



# Financial Statement

**Purpose:** The county child support agency uses the financial statement to determine whether an existing order meets review requirements.

**Instructions:** Read and complete the financial statement. Mail or turn in the completed financial statement to your county child support agency. Contact your county child support agency with questions.

**Note:** In certain situations, you may be **REQUIRED** to provide proof of information contained in this financial statement. This may include copies of paystubs for the past three months, medical and/or dental payments, verification of childcare expenses and a recent unemployment benefit statement (if applicable). If you are self-employed, you **MUST** provide your tax returns and schedules for the past three years.

I. Personal Information				
LAST NAME		FIRST NAME		MIDDLE NAME
HOME ADDRESS				
CITY		STATE	ZIP CODE	COUNTY
MAILING ADDRESS (if different from address where you live)				
CITY		STATE	ZIP CODE	COUNTY
HOME PHONE NUMBER (include area code)	CELL PHONE NUMBER (include area code)		OTHER PHONE NUMBER	
				There is no way to call you
HOME EMAIL ADDRESS			WORK EMAIL ADDRESS	
HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD? _____ Adults    _____ Children			AVERAGE MONTHLY HOUSEHOLD EXPENSES \$	
ARE YOU GOING TO SCHOOL? No    Yes – If yes,    Part-time    Full-time			SCHOOL NAME	
CAREER FIELD				DATE YOU PLAN TO GRADUATE (m/d/yyyy)

**Note:** You must report all changes to your child support officer.

## II. Employment and Income Information – You may be asked to provide additional information to support your statements.

I have a disability, or a child in my household has a disability, that prevents or restricts me from working full-time No    Yes – my work restrictions are: _____
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### Earned income (Wages)

CURRENT EMPLOYER	ADDRESS	CITY	STATE	ZIP CODE
EMPLOYER PHONE NUMBER (include area code)	OCCUPATION		MY OCCUPATION REQUIRES A LICENSE Yes No	
START WORK DATE	HOURLY PAY	NUMBER OF HOURS WORKED PER WEEK		
HOW OFTEN PAID Every week    Every 2 weeks    Once a month    Twice a month    Other: _____				
I WORK OVERTIME No    Yes – overtime is:    Voluntary    Mandatory		IF MANDATORY, MY AVERAGE MONTHLY GROSS INCOME FROM OVERTIME \$ _____		

### Self-employment income

TYPE OF BUSINESS		
NUMBER OF HOURS WORKED PER WEEK	MONTHLY GROSS INCOME (before deductions) \$ _____	MONTHLY EXPENSES \$ _____

### Unearned income

I RECEIVE UNEMPLOYMENT BENEFITS No    Yes – weekly benefit amount before deductions: \$ _____	REMAINING UNEMPLOYMENT BENEFITS BALANCE \$ _____
I RECEIVE MONTHLY GROSS UNEARNED INCOME FROM THE FOLLOWING SOURCE(S)	
Supplemental Security Income (SSI) \$ _____	Veteran benefits (VA) \$ _____
Retirement, Survivors and Disability Insurance (RSDI) \$ _____	Workers' Compensation \$ _____
Military retirement \$ _____	Other unearned income \$ _____

## III. Children

THE CHILD(REN) OF THIS REVIEW RECEIVE MONTHLY UNEARNED INCOME FROM THE FOLLOWING SOURCE(S)

Supplemental Security Income (SSI) \$ _____	Veteran benefits (VA) \$ _____
Retirement, Survivors and Disability Insurance (RSDI) \$ _____	Other unearned income \$ _____

I HAVE OTHER CHILD(REN) NOT OF THIS CASE LIVING WITH ME WHO I **MUST** LEGALLY SUPPORT

No    Yes – list the child(ren)'s full name and date of birth

Last name	First name	Middle name	Date of birth

I AM COURT-ORDERED TO PAY OR RECEIVE CHILD SUPPORT FOR CHILD(REN) NOT OF THIS ACTION

No    Yes – I am the person who is ordered to:    Pay    Receive

The total monthly court-ordered child support amount is \$ \_\_\_\_\_ for:

Last name	First name	Middle name	Date of birth

### III. Children

I HAVE ANOTHER CHILD SUPPORT ORDER FOR A CHILD(REN) NOT OF THIS CASE

No Yes – I am the person who is ordered to: Pay Receive

The total monthly court-ordered child support amount is \$ \_\_\_\_\_ for:

Last name	First name	Middle name	Date of birth

I am court-ordered to pay spousal support to a former spouse not of this case Yes No

I am court-ordered to receive spousal support from a former spouse not of this case Yes No

If yes, the monthly court-ordered spousal support amount is \$ \_\_\_\_\_

I RECEIVE AND/OR THE CHILD(REN) IN MY HOUSEHOLD RECEIVE PUBLIC ASSISTANCE FROM THE FOLLOWING PROGRAM(S)

MFIP (Minnesota Family Investment Program) GA (General Assistance) DWP (Diversionary Work Program)  
 MCRE (MinnesotaCare) MA (Medical Assistance)

Do you receive public assistance from another state? No Yes – which state? \_\_\_\_\_

### IV. Child Care Expenses – Provide your work and education-related child care expenses. Work and education-related child care costs **MUST** be verified before calculating child care support.

