maintenance)	_____
		9) Clothing	_____
		10) Cable/Satellite TV/Internet	_____
		11) Medical/Dental/Vision Expenses (self)	_____
		12) Medical/Dental/Vision Expenses (child)	_____
		13) Medical/Dental/Vision Insurance (self)	_____
		14) Medical/Dental/Vision Insurance (child)	_____
		15) Credit Card/Loan Payments	_____
		16) Other (Specify) _____	_____
		(Add lines 1-16) Total Amount:	_____

<u>Assets</u>	<u>Amount:</u>
1) Cash	_____
2) Money in Bank accounts (Checking & Savings)	_____
3) IRA/401K/Pensions	_____
4) Other (Specify) _____	_____
(Add lines 1-4) Total Amount:	_____

How many other biological children in the home? _____

Name(s) and Date(s) of Birth

Sworn to before me this _____ day
 of _____, 20_____

Signature

 Notary Public for South Carolina
 My Commission Expires: _____