

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON  
IN AND FOR THE COUNTY OF CHELAN JUVENILE DIVISION

STATE OF WASHINGTON )  
 )  
 Plaintiff, )  
 VS. )  
 \_\_\_\_\_ )

NO.  
  
FINANCIAL AFFIDAVIT  
(FNDCLR)  
**CONFIDENTIAL**

DOB \_\_\_/\_\_\_/\_\_\_\_\_ )

**PARENTAL/CUSTODIAN INFORMATION ONLY PLEASE COMPLETE FORM IN BLACK INK ONLY**  
Fill out in complete detail; if you leave any space blank, it means that it does not apply to you or is zero.

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
(street)  
\_\_\_\_\_  
(city) (state) (zip code)
3. Social Security Number: \_\_\_\_\_ DOB \_\_\_\_\_
4. Telephone Number: (\_\_\_\_) \_\_\_\_\_
5. List all persons whom you support, include name, relationship and address: (add to back if more)
  - a)
  - b)
6. a) If you are employed. Name of Employer: \_\_\_\_\_
  - b) Address of Employer: \_\_\_\_\_
  - c) Phone Number:(\_\_\_\_) \_\_\_\_\_
  - d) Your job title: \_\_\_\_\_
  - e) Average gross Monthly wage \$ \_\_\_\_\_
  - f) Deductions: Withholding Tax: \$ \_\_\_\_\_  
Social Security (FICA) \$ \_\_\_\_\_  
Other Deductions (list) \$ \_\_\_\_\_
  - g) Total Deductions: \$ \_\_\_\_\_
  - h) Net monthly wage: \$ \_\_\_\_\_
7. a) If your spouse is employed Employer's name: \_\_\_\_\_
  - b) Address of Employer: \_\_\_\_\_
  - c) Phone Number:(\_\_\_\_) \_\_\_\_\_
  - d) Spouse's job title: \_\_\_\_\_
  - e) Average gross Monthly wage \$ \_\_\_\_\_
  - f) Deductions: Withholding Tax: \$ \_\_\_\_\_  
Social Security (FICA) \$ \_\_\_\_\_  
Other Deductions (list) \$ \_\_\_\_\_
  - g) Total Deductions \$ \_\_\_\_\_
  - h) Spouse's net monthly wage: \$ \_\_\_\_\_

8. If you or your spouse has income from other than employment list (IE: CHILD SUPPORT, DSHS, UNEMPLOYEMENT, RENTAL INCOME, ETC):

SOURCE OF INCOME	MONTHLY AMOUNT
_____	_____
_____	_____

9. Monthly living expenses of your household:

- a) Rent or Mortgage (circle) \$ \_\_\_\_\_
- b) Food \$ \_\_\_\_\_
- c) Utilities \$ \_\_\_\_\_
- d) Transportation \$ \_\_\_\_\_
- e) Medical and Dental \$ \_\_\_\_\_
- f) Insurance \$ \_\_\_\_\_
- g) Others (list below) \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- h) TOTAL EXPENSES \$ \_\_\_\_\_

10. Assets of you and /or your spouse:

- a) Cash \$ \_\_\_\_\_
- b) Savings Accounts \$ \_\_\_\_\_
- c) Checking Accounts \$ \_\_\_\_\_
- d) Real Property (e.g. home) \$ \_\_\_\_\_
- List value less amount owing \$ \_\_\_\_\_
- e) Automobiles \$ \_\_\_\_\_
- f) Household goods and furniture \$ \_\_\_\_\_
- g) Stocks and bonds \$ \_\_\_\_\_
- h) Notes, mortgages, trusts \$ \_\_\_\_\_
- i) Debts owed to you or spouse \$ \_\_\_\_\_
- j) Other assets (list below) \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- k) TOTAL \$ \_\_\_\_\_

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ at Wenatchee, Washington.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

PLEASE RETURN TO: ALICE HILDUM  
CLERK'S OFFICE  
P.O. BOX 3025  
WENATCHEE, WA 98807  
(509) 667-6566