

Youth's Name: _____

Cause #: _____

1

MONTANA DEPARTMENT OF CORRECTIONS

FINANCIAL AFFIDAVIT FOR COST-OF-CARE CONTRIBUTIONS

INSTRUCTIONS FOR COMPLETING THIS FORM: Provide complete information, attaching additional pages if needed. If a question or statement does not apply to you, **DO NOT LEAVE BLANK**. Instead, mark it as "Not Applicable" or "N/A". If you are separated or divorced, your child's father or mother will be sent a separate form. Your social security number is requested on this form. No state law requires you to give this number. Courts and administrative agencies use this number to track cases and to apply payments to the correct case.

PERSONAL INFORMATION

Mother / Wife:

Name: _____

Home Address: _____
_____Mailing Address: _____

(If different) _____

Maiden Name: _____

Social Security #: _____

Telephone #: _____

Cell Phone #: _____

Email Address: _____

Date of Birth: _____

Place of Birth: _____

Driver's License #: _____ State: _____

Relationship to child placed in custody of Dept. of Corrections ☐ birth mother ☐ adoptive mother ☐ step mother**Legal Guardian Yes or No Legal Documentation Must Be Attached to this Affidavit.**

Emergency Contact Phone Number & Person's Name for Child in placement: _____

What is your tax filing status? ☐ Single ☐ Married

How many people do you claim on your tax return: _____

List the people you claim as tax exemptions: _____

Are you currently attending training school, college or university, or trade school? ☐ Yes ☐ No

If Yes, complete the following:

School Name	Course of Study	Attendance Hours/Day	Expected Completion Date

Father / Husband:

Name: _____

Home Address: _____
_____Mailing Address: _____

(If different) _____

Social Security #: _____

Telephone #: _____

Cell Phone #: _____

Email Address: _____

Date of Birth: _____

Place of Birth: _____

Driver's License #: _____ State: _____

Relationship to child placed in custody of Dept. of Corrections ☐ birth father ☐ adoptive father ☐ step father**Legal Guardian Yes or No Legal Documentation Must Be Attached to this Affidavit**

Emergency Contact Phone Number & Person's Name for Child in placement: _____

What is your tax filing status? ☐ Single ☐ Married, Joint ☐ Married, Separately ☐ Head of Household

How many people do you claim on your tax return: _____

List the people you claim as tax exemptions: _____

Are you currently attending training school, college or university, or trade school? ☐ Yes ☐ No

If Yes, complete the following:

School Name	Course of Study	Attendance Hours/Day	Expected Completion Date

1

A. CHILDREN

1. List all of your natural, adopted and stepchildren and/or those listed as a dependent on your income tax return.

****ATTACH A COPY OF ANY ORDER REQUIRING CHILD SUPPORT TO BE PAID FOR THESE CHILDREN****

Child's Full Name	Date of Birth (MM/DD/YY)	Who Does Child Live With?	Do You Pay/Receive Ordered Support for this Child?
			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pay <input type="checkbox"/> Receive \$ _____/mo
			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pay <input type="checkbox"/> Receive \$ _____/mo
			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pay <input type="checkbox"/> Receive \$ _____/mo
			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pay <input type="checkbox"/> Receive \$ _____/mo

2. Complete the table below for all expenses you pay and benefits you receive on behalf of all children shown on previous table. Attach proof for the items listed below.

Child's First Name	Annual Day Care Costs	Annual Unreimbursed Medical Expenses	Annual Dependent's Benefits Received (☐)	How many days does child live with you per year? (☐)	Annual Miles Driven for Long Distance Parenting	Other Transportation Costs for Long Distance Parenting (☐)

(☐) For example – Social Security Benefits. (☐) The majority of a 24-hour period the child is in your control.

(☐) Do not include lodging, food and entertainment.

3. Do you receive reimbursement for day care expenses? ☐ No ☐ Yes \$ _____/month
4. If any of the children listed above have on-going medical expenses, please describe and provide the average amount of monthly expenses. _____
5. Are you enrolled in a health insurance program through employment or other group? ☐ No ☐ Yes If yes, list who is covered on your policy: _____

If No, skip to Section C.

If Yes, please include a photocopy of both the front and back of your enrollment/identification card.

Regardless of whether your child is covered or not, complete the following:

Insurance Co. Name: _____

Address: _____

Policy Number: _____ Certificate Number: _____

Total cost of health insurance premium per month, including children: \$ _____

Adult's portion of premium: \$ _____

Child(ren)'s portion of premium: \$ _____

Portion of premium to be paid by you each month: \$ _____

Portion of premium to be paid by employer or other group each month: \$ _____

B. EMPLOYMENT / INCOME

ATTACH COPIES OF THREE MONTHS PAY STUBS AND/OR COMPLETE COPIES OF PRECEEDING TWO YEARS FEDERAL INCOME TAX RETURNS. Include all schedules filed and W-2 forms. If you do not have pay stubs or W-2 forms, provide an employer's

statement. It is important to provide documentation to determine your most accurate and current income status. If you are self-employed or work seasonally, you must include income tax returns.

