



SUNSHINE DISPUTE RESOLUTION

PATERNITY & CHILD SUPPORT

| | | | |
|--|--|----------------------|--------------------------|
| 1. Petitioner (First, Middle, Last) | | Date of Birth | Social Security # |
| Address | | City | State, Zip Code |
| Cell () | | Email | |
| Home () | | Driver Lic # | |

RESPONDENT INFORMATION

| | | | |
|--|--|-----------------------|--------------------------|
| 2. Respondent (First, Middle, Last) | | Date of Birth | Social Security # |
| Home Address | | City | State, Zip Code |
| Work Address | | City | State, Zip Code |
| Telephone: () | | Email Address: | |

MINOR CHILDREN INFORMATION

| Child/ren Name | D/O/B | Place of Birth | Social Security # |
|----------------|-------|----------------|-------------------|
| | | | |
| | | | |

married_ or Single_ if married. Was the party married to Respondent at the time of conception - Y_N_

if answer is no - Please provide husband name at the time of conception (Applicable to mother)

Name: _____ Address: _____

How would you like child support to be disbursed? SED_ Direct_ Income deduction (from pay chk)___

Last Child Support Payment ___/___/_____ Amount _____

Current visitation schedule for minor __Yes__No M /T/ W / TR/ F * Every Other Week-end

LAST 5 YEARS OF RESIDENCY FOR MINOR CHILD/REN

| Address where child/ren lived | Duration | Whom? |
|-------------------------------|---------------------|-------------------|
| | From _____ To _____ | Mother__ Father__ |
| | From _____ To _____ | Mother__ Father__ |
| | From _____ To _____ | Mother__ Father__ |
| | From _____ To _____ | Mother__ Father__ |

| Any Previous cases (Child Sup/Domestic violence) | | TYPE |
|--|--|------|
| Case 1 # | | TYPE |
| Case 2 # | | TYPE |

Initial _____

Initial _____



FINANCIAL AFFIDAVIT

INCOME STATEMENT

| | | | | |
|-----------------------|----|----------------------|-----------|----|
| Employer's Name | | | Position | |
| Employer's Address: | | | City, Zip | |
| Gross wages | \$ | Hourly__Wkly__Mthly_ | Take Home | \$ |
| Second Job | \$ | Hourly__Wkly__Mthly_ | Take Home | \$ |
| Unemployment comp | \$ | Hourly__Wkly__Mthly_ | Take Home | \$ |
| SSI , Pension | \$ | Hourly__Wkly__Mthly_ | Take Home | \$ |
| Income from Family | \$ | Hourly__Wkly__Mthly_ | Take Home | \$ |
| Child Support | | Hourly__Wkly__Mthly_ | Take Home | \$ |
| Checking Account Bal: | \$ | Saving Account Bal: | \$ | |

EXPENSE STATEMENT

AVERAGE MONTHLY EXPENSES

| A. HOUSEHOLD : | | B. AUTOMOBILE | | C. CHILDREN EXPENSES | |
|------------------------|--|--------------------|--|----------------------|--|
| Mortgage or Rent | | Car Payment | | Pe-school /Day Care | |
| Utilities | | Gasoline | | After-Care | |
| Telephone | | Insurance | | Lunch Expenses | |
| Food | | | | Medical Insurance | |
| Religious Organization | | Transportation exp | | Gift for holidays | |
| Entertainment | | | | Grooming | |
| Grooming | | | | | |
| Medical/Dental | | | | | |

MONTHLY PAYMENTS TO CREDITORS, CHILD SUPPORT ETC

| CREDIT CARDS | | CHILD SUPPORT | | | AGE |
|------------------|--------|----------------|--------|----------------------------|-----|
| NAME OF CREDITOR | AMOUNT | CHILD/REN NAME | AMOUNT | Through Child Support Enf. | |
| | | | | Are you current __yes__no | |
| | | | | Are you current __yes__no | |
| | | | | Are you current __yes__no | |

Petitioner Signature _____ Respondent Signature _____

I hereby declare that the above information given is true to the best of my knowledge and belief, and I also understand it may use as evidence in court and is subject to penalty for perjury

Information provided will be used to determine child support, indigent eligibility and Financial Affidavit

Waiver Request IS NOT GUARANTEED. It is beyond our control- it is entirely the decision of the Judicial Court