

# FINANCIAL STATEMENT FOR SUMMARY SUPPORT ACTIONS

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\_\_\_\_\_  
Plaintiff  
vs.  
\_\_\_\_\_  
Defendant

SUPERIOR COURT OF NEW JERSEY  
CHANCERY DIVISION -FAMILY PART  
COUNTY OF: \_\_\_\_\_  
DOCKET NO. \_\_\_\_\_  
FINANCIAL STATEMENT FOR  
SUMMARY SUPPORT ACTIONS

## PART A - PERSONAL INFORMATION: *Provide the following information about yourself*

\_\_\_\_\_  
Name (last, first, middle): Social Security No.:

\_\_\_\_\_  
Address: Home Phone No.:

\_\_\_\_\_  
Employer: Occupation:

## PART B - GROSS WEEKLY INCOME: *Report your weekly income. Divide monthly by 4.3; bi-weekly by 2.*

- |                                                                                 |    |
|---------------------------------------------------------------------------------|----|
| 1. Salary, wages, commission, bonuses and other payment for services performed: | \$ |
| 2. Income from operating a business minus ordinary and necessary expenses:      | \$ |
| 3. Social Security Retirement ( <i>over 62, green check</i> ):                  | \$ |
| 4. Social Security Disability ( <i>green check</i> ):                           | \$ |
| 5. Veterans' Administration Pension                                             | \$ |
| 6. Worker's compensation:                                                       | \$ |
| 7. Other pensions, disability or retirement income:                             | \$ |

8. Unemployment compensation:	\$
9. Interest, dividends, annuities or other investment income:	\$
10. Income from the sale, trade or conversion of capital assets:	\$
11. Income from an estate of a decedent (a will):	\$
12. Alimony or separate maintenance from a previous marriage:	\$
13. Income from Trusts:	\$
14. Other income (specify):	\$
15. Other income (specify):	\$
<b>Total Gross Income (add lines 1 through 15):</b>	<b>\$</b>

**PART C - WEEKLY EXEMPTIONS:** Report the following deductions from your weekly income.

1. Number of tax exemptions claimed:	
2. Mandatory union dues:	\$
3. Mandatory retirement contributions:	\$
4. Health insurance premium (must include child(ren) named in the complaint):	\$
5. Alimony or child support orders paid (State: _____ Case No. _____)	\$

**PART D - OTHER DEPENDENT DEDUCTION:** Complete this section only if (1) you are legally responsible for supporting a child or children other than those named in the support complaint or application, (2) the child or children are living with you and (3) you are requesting credit for the amount spent on raising the other child or children when the support award is calculated. You are legally responsible for all children that are yours by birth or adoption. Answer the questions about the other parent of the child or children for whom you are requesting the credit (for example, your current spouse who is the biological mother/father of at least one of your children).

1. Number of other legal dependents (you must provide proof of the legal relationship): _____	
2. Number of tax exemption the parent of the other child(ren) claims: _____	
3. Weekly gross income of the parent of the other child(ren):	\$

4. Mandatory union dues of the parent of the other child(ren): \$
- 
5. Mandatory retirement contributions of the parent of the other child(ren): \$
- 
6. Health insurance premiums paid by the parent of the other child(ren) \$
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7. Alimony or child support orders paid by the parent of the other child(ren) \$
- 

**PART E - CREDIT FOR CHILD CARE EXPENSES:** *(Complete this section only if (1) you pay for work-related child care for a child or children for whom you and the other parent share a legal responsibility to support and (2) you are requesting a credit for these expenses when your support amount is calculated).*

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1. Annual child care cost (if paid weekly divide by 52; If monthly divide by 4.3): \$
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2. Child care provider:
- 

**PART F - INCOME PAID TO YOUR CHILD(REN) IN YOUR NAME:** *(Complete if your child(ren) receive(s) regular payment from a government source in your name (e.g., social security, black lung or veteran's benefits).*

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1. Source of benefit(s):
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2. Weekly amount of benefits (attach verification): \$
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**PART G - HEALTH INSURANCE BENEFITS:** *Answer the following about your health insurance benefits.*

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1. Health insurance provider: 2. Includes child(ren)
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3. Policy carrier: 4. Date coverage began:
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**PART H - CERTIFICATION:**

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I certify that the foregoing statements made by me are true to the best of my knowledge. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

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Date: Signature:

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**IMPORTANT:** You **must attach** a copy of your *last federal tax form* or your *three most recent pay stubs* to verify your income. Self-employed persons and business owners must attach a copy of the most recent federal tax forms for their business. If you are requesting a credit or deduction, you must attach proof of your expenses or obligations.

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