

STATE OF SOUTH CAROLINA

COUNTY OF GREENVILLE

IN THE MATTER OF:

IN THE PROBATE COURT

**FINANCIAL DECLARATION**

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):		
<b>TOTAL GROSS MONTHLY INCOME</b>		

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):		
<b>TOTAL MONTHLY DEDUCTIONS</b>		
<b>NET MONTHLY INCOME</b>		

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		
<b>SUBTOTAL:</b> <input style="border: 3px double black; width: 100px; height: 20px;" type="text"/>		
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):		
<b>SUBTOTAL:</b> <input style="border: 3px double black; width: 100px; height: 20px;" type="text"/>		
<b>TOTAL MONTHLY EXPENSES</b>		

**Installment Loan Payments Section**

Creditor	For	Monthly Payment	Balance	Owed by <sup>1b</sup>

**All Property Known to Parties**

<b>Assets</b>	<b>Guardian/Father</b>	<b>Wife/Mother</b>	<b>Joint</b>
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			
<b>TOTAL ASSETS</b>			

**Financial Accounts Section**

<b>Owner</b>	<b>Name of Institution</b>	<b>Type of Account</b>	<b>Balance</b>

**Voluntary Retirement Accounts and Pension Accounts Section**

<b>Type of Account</b>	<b>Value</b>

**Real Estate Section**

<b>Owner</b>	<b>Address</b>	<b>Value</b>	<b>Mortgage Balance</b>	<b>Mortgage Equity</b>

**Other Property Section**

<b>Owner</b>	<b>Description of Asset</b>	<b>Value</b>	<b>Loan Balance</b>	<b>Equity</b>

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
(Notary Signature)

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

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

My commission expires: \_\_\_\_\_