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|--|---|
| <input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court Court Address: _____ _____ _____ | |
| In re: <input type="checkbox"/> The Marriage of: _____ <input type="checkbox"/> Parental Responsibilities concerning: _____ Petitioner: _____ and Co-Petitioner/Respondent: _____ | |
| Attorney(s) or party without attorney: (Name and Address) _____ _____ Address: _____ _____ Phone Number: _____ Fax Number: _____ E-mail: _____ Atty. Reg. #: _____ | * COURT USE ONLY * Case Number: _____ Division: _____ Courtroom _____ |
| AFFIDAVIT WITH RESPECT TO FINANCIAL AFFAIRS as of: _____ (DATE) | |

I, _____ being sworn, understand that I have a duty to make a full disclosure of all my assets, liabilities, income and expenses. I certify that this is a full disclosure to the best of my knowledge:
 My occupation is: _____
 I am primarily employed _____ hours per week at: _____
 I am paid on _____ Employer's Name and Address

 List pay dates or otherwise describe pay schedule

1. MONTHLY Income (Convert annual, bi-monthly and weekly amounts to monthly amounts)

| | | | |
|---|-------|---|-------|
| Base Pay from Salary, Wages | _____ | Rental Net Income | _____ |
| Overtime & Shift Differential | _____ | Social Security Benefits (SSA) | _____ |
| Commissions, Tips, Bonuses, Allowances and similar pay | _____ | TANF and Food Stamps | _____ |
| Additional Employment (such as part time) | _____ | Child and spousal support from others | _____ |
| Self-employment or other business income from sources such as partnerships, close corp., and/or independent contracts (Gross receipts minus ordinary and necessary expenses required to produce such income) | _____ | Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses | _____ |
| <input type="checkbox"/> Check box indicating you have completed a Supplemental Schedule at pp. 9-10 itemizing such gross income and necessary expenses. | | <input type="checkbox"/> Check box indicating you have completed a Supplemental Schedule at pp. 9-10 itemizing such reimbursed expenses & in-kind payments. | |
| Unemployment & Veterans' benefits | _____ | Fellowships, stipends, annuities | _____ |
| Disability, Workers' Compensation | _____ | Contributions from household members | _____ |
| Pension & Retirement Benefits | _____ | Money, goods & services from relatives/friends | _____ |
| Interest & Dividends | _____ | All other sources, examples: personal injury settlement, non-reported income, etc. | _____ |
| Royalties, Trust & Other Investment Income | _____ | Total Monthly Income | _____ |

Comment: _____
(NOTE ! Attach copies of your last 3 months pay stubs/vouchers)

2. MONTHLY Deductions

Mandatory Deductions

Federal Income Tax _____
 State Income Tax _____
 PERA/Civil Service _____
 Social Security Tax _____
 Medicare Tax _____
 Local Tax _____
 Other _____
 Other _____
 Other _____

Voluntary Deductions

Credit Union (savings) _____
 Credit Union (loan) _____
 Retirement/Deferred Compensation. _____
 Filing Status: _____
 No. of Dependents Claimed: _____

Voluntary Deductions, continued

Health, Dental, Vision Insurance _____
 Dues _____
 Bonds _____
 Stock Purchase Plan _____
 Flex Benefit Cafeteria Plan _____
 Disability Insurance _____
 Life Insurance _____
 Charity _____
 Child Care _____
 Other _____
 Other _____
 Other _____

Total Monthly Deductions: _____
Total Monthly Net Income: _____

Comment on the above: _____
 (List monthly expenses below, **not** deducted from pay above. For any **Anticipated Change** in expenses, list the amount by which the **Actual** amount will "+" increase or "-" decrease)

3. MONTHLY Expenses

This budget is for a household consisting of _____ adult(s), and _____ minor child(ren).