I HAVE THE FOLLOWING CHILD CARE COSTS FOR THE CHILD(REN) OF THIS CASE

Monthly work-related child care costs in the amount of \$ \_\_\_\_\_

Monthly education-related child care costs in the amount of \$ \_\_\_\_\_

I receive child care assistance payments that pay some or all of my child care costs Yes No

### V. Medical and Dental Insurance Information – Only the actual cost of medical and dental insurance for the child(ren) of the case will be used to calculate medical and dental costs. If you do not have additional costs to add the child(ren) of this case to your insurance, then fill in “0” for the child(ren).

I have medical insurance **available** for the child(ren) of this case Yes No

I have medical insurance **in place** for the child(ren) of this case Yes No

IF YOU ANSWERED “YES” TO EITHER QUESTION ABOVE, THE MEDICAL INSURANCE COVERAGE IS PROVIDED BY

Employer/COBRA Union Self/Private Spouse/Other

NAME OF INSURANCE PROVIDER

POLICY NUMBER

MONTHLY COST FOR COVERAGE

MONTHLY COST FOR THE CHILD(REN) OF THE CASE

\$

\$

The monthly cost of the insurance plan is based on the cost per person. The cost is \$ \_\_\_\_\_

The monthly cost of the insurance plan is based on the cost of the entire family. The cost is \$ \_\_\_\_\_

The plan covers \_\_\_\_\_ Adult(s) and \_\_\_\_\_ Child(ren).

The **other parent** carries health insurance for the child(ren) of this case Yes No Unknown

**V. Medical and Dental Insurance Information** – Only the actual cost of medical and dental insurance for the child(ren) of the case will be used to calculate medical and dental costs. If you do not have additional costs to add the child(ren) of this case to your insurance, then fill in “0” for the child(ren).

I have dental insurance **available** for the child(ren) of this case      Yes      No

I have dental insurance **in place** for the child(ren) of this case      Yes      No

IF YOU ANSWERED “YES” TO EITHER QUESTION ABOVE, THE DENTAL INSURANCE COVERAGE IS PROVIDED BY

Employer/COBRA      Union      Self/Private      Spouse/Other

NAME OF INSURANCE PROVIDER

POLICY NUMBER

MONTHLY COST FOR COVERAGE

MONTHLY COST FOR THE CHILD(REN) OF THE CASE

\$

\$

The monthly cost of the dental plan is based on the cost per person. The cost is \$ \_\_\_\_\_

The monthly cost of the dental plan is based on the cost of the entire family. The cost is \$ \_\_\_\_\_

The plan covers \_\_\_\_\_ Adult(s) and \_\_\_\_\_ Child(ren).

The **other parent** carries dental insurance for the child(ren) of this case      Yes      No      Unknown

**VI. Additional Information** – Provide any additional information you feel is important to this action including information you know about the other parent’s employment, wages, education and/or professional licenses.

**Please read pages 5-7 before signing.**

By signing:

- I swear the statements made in this document are true and correct to the best of my knowledge.
- I understand the information I have provided may be filed with the court and shared with others including the other parent.

SIGNATURE	DATE
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# Your Privacy Rights for Information Collected by the Child Support Office

This section tells you about your rights under the Minnesota Government Data Practices Act. This act protects your privacy, but also lets us give information about you to others if a law permits. This form tells why and when we will ask for and give information about you. The child support agency can also explain any additional requirements.

## Why do we ask you for this information?

We may ask you for information so we can:

- Tell you from other persons with the same name or similar name
- Make reports, do research, audits, and evaluate our programs
- Establish paternity and child support orders
- Locate parents
- Enforce support orders

## Do you have to answer the questions we ask?

Generally the law does not say you have to give us this information. However, this information requested will usually result in a more accurate determination of child support obligations. If you are a custodial parent and not receiving public assistance, your failure to cooperate may result in your case being closed.

## What will happen if you do not answer the questions we ask?

We need this information to determine the child support obligation amount. Without your input, we must rely on the other parent and other sources of information.

## What if you are on public assistance?

If you are a custodial parent receiving public assistance, you are required to cooperate in obtaining information for the establishment of paternity and/or determination of child support obligations. A financial sanction may be applied against your public assistance grant if you do not cooperate.

## With whom may we share the information about you?

This does not mean we always share information about you with these people. It only says that there is a law that says we may share data with these people (sometimes the law says we must share certain information). We may give information about you to the following agencies:

- Minnesota Department of Human Services

- Other welfare offices, including child support enforcement offices
- Mental health centers
- State hospitals or nursing homes
- Ombudsman for mental health and developmental disabilities
- Insurance companies to check benefits you or your children may get
- Anyone under contract with the Minnesota Department of Human Services, or U.S. Department of Health and Human Services, or the county social services agency
- U.S. Department of Health and Human Services
- U.S. Department of Labor and Minnesota Department of Labor and Industry
- U.S. Department of Agriculture
- Immigration and Naturalization Service
- Credit Bureaus
- Minnesota Department of Veteran Affairs
- Minnesota Department of Human Rights
- Others who may pay for your care
- Community food shelves or surplus food programs
- State and Federal auditors
- School and other institutions of higher education
- Member agencies of a local collaborative
- Guardian, conservator or person who has power of attorney for you
- Minnesota Historical Society
- Ombudsman for families
- Creditors
- School District
- Local and state health departments
- American Indian tribes, if your children are Indian and in need of out-of-home placement or you are in need of employment, training, or welfare services at a tribal reservation
- Employees or volunteers of any welfare agency who need the information to do their jobs
- People who investigate child or adult protection matters
- Coroner/medical examiner if you die and your death is investigated
- Employers, union, or other payor of funds
- Internal Revenue Service
- Child or adult protection teams
- Hospital if you, a friend, or relative has an emergency and someone needs to be contacted
- Minnesota Department of Revenue

- Social Security Administration
- Minnesota Department of Employment and Economic Development
- County attorney, Attorney General, or other law enforcement officials
- Fraud Prevention and Control Units
- Court official
- Collection Agencies, if you do not pay the child support or the fees you owe to us for services
- Higher Education Services Office
- County Welfare Boards
- Minnesota Department of Public Safety
- Federal Case Registry
- Anyone else the law says we can give the information

- If you do not understand the information, you may ask to have it explained to you.

### **How do you appeal if you think information is not accurate or complete?**

You must make your objection in writing and you must send it to the child support agency. You must tell us why the information is not accurate or complete. You may send your own explanation of the facts you disagree with. For more information on how to appeal contact your child support office.

### **What privacy rights do children have?**

If you are under 18, parents may see data about you and authorize others to see this data, unless you have made a request in writing and say what data you want withheld and why. If the agency agrees with you that not sharing the data would be in your best interests, we will not share the data with your parents. If we don't agree with you, the data may be shared with your parents if they ask for it.

### **Questions?**

If you have any questions about the information on this form, contact your child support office.

### **Do you have the right to copies of information we have about you?**

- You may ask by written request if we have any information about you.
- You may ask for copies of the information we have about you (you may have to pay for the copies).
- You may give other people permission to see and to have copies of private data about you.

## **Important Statement of Rights**

### **Sharing information**

The information provided by both parties or obtained by this office from other sources may be shared, as necessary, during this process. If you are concerned about sharing information, contact the child support officer.

### **Your right to a lawyer**

You have a right to have a lawyer represent you. You may hire a lawyer to represent you. You may also decide to represent yourself.

In a parentage (paternity) action, if the court finds that you cannot afford a lawyer, the court will appoint a lawyer at public expense. If this is a contempt action and incarceration is a possible outcome of this proceeding, if the court finds that you cannot afford a lawyer, the court will appoint a lawyer at public expense.

### **There is no attorney client relationship between you and the county attorney or county child support agency**

Employees of the county attorney or child support agency do not represent either parent, alleged parent, the custodian of the child or the child. The child support agency represents the public interest in cases involving public assistance and in other non-public assistance IV-D cases. The goals of the child support agency may not be the same as yours.

### **Safety concerns**

If you have been threatened or harmed by the other party or if the children have been threatened or harmed by the other party, please contact the child support officer about your safety and the safety of your children.

## **Your Privacy Rights for Information Collected by the Child Support Office**

If the child support agency asks you for private or confidential information about yourself, you have the right to be told: (a) the purpose and intended use of the information (b) if you can refuse or if the law requires

you to give the information (c) what might happen if you give or refuse to give the information and (d) who will be allowed to see the information you give.

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂທ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, hawl wadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

181-0001 (3-13)

ADA5 (12-12)

**This information is available in accessible formats for individuals with disabilities by contacting your county worker. For other information on disability rights and protections to access human services programs, contact the agency's ADA coordinator.**