

**IN THE TRIBAL COURT OF THE
PRAIRIE ISLAND INDIAN COMMUNITY**

STATE OF MINNESOTA

Attorney, Party Without Attorney or Governmental Agency
(Name, State bar number (if applicable), and address)

Telephone Number:

Fax Number:

Attorney for:

<p>_____ , Petitioner.</p> <p>v.</p> <p>_____ , Respondent.</p>	<p style="text-align: center;">CASE NO. _____</p> <p style="text-align: center;">INCOME AND EXPENSE DECLARATION</p> <p>Date: Time: Judge:</p>
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Step 1: Attachments to this summary

I have completed Income (pages 3 & 4) Expense (pages 5, 6 & 7) Child Support (pages 8 &9)
Information forms.

(If child support is not an issue, do not complete Pages 8&9. If your only income is TANF, do not complete Page 2.)

Step 2: Answer all questions that apply to you

1. Are you receiving or have you applied for or do you intend to apply for welfare or TANF?

Receiving Applied for Intend to apply for No

2. What is your date of birth (*month/day/year*)?

3. What is your occupation? _____

4. Highest year of education completed: _____

5. Are you currently employed? Yes No

a. If yes: (1) Where do you work? (name and address): _____

(2) When did you start work there (month/year)? _____

b. If no: (1) When did you last work (month/year)? _____

(2) What were your gross monthly earnings? _____

6. What is the total number of minor children you are legally obligated to support? _____

Step 3: Monthly income information

7. Net monthly disposable income (from line 16a of Page 4): \$ _____

8. Current net monthly disposable income (if different from line 7, explain below or on Attachment 8): \$ _____

Step 4: Expense information

9. Total monthly expenses from line 2q of Page 6: \$ _____

10. Amount of these expenses paid by others: \$ _____

Step 5: Other party's income

11. My estimate of the other party's gross monthly income is: \$ _____

Step 6: Date and sign this form

I declare under penalty of perjury under the laws of the Prairie Island Indian Community that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER _____

RESPONDENT _____

INCOME INFORMATION OF (name): _____

1. Total gross salary or wages, including commissions, bonuses, and overtime paid during the last 12 months: 1. \$ _____

2. All other money received during the last 12 months **except welfare, TANF, SSI, spousal support from this marriage, or any child support.**

Include pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), spousal support from a different marriage, dividends, interest or royalty, trust income, and annuities. Include income from a business, rental properties, and reimbursement of job-related expenses.

Specify Sources Below:

_____	2a. \$ _____
_____	2b. \$ _____
_____	2c. \$ _____
_____	2d. \$ _____

- ***Prepare and attach a schedule showing gross receipts less cash expenses for each business or rental property***

3. Add lines 1 through 2d. 3. \$ _____

Divide line 3 by 12 and place result on line 4a.

	Average last 12 months	Last month
4. Gross income	4a. \$ _____	4b. \$ _____
5. State income tax	5a. \$ _____	5b. \$ _____
6. Federal income tax	6a. \$ _____	6b. \$ _____
7. Social Security and Hospital Tax ("FICA" and "MEDI") or self-employment tax, or the amount used to secure retirement or disability benefits	7a. \$ _____	7b. \$ _____
8. Health insurance for you and any children you are required to support	8a. \$ _____	8b. \$ _____

9. State disability insurance 9a. \$ _____ 9b. \$ _____

10. Mandatory union dues 10a. \$ _____ 10b. \$ _____

11. Mandatory retirement and pension fund contributions 11a. \$ _____ 11b. \$ _____
Do not include any deduction claimed in item 7.

12. Court-ordered child support, court-ordered spousal support, and voluntarily paid child support in an amount not more than the guideline amount, **actually being paid for a relationship other than that involved in this proceeding:** 12a. \$ _____ 12b. \$ _____

13. Necessary job-related expenses (*attach explanation*) 13a. \$ _____ 13b. \$ _____

14. Hardship deduction (Line 4d on Page 4) 14a. \$ _____ 14b. \$ _____

15. Add lines 5 through 14.

Total monthly deductions: 15a. \$ _____ 15b. \$ _____

16. Subtract line 15 from line 4.

Net monthly disposable income: 16a. \$ _____ 16a. \$ _____

17. TANF, welfare, spousal support from this marriage, and child support from other relationships received each month: \$ _____

18. Cash and checking accounts: \$ _____

19. Savings, credit union, certificates of deposit, and money market accounts. \$ _____

20. Stocks, bonds, and other liquid assets: \$ _____

21. All other property, real or personal (*specify below*): \$ _____

- ***Attach a copy of your three most recent pay stubs.***

PETITIONER _____

RESPONDENT _____

EXPENSE INFORMATION OF (name): _____

1a . List all those persons in your home whose expenses are included below and their income:

Name	Age	Relationship	Gross Monthly Income
1.			
2.			
3.			
4.			