| | <i>Actual</i> | <i>Anticipated Change</i> | | <i>Actual</i> | <i>Anticipated Change</i> |
|---|---------------|---------------------------|---|---------------|---------------------------|
| A. Housing | | | C. Food & Supplies | | |
| 1st Mortgage | _____ | _____ | Groceries/Supplies | _____ | _____ |
| 2nd Mortgage | _____ | _____ | Dining Out | _____ | _____ |
| Rent | _____ | _____ | D. Uninsured Health Care | | |
| Property Taxes (not in mortgage payment) | _____ | _____ | Doctor | _____ | _____ |
| Maintenance | _____ | _____ | Dentist | _____ | _____ |
| Condo/Homeowner's fees | _____ | _____ | Orthodontist | _____ | _____ |
| Security System | _____ | _____ | Vision Care | _____ | _____ |
| Cleaning Services | _____ | _____ | Medicine/RX Drugs | _____ | _____ |
| Lawn care, snow removal | _____ | _____ | Therapist | _____ | _____ |
| Other _____ | _____ | _____ | Other _____ | _____ | _____ |
| B. Utilities | | | E. Insurance | | |
| Gas/Elec/Water/Sewer (if combined in one bill) | _____ | _____ | Automobile | _____ | _____ |
| Gas/Heating Fuel | _____ | _____ | Health/Hospital | _____ | _____ |
| Electric | _____ | _____ | Dental | _____ | _____ |
| Water/Sewer | _____ | _____ | Vision | _____ | _____ |
| Cell Phone/pager | _____ | _____ | Disability | _____ | _____ |
| Phone/Long Distance | _____ | _____ | Homeowner's/Renter's (not in mortgage payment) | _____ | _____ |
| Trash Removal | _____ | _____ | Life | _____ | _____ |
| Internet Provider | _____ | _____ | Other _____ | _____ | _____ |
| Other _____ | _____ | _____ | | | |

Comment on the above: _____

| F. Transportation | <i>Actual</i> | <i>Anticipated Change</i> | L. Recreation/Entertain. | <i>Actual</i> | <i>Anticipated Change</i> |
|--|---------------|---------------------------|--|---------------|---------------------------|
| Primary Vehicle Payment | _____ | _____ | Newspapers/Magazines | _____ | _____ |
| Other Vehicle Payment(s) | _____ | _____ | Books | _____ | _____ |
| Fuel | _____ | _____ | Vacation/Travel | _____ | _____ |
| Maintenance | _____ | _____ | Membership/Clubs | _____ | _____ |
| Registration and Tax | _____ | _____ | Cable/Satellite TV | _____ | _____ |
| Parking | _____ | _____ | Movies/Video Rentals | _____ | _____ |
| Bus/Commute Fees | _____ | _____ | Sports Events/Participation | _____ | _____ |
| Other _____ | _____ | _____ | Hobbies | _____ | _____ |
| | | | Other _____ | _____ | _____ |
| G. Clothing & Shoes | _____ | _____ | M. Miscellaneous | | |
| (for you) | | | Gifts | _____ | _____ |
| H. Laundry/ Dry Clean | _____ | _____ | Hair/Nail Care | _____ | _____ |
| | | | Pets/Pet care | _____ | _____ |
| I. Children's Exp's & Activities | | | Postage | _____ | _____ |
| Clothing & Shoes | _____ | _____ | Photographs | _____ | _____ |
| Work/Ed. Child Care | _____ | _____ | Bank Charges | _____ | _____ |
| Babysitting | _____ | _____ | Home Furnishings | _____ | _____ |
| Tuition/Lessons | _____ | _____ | Household equipment/tools | _____ | _____ |
| Books/Supplies | _____ | _____ | Professional Association | _____ | _____ |
| Tutor | _____ | _____ | Legal | _____ | _____ |
| Schools Lunches | _____ | _____ | Accounting | _____ | _____ |
| Activities/Fees/Field Trips | _____ | _____ | Charity/Worship | _____ | _____ |
| Allowance | _____ | _____ | Other _____ | _____ | _____ |
| Other _____ | _____ | _____ | Other _____ | _____ | _____ |
| J. Education (for you) | | | N. Investments (not payroll deducted) | | |
| Tuition/Lessons | _____ | _____ | Savings | _____ | _____ |
| Books/Supplies | _____ | _____ | Retirement | _____ | _____ |
| Activities/Fees | _____ | _____ | Other _____ | _____ | _____ |
| Other _____ | _____ | _____ | Other _____ | _____ | _____ |
| K. Maintenance.& Child Support (that you pay) | | | Monthly Expenses | _____ | |
| Spousal Maintenance | _____ | _____ | Adjustments/Anticipated Change | | _____ |
| Child Support | _____ | _____ | Total Monthly Expenses | _____ | |
| | | | (after adjustments/anticipated change) | | |
| | | | Total Monthly Net Income | _____ | |
| | | | Less Total Monthly Expenses | _____ | |
| | | | Less Min. Mo. Debt Payment | _____ | |
| | | | (from next page) | | |
| | | | Shortfall or Excess | _____ | |

