

Rule 9.27 – Form 3: Child Support Guidelines Financial Information Statement

Form 3: Child Support Guidelines Financial Information Statement

Case Identifying Information		
Full Name (First, Middle, Last):		
Court Docket Number:	County,	No.
Children on this Case (attach additional page if needed)	<i>Initials</i>	<i>Birth Year</i>
Child 1		
Child 2		
Marital Status:	Single	Married

Income		
Are you presently employed?	Yes	No
Are you self-employed?	Yes	No
Are you full- or part-time?	Full-Time	Part-Time
Are you salaried or hourly?	Salaried	Hourly
What is your pay rate?	\$ per Hour / Week / Month / Year	
How many hours do you work?	Hours per Week / Month / Year	
Do you earn overtime?	Yes	No
What is your overtime pay rate?	\$ per Hour	
How much overtime do you work?	Hours per Week / Month / Year	
Do you receive regular bonuses or commissions?	Yes	No
In what amounts and how often?	\$ per Week / Month / Year	
Do you have any second or part-time jobs?	Yes	No
What is your pay rate?	\$ per Hour / Week / Month / Year	
How many hours do you work?	Hours per Week / Month / Year	
Do you receive spousal support?	Yes	No
In what amounts and how often?	\$ per Week / Month / Year	
Under what county and state court order?	County,	No.
Do you regularly receive any other monetary amounts?	Yes	No
From what sources?		
In what amounts and how often?	\$ per Week / Month / Year	

Deductions		
Do you pay spousal support?	Yes	No
In what amounts and how often?	\$ per Week / Month / Year	
Under what county and state court order?	County,	No.
Do you make mandatory pension contributions?	Yes	No
In what amounts and how often?	\$ per Week / Bi-Week / Month / Year	
Do you pay mandatory occupational license fees?	Yes	No
In what amounts and how often?	\$ per Week / Bi-Week / Month / Year	

Do you pay union dues?	Yes	No.
In what amounts and how often?	\$ per Week / Bi-Week / Month / Year	
Do you pay <i>ongoing</i> medical support for other minor children?	Yes	No.
Which children? (initials and birth year only)		
In what amounts and how often?	\$ per Week / Month / Year	
Under what county and state court order?	County, No.	
How much have you actually paid in last year?	\$	
Do you pay <i>ongoing</i> child support for other minor children?	Yes	No.
Which children? (initials and birth year only)		
In what amounts and how often?	\$ per Week / Month / Year	
Under what county and state court order?	County, No.	
When was the order originally entered?		
How much have you actually paid in last year?	\$	
Do you pay child care expenses for this case's children?	Yes	No
In what amounts and how often?	\$ per Week / Month / Year	

Other Children		
Do you have other minor children (not stepchildren)?	Yes	No
<i>Child's Initials</i> (attach additional page if needed)	<i>Child's Birth Year</i>	<i>Are You Legally Responsible? *</i>
Child 1:		
Child 2:		
* To be legally responsible means that you either (a) gave birth to the child, (b) adopted the child, (c) were married to the birth mother when the child was conceived or born, (d) executed a paternity affidavit, or (e) were found and ordered responsible in an administrative or judicial order.		

Health Insurance / Health Care Coverage Plans		
Do you have a health care coverage plan available?	Yes	No
What is the cost for just you? (<i>single plan</i>)	\$ per Week / Bi-Week / Month	
What is the cost to cover additional people? (<i>family plan</i>)	\$ per Week / Bi-Week / Month	
Do you have other people covered by the plan?	Yes	No
<i>Including you</i> , how many people are covered?		
Do you have the children enrolled in HAWK-I?	Yes	No
What is your total monthly HAWK-I premium?	\$	
Do you have the children enrolled in Medicaid?	Yes	No
Do you receive FIP or Medicaid?	Yes	No
Do you reside with a child receiving FIP, Medicaid, or HAWK-I?	Yes	No

Pursuant to §622.1 Iowa Code, I certify under penalty of perjury that the above information is true and correct to the best of my information and belief.

Signed: _____ Date: _____