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| --- | --- |
| STATE OF SOUTH CAROLINA | IN THE PROBATE COURT |
|  |  |
| COUNTY OF GREENVILLE | **FINANCIAL DECLARATION** |
|  |  **OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| IN THE MATTER OF: |  |
|  |  CASE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

 |

|  |  |
| --- | --- |
| **GUARDIAN/FATHER** | **GUARDIAN/MOTHER** |
| Address |  | Address |  |
| Age |  | Age |  |
| Occupation |  | Occupation |  |
| Employer |  | Employer |  |
| Employer Address |  | Employer Address |  |

|  |  |  |
| --- | --- | --- |
| **Gross Monthly Income** | **Guardian/Father** | **Guardian/Mother** |
| Principal Earnings from Employment  |  |  |
| Overtime, Tips, Commission, Bonuses  |  |  |
| Pensions, Retirement, and Annuities income |  |  |
| Additional Employment income |  |  |
| Social Security Benefits (SSA) and VA Benefits |  |  |
| Disability and Worker’s Compensation Benefits |  |  |
| Unemployment and AFDC |  |  |
| Spousal or Child Support (from other marriage/relationship) |  |  |
| Dividends, Interest, Trust Income, and Capital Gains |  |  |
| Rental Income and Business Profits |  |  |
| Government Assistance received on behalf of the minor child (SSI, SSDI, SNAP, TANF, EBT, WIC, etc): |  |  |
| Other (Specify): |  |  |
| **TOTAL GROSS MONTHLY INCOME** |  |  |

|  |  |  |
| --- | --- | --- |
| **Payroll Deductions from Monthly Income** | **Guardian/Father** | **Guardian/Mother** |
| Federal Income Tax  |  |  |
| State Income Tax |  |  |
| Social Security and Medicare Tax (FICA) |  |  |
| Self-Employment Tax |  |  |
| Health and Dental Insurance (Adult) |  |  |
| Health and Dental Insurance (Child) |  |  |
| Union Dues |  |  |
| Voluntary Retirement Contribution (401(k), 457, IRA) |  |  |
| Mandatory Retirement Contribution |  |  |
| Savings Plan |  |  |
| Other (Specify): |  |  |
| **TOTAL MONTHLY DEDUCTIONS** |  |  |
| **NET MONTHLY INCOME**  |  |  |

Estimate monthly expenses: (Specify which party is the custodial and list name and relationship of all members of household whose expenses are included,

|  |  |  |
| --- | --- | --- |
| **MONTHLY EXPENSES**  | **Guardian/Father** | **Guardian/Mother** |
| Residential Rent Payment |  |  |
| Note or Mortgage Payment on Residence(s) |  |  |
| Food and Household Supplies  |  |  |
| Utilities, Water, and Garbage Collection |  |  |
| Telephone and Cellular Phone |  |  |
| Medical, Dental and Disability Insurance Premiums (not deducted from paycheck) |  |  |
| Life Insurance Premiums (not deducted from paycheck) |  |  |
| Child Support (from other relationship) |  |  |
| Work Related Day Care |  |  |
| Spousal Support (from prior marriage) |  |  |
| Auto Payment |  |  |
| Auto Insurance, taxes, gasoline, and maintenance  |  |  |
| **SUBTOTAL:** |  |
| Real Property Tax on Residence(s) |  |  |
| Maintenance for household  |  |  |
| Adult Clothing |  |  |
| Children’s Clothing  |  |  |
| Cable Television, Satellite, and Internet/Online Services |  |  |
| Laundry and Dry Cleaning  |  |  |
| Medical and Dental Expenses (not paid by insurance) |  |  |
| Prescriptions, Glasses, and Contacts (not paid by insurance) |  |  |
| Children’s incidental expenses  |  |  |
| School lunches, supplies, field trips, and fees  |  |  |
| Entertainment  |  |  |
| Adult Incidental expenses  |  |  |
| All Installment payments  |  |  |
| Other (Specify): |  |  |
| **SUBTOTAL:** |  |
| **TOTAL MONTHLY EXPENSES** |  |  |

### Installment Loan Payments Section

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Creditor** | **For** | **Monthly Payment** | **Balance** | **Owed by 16** |
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**All Property Known to Parties**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assets** | **Guardian/Father** | **Wife/Mother** | **Joint** |
| Cash and Money in Checking Account(s) |  |  |  |
| Money in Savings Account(s), Credit Union, Money Market, or Cert. of Dep. |  |  |  |
| Value of Voluntary Retirement Account(s) |  |  |  |
| Value of Pension Account |  |  |  |
| Value of Publicly Held Stocks, Bonds, Securities, Mutual Funds |  |  |  |
| Value of Privately Held Stocks and Other Business |  |  |  |
| Value of Real Estate – Net of Mortgage Balances |  |  |  |
| Value of All Other Property |  |  |  |
| **TOTAL ASSETS** |  |  |  |

**Financial Accounts Section**

|  |  |  |  |
| --- | --- | --- | --- |
| **Owner** | **Name of Institution** | **Type of Account** | **Balance** |
|  |  |  |  |
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**Voluntary Retirement Accounts and Pension Accounts Section**

|  |  |
| --- | --- |
| **Type of Account** | **Value** |
|  |  |
|  |  |
|  |  |
|  |  |

**Real Estate Section**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Owner** | **Address** | **Value** | **Mortgage Balance** | **Mortgage Equity** |
|  |  |  |  |  |
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**Other Property Section**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Owner** | **Description of Asset** | **Value** | **Loan Balance** | **Equity** |
|  |  |  |  |  |
|  |  |  |  |  |

 Signature

## Sworn to before me this \_\_\_\_ day of , 2 .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Notary Signature)

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires: