



### FINANCIAL STATEMENT

DATE:

Division Case Number:

The Financial Statement is used to determine the proper amount of child support for your case. It is important to return this document along with proof of income and expenses within the specified time frame in order to receive proper credit on the support obligation worksheet.

#### SECTION A: HOUSEHOLD/SUPPORT ORDER INFORMATION

CP/NCP FIRST NAME MIDDLE NAME LAST NAME

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Residential Address: \_\_\_\_\_

(if different) \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Your nearest living relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

Relative's Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of dependents in this case:

\_\_\_\_\_  
 \_\_\_\_\_

Dependents living with you for whom you are the biological or adoptive parent:

Child's Name	Birth Date	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other persons presently supported by you under any court or administrative order:

Name	Address	Birth Date	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Order Date/Type (Court or Administrative)	Payee (Person you pay)	Ordered Amount (\$ amt and pay frequency)	Total Amount Paid (Over last 6 months)
_____	_____	_____	_____
_____	_____	_____	_____

To receive credit for the above payments, you must provide proof such as pay stubs, receipts from the custodial parent on the case, or other documents that verify payments.

If you pay or receive spousal support/alimony, provide the following information:

Order Date	Issuing Court	\$ Amount/Frequency	Paid to/Received from
_____	_____	_____	_____

**SECTION B: INCOME / EMPLOYMENT**

Are you self-employed?  Yes  No

NOTE: If you are self-employed, you must submit your most current tax return including all Schedules, as well as a record of all self-employment tax you have paid this calendar year. Self-employed individuals may be entitled to deductions from their gross monthly income that can only be determined if you provide this information.

Employer: \_\_\_\_\_ Employment Date: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Pay Frequency (check one):  Weekly  Bi-weekly  Semi-monthly (twice/month)  Monthly

Do you receive overtime pay?  Yes  
 No

Gross pay per period: \_\_\_\_\_  
(amount paid before deductions including overtime/shift differential pay if applicable)

Do you have a 2<sup>nd</sup> job?  Yes  No

If yes, provide secondary employer information:

Employer: \_\_\_\_\_ Employment Date: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Pay Frequency (check one):  Weekly  Bi-weekly  Semi-monthly (twice/month)  Monthly

Do you receive overtime pay?  Yes  
 No

Gross pay per period: \_\_\_\_\_  
(amount paid before deductions including overtime/shift differential pay if applicable)

Important: Attach copies of your 3 most recent pay stubs or a written statement from your employer(s) verifying your average gross monthly income.

Do you receive income from any other source?  Yes  
 No

Monthly amount: \_\_\_\_\_

Income is defined as salaries, wages, commissions, royalties, bonuses, dividends, severance pay, pensions, interest, trust income, annuities, capital gains, social security benefits, workers' compensation benefits, unemployment insurance benefits, disability insurance benefits, veteran's benefits, spousal support, rental income, gifts, prizes or awards.

Current gross monthly income (total amount of income from all sources indicated above): \_\_\_\_\_

Total income over last 12 months (total amount of all W-2's): \_\_\_\_\_

Past employment and periods of unemployment: List all previous employers and periods of unemployment for the last 12 months:

Name	Address	Gross Monthly Income	Employment Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION C: HEALTH INSURANCE**

Please provide proof of insurance and insurance costs.

Is health insurance available at your place of employment?  Yes  No

Do you have health insurance?  Yes  No      Are the children on this case included in the policy?  Yes  No

Name and relationship of others covered in this policy:

Name	Relationship
_____	_____
_____	_____
_____	_____

Name of insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Is vision insurance available at your place of employment?  Yes  No

Do you have vision insurance?  Yes  No      Are the children on this case included in the policy?  Yes  No

Name and relationship of others covered in this policy:

Name	Relationship
_____	_____
_____	_____
_____	_____

Name of insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Is dental insurance available at your place of employment?  Yes  No

Do you dental health insurance?  Yes  No      Are the children on this case included in the policy?  Yes  No

Name and relationship of others covered in this policy:

Name	Relationship
_____	_____
_____	_____
_____	_____

Name of insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

If insurance is not available through your employer, is it available through other groups or organizations or your union?

Yes  No

If yes, what group? \_\_\_\_\_

Please provide the following information if you are providing insurance or if insurance coverage is offered through your employer or another group or organization (the costs for each option must be provided to receive credit for the cost of providing coverage):

Cost of health insurance:	Employee only	\$ _____	per _____
	Employee plus 1	\$ _____	per _____
	Employee plus family	\$ _____	per _____

Cost of vision insurance:	Employee only	\$ _____	per _____
	Employee plus 1	\$ _____	per _____
	Employee plus family	\$ _____	per _____

Cost of dental insurance:	Employee only	\$ _____	per _____
	Employee plus 1	\$ _____	per _____
	Employee plus family	\$ _____	per _____

**SECTION D: DEPENDENT CARE EXPENSES**

Please provide proof of dependent care expenses. A statement or multiple receipts from the child care provider must be provided in order to receive credit.

List only child care information necessary due to your employment (for children on this case only):

Child Care Provider	Phone Number	Amount paid	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

Does the Department of Social Services pay any portion of your child care expenses?  Yes  No

If yes, amount paid: \$ \_\_\_\_\_ per \_\_\_\_\_

**SECTION E: PROPERTY AND RESOURCES**

Do you own in whole or part any of the following?

Real Estate (Land or Buildings):  Yes  No

Fair Market Price	Location	Amount Owed	Mortgagee	Income Producing	Profit per Year
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Other assets:  Yes  No

If yes, please explain: \_\_\_\_\_

Bank accounts:  Yes  No

Name of bank or credit union: \_\_\_\_\_

I hereby certify under penalty of perjury as set forth in Va. Code § 63.2-502 that I have given the statements in this document and they are true and correct. I further agree to notify the Division of Child Support Enforcement of any changes in my income or expenses.

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Signature

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Date

According to Va. Code § 63.2-1919, financial statements from noncustodial and custodial parents must be filed with the Department of Social Services upon request as long as a debt to the Department exists or an authorization for the Department to collect or enforce a support obligation exists. Failure to return this financial statement may adversely affect your child support obligation and shall constitute a Class 4 misdemeanor.

To obtain additional case and/or payment information, visit our customer service portal at <https://mychildsupport.dss.virginia.gov/>.

NOTICE: Section 7 of the Privacy Act (5 USC § 552a) and Section 466(a)(13) of the Social Security Act [42 USC§ 666(a)(13)] require all individuals subject to child support orders to provide their social security numbers. These numbers will be kept in the case records and will only be used to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations.