

**DOMESTIC RELATIONS QUESTIONNAIRE**

Date: \_\_\_\_\_ File Number: \_\_\_\_\_

Name: \_\_\_\_\_  
           (First)                (Middle)                (Last)

Date of Birth: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Referred by: \_\_\_\_\_ Individual: \_\_\_\_\_  
 (Please Circle)    (Name)

Carroll County News	Lovely County Citizen	Real Yellow Pages	Names and Numbers
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Mozarks	Windstream	Other Directory: _____ (Name)
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Internet Search Engine: _____ (Name)	Sign: _____ (Where)
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Other: \_\_\_\_\_  
(Name)

Did you visit the website [www.kristikendrick.com](http://www.kristikendrick.com)? Yes/No

Opposing Party's Attorney: \_\_\_\_\_  
(Name)

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(Address) (Phone Number)

CONFIDENTIAL INFORMATION  
FOR USE ONLY BY THOSE AUTHORIZED BY  
Arkansas Code Annotated 9-14-205

Custodial Parent/Custodian: \_\_\_\_\_

Residential Addr: \_\_\_\_\_  
(Street) (City) (St) (Zip)

Mailing Addr: \_\_\_\_\_  
(Street or PO Box) (City) (St) (Zip)

Phone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License Number: (State) \_\_\_\_\_ (Number) \_\_\_\_\_

Employer's Name or Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Non-Custodial Parent: \_\_\_\_\_

Residential Addr: \_\_\_\_\_  
(Street) (City) (St) (Zip)

Mailing Addr: \_\_\_\_\_  
(Street or PO Box) (City) (St) (Zip)

Phone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License Number: (State) \_\_\_\_\_ (Number) \_\_\_\_\_

Employer's Name or Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Children's Names and Birth Dates:

Name: _____	DOB: _____	SSN: _____
Name: _____	DOB: _____	SSN: _____
Name: _____	DOB: _____	SSN: _____
Name: _____	DOB: _____	SSN: _____

Print or Type preparer's name: \_\_\_\_\_

Docket Number \_\_\_\_\_

OCSE Case Number \_\_\_\_\_

Style of Case \_\_\_\_\_

IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, ARKANSAS  
(Domestic Relations Division)

STATE OF ARKANSAS }  
} }  
COUNTY OF \_\_\_\_\_ }

**AFFIDAVIT OF FINANCIAL MEANS**

Revised 6/2007

\_\_\_\_\_  
Plaintiff

V.

No. \_\_\_\_\_

\_\_\_\_\_  
Defendant

The affiant, being duly sworn, says under penalty of perjury that affiant is the **(PLAINTIFF) (DEFENDANT)** (strike out one) herein, has prepared this financial statement, knows the contents thereof, and that it is true and correct.

**MY INCOME**

(Complete Block 23 on page 5 FIRST)

1.	How often are you paid? _____ weekly _____ biweekly (26 times a year) _____ monthly _____ semimonthly (twice a month—24 times a year) _____ other	Amount
1.a.	<b>Net Pay: (Take-home) (from line 23.h.)</b>	\$ _____
1.b.	Allowable Deductions: (from line 23.g.)	\$ _____
1.c.	Other Deductions: (from line 24.i.)	\$ _____

Please attach your last three (3) pay stubs to this affidavit.

2. Number of dependents, including self, claimed for tax withholding purposes: \_\_\_\_\_

3. Additional amount, if any, withheld for tax purposes: \$ \_\_\_\_\_

## OTHER INCOME, FUNDS & LIQUID ASSETS AVAILABLE TO ME

4.	Funds:	Amount:	Source of funds/assets:
4.a.	All other income received (state source, amount, and how often received):	\$	See attached sheet.
4.b.	Cash on hand or in banks:	\$	
4.c.	Stocks & bonds, etc.:	\$	
4.d.	All other child support:	\$	

## THE CHILDREN

5.	Financial responsibility of my children:	Number of children:
5.a.	Number of children I have with opposing party:	#
5.b.	Number of other children I have and support:	#
5.c.	Total Number of children living with me whom I support:	#
5.d.	Full Name of child(ren) born or legally adopted of this marriage:	Date of Birth:
1.		
2.		
3.		
4.		

### MY MONTHLY EXPENSES

6.	Expense:	Amount:		Expense:	Amount:
a.	Rent/house payment:	\$	k.	Drugs:	\$
b.	Gas & electricity:	\$	l.	Life Insurance:	\$
c.	Water:	\$	m.	Health Insurance:	\$
d.	Telephone:	\$	n.	Auto Insurance:	\$
e.	Food:	\$	o.	Fire Insurance:	\$
f.	Clothing:	\$	p.	Transportation:	\$
g.	Laundry & cleaning:	\$	q.	Other:	\$
h.	Child care:	\$	r.	Other:	\$
i.	Car payment:	\$	s.	Other:	\$
j.	Medical:	\$	t.	Other:	\$
				<b>Total:</b>	\$

Place a check mark by all expenses which are not being paid currently.

