

STATE OF SOUTH CAROLINA)
 COUNTY OF _____)
)
 _____)
 Plaintiff)
 vs)
)
 _____)
 Defendant)

IN THE FAMILY COURT OF THE
 _____ JUDICIAL CIRCUIT

**SHORT FORM
 FINANCIAL DECLARATION**
 OF _____
 (FOR CHILD SUPPORT ENFORCEMENT ONLY)

Docket No. _____

Address	
Age	
Occupation	
Employer	
Employer Address	

Gross Monthly Income Amount:

1) Earnings (**attach recent pay stubs**) _____
 2) Overtime _____
 3) Social Security, VA Benefits _____
 Workers Comp or Disability (SSI) _____
 4) Unemployment _____
 5) Alimony/Child Support _____
 6) Other (Specify) _____
 (Add lines 1-6) **Total Amount:** _____

Monthly Expenses Amount:
(have proof of expenses available)

1) Rent/Mortgage _____
 2) Utilities _____
 3) Cell phone/Phone _____
 4) Food _____
 5) Child Support/Alimony _____
 (outside of this case)
 6) Child Care _____
 7) Car Payment _____
 8) Car Operating Expenses _____
 (Insurance, gas, maintenance)
 9) Clothing _____
 10) Cable/Satellite TV/Internet _____
 11) Medical/Dental/Vision Expenses (self) _____
 12) Medical/Dental/Vision Expenses (child) _____
 13) Medical/Dental/Vision Insurance (self) _____
 14) Medical/Dental/Vision Insurance (child) _____
 15) Credit Card/Loan Payments _____
 16) Other (Specify) _____
 (Add lines 1-16) **Total Amount:** _____

Assets Amount:

1) Cash _____
 2) Money in Bank accounts _____
 (Checking & Savings)
 3) IRA/401K/Pensions _____
 4) Other (Specify) _____
 (Add lines 1-4) **Total Amount:** _____

How many other biological children in the home? _____
 Name(s) and Date(s) of Birth

Sworn to before me this _____ day
 of _____, 20____

Signature

 Notary Public for South Carolina
 My Commission Expires: _____
 SCCA 430S (2/2014)