

Superior Court of the District of Columbia

FAMILY DIVISION

DOMESTIC RELATIONS BRANCH

Plaintiff

vs.

Defendant

Jacket No. D _____

EMPLOYER'S STATEMENT

(Covering Employment of Husband (Wife))

1. Name of employee _____ SS#: _____

2. Name of employer _____

3. Address of employee _____ Phone: _____

4. Business address of employer _____ Phone: _____

5. Occupation of employee _____

6. Name and title of supervisor _____

7. Pay days _____

8. Dependents claimed for exemption purposes _____

9. Annual pay _____ 10. Base pay _____

11. Rate of pay per hour _____ 12. Overtime _____

13. Bonds deducted _____

14. Social Security (F.I.C.A.) or retirement deducted _____

15. Withholding tax deducted:

a. Federal _____

b. District of Columbia _____

c. State of _____ _____

Total: _____ _____

16. Union dues _____

17. Garnishments _____

18. Other Deductions (please itemize) _____

19 Gross Wages per pay day _____

20 Gross Wages actually paid employee during each of last six months _____ /9_ : _____

_____ /9_ : _____ /9_ : _____

_____ /9_ : _____ /9_ : _____

21. REMARKS: Is health insurance available? Cost to add ___ children to
health insurance: _____ If employee has health insurance what is the
individual cost? _____ What is the additional cost for ___ children? _____

I, _____, do hereby certify that the
foregoing statement has been prepared by me and the facts contained therein are true.

Date: _____ _____
Employer

Jacket No. _____

FINANCIAL STATEMENT

Date _____

V.

NAME: _____	SOCIAL SECURITY NO.: _____	OCCUPATION: _____
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NAME AND ADDRESS OF CURRENT EMPLOYER: _____	I claim _____ exemptions for withholding tax purposes.
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INCOME INFORMATION*

AVERAGE MONTHLY EXPENSES

1. Monthly gross wages \$ _____	
2. Less Mandatory Monthly Deductions:	
Federal Income Tax \$ _____	
State Income Tax _____	
Retirement:	
FICA _____	
Social Security _____	
Medical Insurance _____	
Other \$ _____	
TOTAL \$ _____	
3. Monthly Net Wages \$ _____	
(Subtract Line 2 from line 1)	
4. Monthly income from all other sources (e.g., part-time or overtime wages, fees rents, dividends, commissions, unemployment compensation, disability, social security, retirement, interest, bonuses, etc.) \$ _____	
5. Less Other Mandatory Monthly Deductions:	
Federal Income Tax \$ _____	
State Income Tax _____	
Retirement:	
FICA _____	
Social Security _____	
Medical Insurance _____	
Other _____	
TOTAL \$ _____	
6. Monthly Net Income from all other sources \$ _____	
(Subtract Line 5 from Line 4)	
7. Total Monthly Net Disposable Income \$ _____	
(Add Lines 3 and 6)	
8. Total Monthly Gross Income \$ _____	
(Add Lines 1 and 4)	

	Wife/Husband	Children
Housing, etc.		
Rent/Mortgages \$ _____	\$ _____	\$ _____
Utilities _____	_____	_____
Taxes _____	_____	_____
Food		
Groceries/Household Supplies _____	_____	_____
Meals Out _____	_____	_____
Automobile		
Payment _____	_____	_____
Gas/Oil _____	_____	_____
Repairs _____	_____	_____
Insurance _____	_____	_____
Tags _____	_____	_____
Life Insurance		
(List beneficiaries)		

Health Insurance (not listed as income deduction)		

School		
Tuition _____	_____	_____
Supplies/Fees _____	_____	_____
Child Care Expenses		
To allow for employment/education _____	_____	_____
To allow for recreation _____	_____	_____
Lessons (e.g. music, dance, art) _____	_____	_____
Allowance _____	_____	_____
Clothing/Uniforms _____	_____	_____
Dry Cleaning/Laundry _____	_____	_____
Medical Expenses (Unpaid by insurance) _____	_____	_____
Charitable Contributions _____	_____	_____
Recreation _____	_____	_____
Vacations _____	_____	_____
Miscellaneous:		
Transportation (non-auto) _____	_____	_____
Telephone _____	_____	_____
Periodic Payments Required on Bills:		

Total Monthly Expenses _____	_____	_____

SUMMARY

9. Total Monthly Net Disposable Income \$ _____	
10. Less Total Monthly Expenses \$ _____	
11. Difference: \$ _____	

NOTE: If you are paid weekly, multiply your weekly gross wages by 4.3 to arrive at your monthly gross wage. If you are paid every two weeks multiply your bi-weekly gross wages by 2.15 to arrive at your monthly gross wage.

PLEASE ATTACH LATEST WAGE STATEMENTS SHOWING YOUR DEDUCTIONS