### CREDITORS

(Complete items 26, 27, & 28 on pages 6 & 7 FIRST)

	Whose Debts:	Total Owed: (A)	Total of Monthly payments: (B)
7.	Joint Debts:	\$	\$
8.	Plaintiff's Debts:	\$	\$
9.	Defendant's Debts:	\$	\$

## GENERAL INFORMATION ABOUT PARTIES

(Do not guess concerning information about opposing party)

	Information about:	Plaintiff	Defendant
10.	Name:		
11.	Address:		
12.	SSN: (last four digits)		
13.	Date of Birth:		
14.	Phone No.: (home)		
15.	Phone No.: (work)		
16.	Employer:		
17.	Employer Address:		
18.	Employer Phone No.:		
19.	Opposing party's net ___ weekly, ___ biweekly, ___ monthly or ___ semimonthly income:		
20.	Other income of opposing party:		
21.	Number of children of opposing party:		

## INCOME FROM SALARY

22. How often are you paid?

weekly  
52 times a year
  biweekly  
26 times a year
  semimonthly  
24 times a year
  monthly  
12 times a year
  other  
Explain

**YOUR NET PAY**  
(Gross pay minus payroll deductions)

23.	<b>Income:</b>		<b>Amount</b>	
23.a.	Gross Wages per pay period:		\$	xxxxxxxxxxx
		<b>Deductions per check:</b>	xxxxxxx	<b>Amount</b>
23.b.		Federal Income Taxes Withheld:	xxxxxxx	\$
23.c.		State Income Taxes Withheld:	xxxxxxx	\$
23.d.		F.I.C.A., and medicare <sup>1</sup> :	xxxxxxx	\$
23.e.		Health Insurance (children only) <sup>2</sup> :	xxxxxxx	\$
23.f.		Court ordered child support <sup>3</sup> :	xxxxxxx	\$
23.g.		<b>Total Withheld: (b) thru (f) above: Carry to line 1.b. on first page.</b>	xxxxxxx	\$
23.h.	<b>Net take-home pay per pay period: (Subtract 23.g from 23.a)</b>			\$
23.i.	<sup>1</sup> F.I.C.A. is Social Security; Include any railroad retirement in F.I.C.A. block. <sup>2</sup> Include the amount you pay to cover the children only. <sup>3</sup> Include any court ordered child support for dependents of previous marriages or previously legally legitimated children and adopted children withheld from current paycheck.			

Repeat salary information on a separate attachment for any other salaried positions you have.

**OTHER DEDUCTIONS FROM MY PAYCHECK**

24.	<b>Item:</b>	<b>Amount:</b>
24.a.	Union dues:	\$
24.b.	Credit Union, thrift plan payments:	\$
24.c.	Pension Benefits and stock purchase plans:	\$
24.d.	Charitable contributions:	\$

24.e.	Debt payments and/or garnishments:	\$
24.f.	Life Insurance payments:	\$
24.g.	Other (Identify):	\$
24.h.	Other (Identify):	\$
24.i.	Total Withheld (total of 24.a. thru 24.h.) (Carry to 1.c. on page 1):	\$

The above deductions will not be considered as direct deductions from your gross pay. However, they may affect the amount of the child support obligation.

### OTHER COURT ORDERED CHILD SUPPORT

25.	Other court-ordered child support being paid other than by deduction: Attach child support order and proof of payment.	\$
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### CREDITORS & DEBTS

26. Debts in the names of **BOTH PARTIES** are:

	Creditor:	Total amount owed:	Monthly payment:
26.a.		\$	\$
26.b.		\$	\$
26.c.		\$	\$
26.d.		\$	\$
26.e.		\$	\$
26.f.		\$	\$
26.g.		\$	\$
26.h.		\$	\$
	<b>Totals:</b>	\$	\$

Attach additional schedules as needed, and then total - Carry to lines 7(A) & 7(B) on page 3.

27. Debts in the name of only the **PLAINTIFF** are:

	Creditor:	Total amount owed:	Monthly payment:
27.a.		\$	\$



27.b.		\$	\$
27.c.		\$	\$
27.d.		\$	\$
27.e.		\$	\$
	<b>Totals:</b>	\$	\$

Attach additional schedules as needed, and then total - Carry to lines 8(A) & 8(B) on page 3.

28. Debts in the name of only the **DEFENDANT** are:

	<b>Creditor:</b>	<b>Total amount owed:</b>	<b>Monthly payment:</b>
28.a.		\$	\$
28.b.		\$	\$
28.c.		\$	\$
28.d.		\$	\$
28.e.		\$	\$
	<b>Totals:</b>	\$	\$

Attach additional schedules as needed, and then total - Carry to lines 9(A) & 9(B) on page 3.

Dated this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Affiant

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

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

### NOTICE

**BOTH PARTIES MUST COMPLETE AND EXCHANGE THIS SEVEN-PAGE AFFIDAVIT PRIOR TO THE TEMPORARY HEARING. BOTH PARTIES MUST SUPPLY THE ORIGINAL NOTARIZED AFFIDAVIT TO THE COURT. THE COURT WILL PUNISH PERJURY BY APPROPRIATE ACTION.**