Circuit Court for _____ **Case No.** _____
City or County

_____ **vs.** _____
Name Name

_____ _____
Address Address

_____ _____
City, State, Zip City, State, Zip

_____ _____
Telephone Telephone

Plaintiff ***Defendant***

FINANCIAL STATEMENT
(Child Support Guidelines)
Md. Rule 9-203(b)
(CC-DR-030)

I, _____, state that:
Name

I am the _____ of the minor child(ren),
State Relationship (for example, mother, father, aunt, grandfather, guardian, etc.)

including children who have not attained the age of 19 years old, are not married or self-supporting, and are enrolled in secondary school:

Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth

The following is a list of my income and expenses (see below*):
See definitions on other side before filling out.

Total monthly income (before taxes) _____
Child support I am paying for my other child(ren) each month _____
Alimony I am paying each month to _____ _____
Name of Person(s)

Alimony I am receiving each month from _____ _____
Name of Person(s)

<u>For the child or children listed above:</u>
The monthly health insurance premium _____
Work-related monthly child care expenses _____
Extraordinary monthly medical expenses _____
School and transportation expenses _____

*To figure the monthly amount of expenses, weekly expenses should be multiplied by 4.3 and yearly expenses should be divided by 12. If you do not pay the same amount each month for any of the categories listed, figure what your average monthly expense is.

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information, and belief.

_____ _____
Date Signature

Reset

Total Monthly Income: Include income from all sources including self-employment, rent, royalties, business income, salaries, wages, commissions, bonuses, dividends, pensions, interest, trusts, annuities, social security benefits, workers compensation, unemployment benefits, disability benefits, alimony or maintenance received, tips, income from side jobs, severance pay, capital gains, gifts, prizes, lottery winnings, etc. Do not report benefits from means-tested public assistance programs such as food stamps or AFDC.

Extraordinary Medical Expenses: Uninsured expenses over $100 for a single illness or condition including orthodontia, dental treatment, asthma treatment, physical therapy, treatment for any chronic health problems, and professional counseling or psychiatric therapy for diagnosed mental disorders.

Child Care Expenses: Actual child care expenses incurred on behalf of a child due to employment or job search of either parent with amount to be determined by actual experience or the level required to provide quality care from a licensed source.

School and Transportation Expenses: Any expenses for attending a special or private elementary or secondary school to meet the particular needs of the child and expenses for transportation of the child between the homes of the parents.