Summary of Total Net Income, Expenses & Monthly Debt:

Comment upon the above: _____

4. Debts (unsecured)

(List unsecured debts such as credit cards, store charge accounts, loans from family members, etc. Do not list debts that are liens against your property, such as mortgages and car loans, because their payment is already listed as an expense above, and the total of the debt is shown elsewhere as a deduction from value where that asset is listed, such as under Real Estate or Motor Vehicles) (For name on account "P" = Petitioner, "R" or "Co-Pet" = Respondent or Co-Petitioner, "J" = Joint)

| Creditor | Account Number | Name on Account | Date of Balance | Balance | Minimum Monthly Payment Required | Principal Purchase(s) for Which Debt Was Incurred |
|--------------------------------|----------------|-----------------|-----------------|---------|----------------------------------|---|
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| Unsecured Debt Balance: | | | | | | ---> Total Min. Mo. Pmt. |

Instructions for Completing Assets Schedules

(If you have more items for a category than the space provided, **do not** fill in the detail in that space; instead, provide the detail on the Supplemental Schedule at the end of this form. When you have done that, compute the total equity for that asset class and place that amount in the "Total" box provided for that category of asset. If a "Total" box has not been provided for that asset, show the fair market value of that asset, any debt against it, and the remaining equity on the Supplemental Schedule.) (For title designation, "P" = Petitioner, "R" or "Co-Pet" = Respondent or Co-Petitioner, "J" = Joint)

Schedule A. Real Estate

| Property Type Owned (residence, condo, rental, etc.) | Address | Title | Fair Market Value | Basis of Fair Market Value (appraisal, estimate, purchase price, etc.) | First Mortgage | Second Mortgage | Equity |
|--|---------|-------|-------------------|--|----------------|-----------------|--------|
| | | | | | | | |
| | | | | | | | |
| <u>First Real Estate Asset:</u> | | | | <u>Second Real Estate Asset:</u> | | Total | |

| | |
|------------------------------------|------------------------------------|
| Date of 1st Mortgage Balance _____ | Date of 1st Mortgage Balance _____ |
| Date of 2nd Mortgage Balance _____ | Date of 2nd Mortgage Balance _____ |
| Date of Fair Market Value _____ | Date of Fair Market Value _____ |

Comment: _____

(Include in any comment you wish to make, such as the name and address of person or entity to whom mortgage debt(s) is/are owing)

Schedule B. Motor Vehicles

(For title designation, "P" = Petitioner, "R" or "Co-Pet" = Respondent or Co-Petitioner, "J" = Joint)

| Vehicle, Year, and Model | Title | Principal Operator | Date of Value & Debt | Creditor To Whom Debt is Owning | Basis Used to State Value (Estimate, NADA or Kelley Bluebook) | Fair Market Value | Amount of Debt Owning | Equity |
|--------------------------|-------|--------------------|----------------------|---------------------------------|--|-------------------|-----------------------|--------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Comment: _____ **Total**

Schedule C. Cash on Hand, Bank, Checking or Savings Accounts, CDs

| Type of Account | Institution and Location | Account Number | Name on Account | Date of Balance | Balance |
|-----------------|--------------------------|----------------|-----------------|-----------------|---------|
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Comment: _____ **Total**