Continued on Attachment 1a.

1b. List all other persons living in your home and their income:

Name	Age	Relationship	Gross Monthly Income
1.			
2.			
3.			
4.			

Conintued on Attachment 1b.

2. MONTHLY EXPENSES

a. Residence payments

(1) Rent or Mortgage \$ _____

(2) If mortgage, include:

Average principal \$ _____

Average interest \$ _____

Impound for real property taxes \$ _____

Impound for home-owners insurance \$ _____

(3) Real property taxes (if not included in item 2) \$ _____

(4) Homeowner's or renter's insurance (if not included in item 2) \$ _____

- (5) Maintenance \$ _____
- b. Unreimbursed medical and dental expenses \$ _____
- c. Child Care \$ _____
- d. Children's expenses \$ _____
- e. Food at home and household supplies \$ _____
- f. Food eating out \$ _____
- g. Utilities \$ _____
- h. Telephone \$ _____
- i. Laundry and cleaning \$ _____
- j. Clothing \$ _____
- k. Insurance (life, accident, etc. Do not include auto, home or health insurance) \$ _____
- l. Education (specify) \$ _____
- m. Entertainment \$ _____
- n. Transportation and auto expenses (insurance, gas, oil, repair) \$ _____
- o. Installment payments (insert total and itemize below in item 3) \$ _____
- p. Other (specify) \$ _____
- q. **TOTAL EXPENSES** (a-p)
(do not include amounts in a(2)) \$ _____

2. ITEMIZATION OF INSTALLMENT PAYMENTS OR OTHER DEBTS

Continued on Attachment 3

<u>Creditor's Name</u>	<u>Payment For</u>	<u>Monthly Payment</u>	<u>Balance</u>	<u>Date Last Payment Made</u>
1.				
2.				
3.				
4.				
5.				

3. ATTORNEY FEES

a. To date I have paid my attorney for fees and costs: \$ _____

- b. I owe to date the following fees and costs over the amount paid: \$ _____
c. My arrangement for attorney fees and costs is: \$ _____

I confirm this information and fee arrangement.

(signature of attorney)

(type or print name of attorney)

PETITIONER _____

RESPONDENT _____

CHILD SUPPORT INFORMATION OF (name): _____

THIS PAGE MUST BE COMPLETED IF CHILD SUPPORT IS AN ISSUE

1. Health insurance is is not available through my employer.

- a. Monthly cost paid by me or on my behalf for the children is:
- b. Name carrier:
- c. Address of carrier:
- d. Policy or group number:

2. Approximate percentage of time each parent has the primary physical responsibility for the children:

Father Mother

3. The court is requested to order the following as additional child support:

- a. Child care costs related to employment or to reasonably necessary education or training for employment skills
 - (1) Monthly amount currently paid by father: \$ _____
 - (2) Monthly amount currently paid by mother: \$ _____
- b. Uninsured health care costs for the children (for each state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent): \$ _____
- c. Education or other special needs of the children children (for each state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent): \$ _____
- d. Travel expense for visitation
 - (1) Monthly amount currently paid by the father \$ _____
 - (2) Monthly amount currently paid by the mother \$ _____

4. The court is requested to allow the deductions identified below, which are justifiable expenses that have caused by an extreme financial hardship.

	<u>Amount paid per month</u>	<u>How many months will you need to make these payments?</u>
a. Extraordinary health care expenses (specify and attach any supporting documents):	\$ _____	\$ _____
b. Uninsured catastrophic losses (specify and attach supporting documents):	\$ _____	\$ _____
c. Minimum basic living expenses of dependent minor children from other marriages or relationships who live with you (specify names and ages of these children):	\$ _____	\$ _____
d. Total hardship deductions requested (add lines a-c)	\$ _____	