

LA CROSSE COUNTY CHILD SUPPORT FINANCIAL DISCLOSURE

IVD: _____

You are required by law to fill out this form unless you are the custodial parent and shared placement is not being exercised by the non-custodial parent more than 92 overnights per year, then just the health insurance coverage section needs to be completed. Failure to do so completely and accurately constitutes perjury (a class H felony) punishable by up to six years in prison and/or a \$10,000 fine.

If more space is needed in any section, please attach an additional sheet.

Name: _____
 Social Security #: _____ Age: _____ DOB: _____
 Address: _____ City: _____ State _____ Zip: _____
 Home phone: _____ Cell phone: _____ Work: _____
 Employer: _____ Occupation: _____
 Highest degree completed (check one): _____ Some High School _____ GED/HS Diploma
 _____ Some Technical/College _____ Two Year Degree _____ Four Year Degree
 _____ Postgraduate/professional Please indicate course of study: _____
 Child(ren)s Name(s) – Please list only your natural children – not step children

	Date of Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach copies of your wage stubs for the past eight (8) weeks and tax returns for the last two years, including all schedules and W2 forms.

Indicate types and amounts of income below.

Gross monthly income from wage earnings : \$ _____
 (If you have a weekly income, multiply it by 4.33. If you have a bi-weekly income, multiply it by 2.17.)
 Indicate sources and monthly amounts of other income:
 Public Assistance _____ Social Security _____ Disability _____
 Rental Income _____ Unemployment _____ Child Support _____
 Pension _____ Other (List other source) _____
 Tribal Affiliation _____, Tribal Income (Per Cap)\$ _____/mo
Total Monthly income \$ _____

Assets/Liabilities:

Real Estate

1.Address: _____
 Single family home _____ Rental Property _____ Business Property _____
 Original Cost _____ Mortgage Balance _____ Current Market Value _____

2.Address: _____
 Single family home _____ Rental Property _____ Business Property _____
 Original Cost _____ Mortgage Balance _____ Current Market Value _____

Business Interests:

Name of business & address	Type of business	Percent Ownership	Equity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Vehicles:	Vehicle #1	Vehicle #2	Vehicle #3
Make:	_____	_____	_____
Model:	_____	_____	_____
Mileage/Condition	_____	_____	_____
Present Value	_____	_____	_____
Mortgage/Lien	_____	_____	_____
Net Value (present value minus mortgage/lien)	_____	_____	_____

Health Insurance Coverage: Please check the applicable selection
 ___ I am covered under BadgerCare ___ I do not have health insurance coverage
 currently because: ___ I am unemployed ___ It is not offered to me because

If you have health insurance offered to you by your employer, regardless if you are currently carrying the coverage, you must include documentation from your employer outlining the insurance plan premiums for each of the plan types offered (ie: single, limited family and full family plan)

	Health Insurance	Dental Insurance
Company name:	_____	_____
Cost of single policy*	_____	_____
Cost of family policy*	_____	_____
Policy book available?	_____	_____
Effective date:	_____	_____
Persons covered:	_____	_____
	_____	_____

Income Tax Claim Information:
 If the child(ren) have been claimed for income tax purposes in the past, please provide details about what the arrangement has been.

If you have other children with another parent please indicate what the claim status has been for those children as well. List Child's Name: _____

If the child has not been claimed in the past or you would like to request what the claim arrangement should be, please indicate that here:

Providing your Social Security number (SSN) is voluntary. Failure to provide your SSN may result in an information-processing delay.

Please return the financial disclosure and medical insurance documentation to the Child Support Agency at least five (5) days from the date received to:

**La Crosse County Child Support
 400 N. 4th St. Room 2160
 La Crosse, WI 54601**

I declare, under penalty of perjury, that the foregoing, including any attachments, is complete, true and correct.

 Signature _____
 Date