Schedule D. Life Insurance

| Company & Policy Number | Type of Policy (whole life, term, universal, etc.) | Insured | Owner | Beneficiary | Face Amount of Policy | As of Date | Outstanding Loan Balance and/or Surrender Charge | Cash Surrender Value (Net of Loan & Surrender Charge) |
|-------------------------|---|---------|-------|-------------|-----------------------|------------|--|---|
| | | | | | | | | |
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Comment: _____ **Total**

Schedule E. Furniture and Household Goods

("Value" equals what you could sell it for in its current condition, such as at auction, not what you paid for it or cost of replacement.)

| Item | Value in Petitioner's Possession | Value in R or Co-Pet. Possession | Value Elsewhere |
|-----------------------|----------------------------------|----------------------------------|-----------------|
| Household furnishings | | | |
| Comment: _____ | Total | | |

Schedule F. Stocks, Bonds, Mutual Funds, Securities &/or Investment Accounts (Non-Retirement)

(For Owner, "P" = Petitioner, "R" or "Co-Pet" = Respondent or Co-Petitioner, "J" = Joint) For "Tax Basis" enter the amount you paid for it, or its value at the date of your receipt of it by gift or inheritance. Show items owned by category. Include shares of stock, mutual fund units, bonds, warrants, debentures, treasury bills, notes, and any other securities owned by you that are not in retirement plans. Give your best estimate of market value if items are sold on an open market, or traded on a recognized exchange, and their unit or share value as of the date of your completing this form).

| Name of Item or Fund | # of Shares or Units | Value Per Share or Unit | As of Date | Tax Basis | Owner | Brokerage or Location of Security | Account Number | Margin Account Balance | Net Value |
|----------------------|----------------------|-------------------------|------------|-----------|-------|-----------------------------------|----------------|------------------------|-----------|
| | | | | | | | | | |
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| | | | | | | | | | |
| Comment: _____ | Total | | | | | | | | |

Schedule G. Pension, Profit Sharing, or Retirement Funds - Defined Contribution Plans

(Include those having an actual balance today in your name, but are not paid out as regular monthly or annual amounts for life. For example, do not list PERA, Civil Service, FFPA, Union or Military Retirement here, but do list SEPs, IRAs, Keoghs, 401(k), 403(b), 457 Tax Savings Plans, TIAA/CREF, etc.)

| Category of Retirement Plan Asset (401(k), IRA, etc.) | Official Plan Name (or if IRA), Name of Institution Where Held | Name and Address of Plan Administrator (or if IRA) Institution Address | Owner | Account Number | Value as of what date | Current Value |
|---|--|--|-------|----------------|-----------------------|---------------|
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Comment: _____ | Total | | | | | |

Schedule H. Other Pension or Retirement Funds - Defined Benefit Plans

(Include those that are paid at retirement as regular monthly or annual amounts for life or some defined period of time. For example, do list PERA, Civil Service, FFPA, Union or Military Retirement here, but do not list SEPs, IRAs, Keoghs, 401(k), 403(b), 457 Tax Savings Plans, TIAA/CREF, etc.) (If more than two plans, place the information for the additional plan on the Supplemental Schedule)

| | <u>First Plan</u> | <u>Second Plan</u> |
|---|-------------------|--------------------|
| Name of Employer and division or dept., or military service | _____ | _____ |
| Name of Retirement Plan | _____ | _____ |
| Address & telephone number for Plan or retirement authority | _____ _____ | _____ _____ |
| Your date of birth | _____ | _____ |
| Spouse's date of birth | _____ | _____ |
| Date of hire or enlistment | _____ | _____ |
| Plan Entry Date (if not date of hire) | _____ | _____ |
| Date of Marriage | _____ | _____ |
| Your rank, (if military), or your job description | _____ | _____ |
| Date 1st eligible to receive retirement | _____ | _____ |
| Expected amount of lump sum or monthly payments | _____ | _____ |

Schedule I. Miscellaneous/Other Assets or Interests (not listed above)

