

AFFIDAVIT OF DECREASED INCOME

Obligor Name: _____ Obligee Name: _____

Requesting Party's Name: _____ ORS Case Number: _____

We are in the process of reviewing your child support order, and either you or the other parent claims that your income has decreased since the date the order was last issued or modified. **As part of the review process, you must answer the questions below. Write your answers on this document, or attach them separately. Any documents that support your answers must be attached. If you do not complete and return this affidavit within 15 days, the issues may be decided without the benefit of your information, based on information available in the file, including any statement(s) provided by the other parent to the best of that parent's knowledge and belief.**

Your Name		SSN*	DOB	
Address		City	State	ZIP
Street Address (if different from above)				
Telephone		Other Telephone		

* Based on section 466(a)(13) of the Social Security Act [42 U.S.C. 666(a)(13)] it is mandatory for a State's child support enforcement program to request an individual's social security account number in order to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations.

1. If you are currently employed, provide the following information.

If you are unemployed, check this box and proceed to question 2 below.

Employer Name		Telephone		
Address		City	State	ZIP
Do you consistently work more than 40 hours per week?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
- If yes, how many additional hours do you work?				
Does your gross monthly salary include bonuses and commissions?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
- If yes, how much are you paid in bonuses and commissions monthly?			\$	
If you are working less than 40 hours per week, explain why:				

If your current employment is different than the employment you had when the child support order was entered, provide the name, address and telephone number of the employer you had at the time of the entry of the child support order:

Employer Name		Telephone	
Address		City	State ZIP
Length of time employed:	From:	To:	
Your general duties:			
Your gross salary per month:	\$		
The reason you are no longer employed in that position:			
Documentation that supports the reason you are no longer employed in that position:			

NOTE: If you were laid off because of a reduction in force or your previous employer is no longer in business, please attach documentation.

2. If you are unemployed, provide the following information about your last employer:

Employer Name		Telephone	
Address		City	State ZIP
Your general duties:			
Your gross salary per month:	\$		
The reason for your termination:			

3. In the past four (4) years, have you refused any offers of employment? Yes No
If yes, complete the following information:

Name of employer:	Date of refusal:
Reason for refusal:	
Compensation pay offered:	

Name of employer:		Date of refusal:	
Reason for refusal:			
Compensation pay offered:	\$		
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Reason for refusal:			
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Reason for refusal:			
Compensation pay offered:	\$		

4. List the amount and the time period you received income from any of the following sources:

Unemployment:	\$	from	to
Social Security benefits:	\$	from	to
Supplemental Security Income (SSI):	\$	from	to
Disability benefits:	\$	from	to
Retirement benefits:	\$	from	to
Public assistance:	\$	from	to
Annuities:	\$	from	to
Other:	\$	from	to

List any income producing assets that you have, including savings accounts, stocks, bonds, partnerships, and corporations:

	\$
	\$
	\$
	\$
	\$

5. Have you ever contracted for work, employment opportunities, or to provide services?
 Yes No

If yes, complete the following information for each contract:

Date the contract was entered into:			
Duration of contract:	from		to
Did any party to the contract default on the terms of the respective contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you presently performing services pursuant to the contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
The terms of your compensation (e.g., hourly wage, piecework):			
Amount of compensation:	\$		

Date the contract was entered into:			
Duration of contract:	from		to
Did any party to the contract default on the terms of the respective contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you presently performing services pursuant to the contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
The terms of your compensation (e.g., hourly wage, piecework):			
Amount of compensation:	\$		

6. Have you created, produced, or manufactured any products for sale in the past two years, aside from those produced by your regular occupation? Yes No
If yes, complete the following information:

What products have you created, produced, or manufactured?		
The number of products sold in each of the past two years:	20__ # _____	20__ # _____
The total amount of income received during the past two years from these sales:	\$	
Are you now engaged in the creation, production, or manufacturing of any such products?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

7. Within the past two years have you conducted any type of business on a part-time basis or in addition to your regular employment or occupation? Yes No

If yes, complete the following information:

Type of business conducted:		
Where the business was conducted:		
Length of time the business was conducted:	from	to

The net profit from this business for the last two years:		\$	
The name and address of the person having custody of the books, accounting or other records of the business:			
Name:		Address:	

8. Have you received any income from any source not disclosed in your answers to any previous interrogatories within the past 24 months? Yes No
If yes, complete the following information:

The source of such income:			
The amount received in each year:	20 ____ \$ _____	and 20 ____ \$ _____	
The name(s) and address(s) of all parties from whom the amounts are due:			
Name:		Address:	
Name:		Address:	
Name:		Address:	

9. If you claim to be presently disabled, complete the following information:

Provide the name of the disability:	
Date of onset of disability:	
What limitations do you have that are directly related to the disability and how does this affect your ability to be employed?	
Do you have verification from your treating physician? If yes, you must attach or enclose verification.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the disability: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
When will you be able to return to previous employment or complete training for new employment?	
NOTE: It may be necessary for our office to contact your physician if there are any questions regarding any of the information you provide.	

10. Is your current child support order based on Utah's statutory guidelines? Yes No
If no, explain why:

11. Is your current child support order based on commissions and bonuses as well as monthly salary? Yes No

12. Is your current child support order based on more than a 40-hour work week? Yes No
If yes, how many additional hours are included? _____

13. Are you currently being represented by an attorney? Yes No

I ATTEST THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF I KNOWINGLY PROVIDE FALSE OR MISLEADING INFORMATION I AM IN VIOLATION OF U.C.A. 76-8-504 AND MAY BE SUBJECT TO PROSECUTION, CASE CLOSURE, OR BOTH.

Date

Signature

State of Utah

§

County of _____

Subscribed and sworn to before me _____, on this _____
Notary Name

day of _____, in the year _____, by _____.
Document Signer

Notary Seal:

Notary Signature