

Sample for Reference Purposes Only. Forms have bilingual format for your convenience, but must be completed and filed with the court in English. 表格样本，仅供参考。为了提供便利，表格采用双语格式，但向法院提交的表格必须用英语填写。

This form contains Restricted Information.
此表格含有受限信息。



CIRCUIT COURT FOR _____, MARYLAND
City/County

巡回法院 _____, 马里兰州
市/县

Located at _____ Telephone _____
Court Address

地址 _____ 电话 _____
法院地址

Case No. _____
案件编号 _____

Plaintiff
原告

VS.
诉

Defendant
被告

Street Address
街道地址

Street Address
街道地址

City, State, Zip
城市、州、邮政编码

Telephone
电话

City, State, Zip
城市、州、邮政编码

Telephone
电话

FINANCIAL STATEMENT

财务报表

(Child Support Guidelines)

(子女抚养费指南)

(Md. Rule 9-203(b))

《马里兰州规则》第 9-203(b) 条

You must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission.

您必须在提交此材料的同时提交一份《根据第 20-201.1 条规则有关受限信息的通知》(MDJ-008 表)。

I, _____, state that:
Name

本人, _____, 声明:
姓名

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

我是未成年子女的 _____,
注明关系(例如母亲、父亲、阿姨/姑妈/伯母/舅妈、祖父/外祖父、监护人等)

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

包括未满 19 岁、未婚或未自立、以及就读于中学的子女:

_____ Name 姓名	_____ Date of Birth 出生日期	_____ Name 姓名	_____ Date of Birth 出生日期
_____ Name 姓名	_____ Date of Birth 出生日期	_____ Name 姓名	_____ Date of Birth 出生日期
_____ Name 姓名	_____ Date of Birth 出生日期	_____ Name 姓名	_____ Date of Birth 出生日期

The following is a list of my income and expenses (see below*):

以下为我的收入和开支列表(参阅下文*):

See definitions on page 2 before filling out.

填写前请查看第 2 页中的定义。

Total monthly income (before taxes)

每月总收入(税前)

\$ _____

Child support I am paying for my other child(ren) each month

我每个月为其他子女支付的子女抚养费

\$ _____

Alimony I am paying each month to _____

Name of Person(s)

我每个月向以下人员支付的赡养费 _____

人员姓名

\$ _____

Alimony I am receiving each month from _____

Name of Person(s)

我每月从以下人员收到的赡养费 _____

人员姓名

\$ _____

For the child or children listed above:

对于上文所列的子女(一个或多个):

The monthly health insurance premium

每月医疗保险保费

\$ _____

Work-related monthly child care expenses

工作相关每月托儿费

\$ _____

Extraordinary monthly medical expenses

特别的每月医疗开支

\$ _____

School and transportation expenses

学校和交通开支

\$ _____

*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.

*如需确定每月开支金额,每周开支应乘以 4.3,每年开支应除以 12。如果您针对上文所列任何种类每月所付金额不等,则请确定您的平均月开支金额。

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

根据作伪证的处罚规定,我郑重声明,就我所知、所晓和所信,本文件内容属实。

Date
日期

Signature
签名

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.

每月总收入: 包括所有来源的收入, 包括自雇、租金、版税、营业收入、薪水、工资、佣金、奖金、股息、退休金、利息、信托、年金、社会保障福利、工伤赔偿、失业金、残疾福利、收到的赡养费或生活费、小费、副业收入、遣散费、资本收益、礼品、奖品、彩票奖金等。无需报告源自基于经济状况调查的公共援助项目的福利, 例如粮食券或受抚养子女家庭援助 (AFDC)。

Extraordinary Medical Expenses: Uninsured expenses in excess of \$250 in a calendar year for medical treatment, including orthodontia, dental treatment, vision care, asthma treatment, physical therapy, treatment for any chronic health problems, and professional counseling or psychiatric therapy for diagnosed mental disorders.

特别的医疗开支: 每个日历年超过 \$250 的无保险医疗开支, 包括牙齿矫正、牙科治疗、视科保健、哮喘治疗、物理治疗、任何慢性健康问题的治疗, 以及确诊的精神障碍的专业咨询或精神治疗。

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.

托儿费: 因父母一方就业或求职而为子女产生的实际托儿费, 具体金额视为持执照育儿人员提供优质育儿所需的实际经验或水平而定。

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.

学校和交通开支: 为满足子女特定需要而就读特殊或私立小学或中学的任何费用, 以及子女在父母家之间往返的交通费用。