(Check the box of the item listed below if you have that item. By leaving the box blank you are stating that you do not have that item. If you have checked the box, provide the detail concerning it on the Supplemental Schedule at the end of this form. If it is an asset or interest that has a fair market value, then list debt against it, and the remaining equity on that same Supplemental Schedule. If you have an asset or interest that is not listed, check the box and fill in the blank for identifying such additional item and provide the detail on the Supplemental Schedule at pp. 9-10.)

| | | |
|--|--|--|
| <input type="checkbox"/> Business interests (not publicly traded) | <input type="checkbox"/> Country and other club memberships | <input type="checkbox"/> Supplemental exec. retire. plan |
| <input type="checkbox"/> Stock options | <input type="checkbox"/> Sports memberships, e.g., Broncos | <input type="checkbox"/> Accrued paid sick leave, vacation or personal leave |
| <input type="checkbox"/> Trust beneficiary (whether or not you are currently receiving money) | <input type="checkbox"/> Livestock | <input type="checkbox"/> Bonus or retirement, partially or wholly accrued, but not yet paid to you |
| <input type="checkbox"/> Money that is owed to you personally (not including bus. acct's receivable) | <input type="checkbox"/> Growing or stored crops | <input type="checkbox"/> Cash, gold or silver bullion |
| <input type="checkbox"/> Loans owing to you by your business | <input type="checkbox"/> Farm implements & equipment | <input type="checkbox"/> Children's assets or accounts held or managed by you |
| <input type="checkbox"/> IRS Refunds due to you | <input type="checkbox"/> Power tools | <input type="checkbox"/> Safety deposit box, vault or safe (if checked, identify contents) |
| <input type="checkbox"/> Estimated payments made on taxes | <input type="checkbox"/> Motor home | <input type="checkbox"/> Deferred Compensation Plans (not detailed elsewhere) |
| <input type="checkbox"/> Security deposit(s) you have made. | <input type="checkbox"/> Motorcycles, ATV, snowmobiles | <input type="checkbox"/> Health Savings Accounts |
| <input type="checkbox"/> Prepaid expenses - e.g., sports season tickets, travel, fees in attorney's trust account, down payment on lease vehicle, etc. | <input type="checkbox"/> Boats | <input type="checkbox"/> Section 529 Education Accounts |
| <input type="checkbox"/> Royalties | <input type="checkbox"/> Recreation and sports equipment | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Collectibles (coins, plates, wine etc.) | <input type="checkbox"/> Frequent Flyer Miles | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Guns | <input type="checkbox"/> Motel/hotel/vacation club points | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Art | <input type="checkbox"/> Timeshares | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Jewelry | <input type="checkbox"/> Back maint. or child sup. owed to you | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Oriental rugs | <input type="checkbox"/> Pending law suit or claim by you | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Oil and Gas interests | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Water rights | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Contract rights | <input type="checkbox"/> _____ |

Schedule J. Separate Property

"Separate property" includes the following: (1) property acquired prior to the marriage, (2) property acquired by gift or inheritance during the marriage, (3) property acquired in exchange for property acquired prior to the marriage or in exchange for property acquired by gift or inheritance during the marriage, (4) property acquired after the entry of a Decree of Dissolution of Marriage or Legal Separation, and (5) property excluded from the marital property by valid agreement of the parties.

If separate property is mixed with marital property, for example, by placing ownership of it or proceeds from the sale of it into property held in both spouses' names, the separate property may become marital property.

Any increase in the value of separate property from the date of marriage or, if acquired during the marriage, from the date of acquisition is marital property.

I, **Petitioner** or **Respondent or Co-Petitioner**, claim the following "separate property":

| | Description of Separate Property Interest (If it has changed form since marriage, or since acquired if after marriage, briefly trace the changes here into its current form) | Date Interest Acquired, if During Marriage | From Whom Interest Acquired, if During Marriage | Value of Interest on Date of Marriage, or on Date Acquired if During Marriage | Current Value of Asset into which you have traced your Separate Property Interest | Marital Equity, or Decrease in or Depletion of Separate Property Value |
|---|--|--|---|---|---|--|
| (Check (or click on) box below if owned before marriage) <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | | | | | | |

Schedule K. Supplemental Schedule

| Item | Description | Comment | | | |
|------|-------------|---------|--|--|--|
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OATH

I affirm that this Affidavit With Respect To Financial Affairs (including attached Supplemental Schedules) contains a complete disclosure of all items of property in which I have any current interest or I expect to receive in the future based upon the work or events that took place during the marriage, and all liabilities for which I am aware that I could be held personally responsible. I also affirm that the representations made herein concerning my income and expenses are accurate to the best of my knowledge. I am aware that should the information provided herein prove to be fraudulent or contain material misstatements or omissions, whether inadvertent or intentional, or be found to be inaccurate, the court shall have continuing jurisdiction to enter such orders as it considers necessary in equity and law to determine the rights and duties with regard to that property right or obligation. I am also aware the court may punish as perjury any materially false statements knowingly made with intent to defraud or mislead.

State of Colorado)
) ss.
 _____)

 Your Signature
 (Sign only in front of Notary or Court Clerk.)

Subscribed and sworn to before me this ____ day of _____, 20 __, by

 WITNESS my hand and official seal.

My Commission expires: _____

 Notary Public

(SEAL)

Child Support - Attachment to Financial Affidavit

Where the answer below calls for financial amounts, convert the annual amount to a monthly amount by dividing by 12. The term "**joint children**" means those minor children under age 19 who are not emancipated for whom you and the other party are both legally responsible.

| Child Support Related Information | Petitioner | Co-Petitioner or Respondent |
|---|------------|-----------------------------|
| Total # of joint children (or those who are over 19 but still in high school or an equivalent program, or who are mentally or physically disabled.) (Enter the same number in each person's column in answer to this question.) | | |
| # of joint children who are primarily living with you. | | |
| # of overnights per year the joint children spend with you if they primarily reside with the other party. (If more than one joint child is primarily residing with the other party, add the total # of overnights per year spent with you by all such joint children, then divide that total by the # of joint children primarily residing with the other party.) | | |
| # of non-joint minor children, <u>born before</u> joint children, for whom you are legally responsible <u>and</u> for whom either (a) support is actually being paid by you to a 3rd party, or (b) such non-joint, minor child is living with you and supported by you. | | |
| Amount of support for non-joint minor children, <u>born before</u> joint children, for whom you are legally responsible <u>and</u> for whom support is actually being paid by you to a 3rd person where there is no court order. | | |
| Amount of court ordered support for non-joint children being paid by you to a 3rd person pursuant to a court order. | | |
| Monthly <u>work or job search related</u> child care paid by you for joint children. (Include annual summer/school and vacation child care expenses work or job search related in your answer, converting total to monthly average.) | | |
| Monthly child care paid by you for joint children <u>while you are pursuing an education</u> . [Include annual summer/school and vacation child care expenses during such pursuit, converting total to monthly average.] | | |
| Monthly average of <u>uninsured</u> medical and dental expenses exceeding \$250.00 per year per joint child, paid by you for joint children. | | |
| Monthly avg. of private schooling or education expenses paid by you for joint children who have <u>not yet</u> graduated from high school. | | |
| Monthly avg. of private schooling, college or other education expenses paid by you for joint children who <u>have</u> graduated from high school. | | |
| Monthly cost of transport of joint children for parenting time (a/k/a visitation) between homes, or for child and an accompanying party for parenting time if child is under 12. | | |
| Portion of monthly health, dental, vision insurance paid by you attributable to joint children. (If premium covers others and joint children's portion is unallocated, divide monthly premium by # of persons covered, and multiply result by # of joint children.) | | |
| Extraordinary expenses you propose the Court deviate from the child support guidelines and apportion between you and the other party. (Examples: auto ins. for teenager, lessons, tutor, sports equipment, extra-curricular activities, camps.) | | |
| Adjustment to child support you propose for substantial monthly income of the child, Social Security for child, or other adjustments diminishing child's basic needs, that you propose be applied to reduce child support obligation. | | |