Mother / Wife:

1. List your current or most recent employer(s) for the last 12 months. Continue on separate sheet if necessary:

Employer's Name, Address and Telephone Number	Dates of Employment	Average Hours Worked and Current (or ending) Pay	Job Position / Type	P=Permanent T=Temporary S=Seasonal
	From _____ To _____	_____ Hours / week _____ \$ per hour _____ Avg. Mo. Tips		
	From _____ To _____	_____ Hours / week _____ \$ per hour _____ Avg. Mo. Tips		
	From _____ To _____	_____ Hours / week _____ \$ per hour _____ Avg. Mo. Tips		
	From _____ To _____	_____ Hours / week _____ \$ per hour _____ Avg. Mo. Tips		
	From _____ To _____	_____ Hours / week _____ \$ per hour _____ Avg. Mo. Tips		

2. Do you belong to a union? ☐ No ☐ Yes If Yes, name of union local and address, and amount of monthly dues: _____

Do you have any employment expenses, i.e. uniforms you must buy, license, etc. ____ If Yes, explain and list costs: _____

3. If you are unemployed or employed part-time, have you made efforts to find full-time employment? ☐ No ☐ Yes
If No, what has prevented you from seeking full-time employment? _____
If Yes, describe your job search: _____

4. Do you receive workers' compensation or occupational disease benefits? ☐ No ☐ Yes
If No, are you currently seeking workers' compensation benefits, or occupational disease benefits? ☐ No ☐ Yes
If Yes, who pays those benefits and what is your claim number: _____

5. Are you currently receiving unemployment benefits? ☐ No ☐ Yes
If Yes, name of state or agency paying those benefits: _____

6. List all income you currently receive or have received in the last 12 months.

Income Source	Annual Amount	Income Source	Annual Amount
Gross Wages		Public Assistance	
Unemployment		Veterans' Disability	
Workers' Compensation		Spousal Support/Alimony	
Social Security Benefits		Contract Receipts	
Retirement		Rental Income	
Interest/Dividend Income		Fringe Benefits/Bonuses	
Reimbursements		Educational Grants	
Profit (Loss) from Self-employment		Other:	

7. If you are self-employed, describe your self-employment activities: _____

How many hours per week are spent engaged in self-employment activities? _____

Is self-employment the primary source of your income for meeting your living expenses? ☐ No ☐ Yes

8. Have you, in the past 12 months, received any prize, award, settlement or other one-time cash payment? ☐ No

☐ Yes

If Yes, describe the payment, including the amount and its present location and value: _____

Father / Husband:

1. List your current or most recent employer(s) for the last 12 months. Continue on separate sheet if necessary:

Employer's Name, Address and Telephone Number	Dates of Employment	Average Hours Worked and Current (or ending) Pay	Job Position / Type	P=Permanent T=Temporary S=Seasonal
	From _____ To _____	_____ Hours / week _____ \$ per hour _____ Avg. Mo. Tips		
	From _____ To _____	_____ Hours / week _____ \$ per hour _____ Avg. Mo. Tips		
	From _____ To _____	_____ Hours / week _____ \$ per hour _____ Avg. Mo. Tips		
	From _____ To _____	_____ Hours / week _____ \$ per hour _____ Avg. Mo. Tips		
	From _____ To _____	_____ Hours / week _____ \$ per hour _____ Avg. Mo. Tips		

2. Do you belong to a union? ☐ No ☐ Yes If Yes, name of union local and address, and amount of monthly dues: _____

3. Do you have any employment expenses, i.e. uniforms you must buy, license, etc. ____ If Yes, explain and list costs: _____

4. If you are unemployed or employed part-time, have you made efforts to find full-time employment? ☐ No ☐ Yes
If No, what has prevented you from seeking full-time employment? _____

If Yes, describe your job search: _____

5. Do you receive workers' compensation or occupational disease benefits? ☐ No ☐ Yes

If No, are you currently seeking workers' compensation benefits, or occupational disease benefits? ☐ No ☐ Yes

If Yes, who pays those benefits and what is your claim number: _____

6. Are you currently receiving unemployment benefits? ☐ No ☐ Yes

If Yes, name of state or agency paying those benefits: _____

7. List all income you currently receive or have received in the last 12 months.

Income Source	Annual Amount	Income Source	Annual Amount
Gross Wages		Public Assistance	
Unemployment		Veterans' Disability	
Workers' Compensation		Spousal Support/Alimony	
Social Security Benefits		Contract Receipts	
Retirement		Rental Income	
Interest/Dividend Income		Fringe Benefits/Bonuses	
Reimbursements		Educational Grants	
Profit (Loss) from Self-employment		Other:	

8. If you are self-employed, describe your self-employment activities: _____

How many hours per week are spent engaged in self-employment activities? _____

Is self-employment the primary source of your income for meeting your living expenses? ☐ No ☐ Yes

9. Have you, in the past 12 months, received any prize, award, settlement or other one-time cash payment? ☐ No ☐ Yes
If Yes, describe the payment, including the amount and its present location and value: _____

C. MISCELLANEOUS EXPENSES

1. List any necessary expense you pay for in-home nursing care to enable you to work and for whom the expense is paid: _____
2. Do you have any extraordinary medical expenses, not reimbursed by insurance, an employer or another individual which are necessary to maintain health or earning capacity? ☐ No ☐ Yes
If Yes, list yearly expenses and attach proof: _____
3. Have you paid expenses for in-patient chemical dependency treatment for the child placed in custody of Dept. of Corrections? ☐ No ☐ Yes If Yes, list amount and date of service: _____
4. Have you paid other court mandated expenses for the child placed in custody of Dept. of Corrections? ☐ No ☐ Yes
If Yes, what were the expenses and the amount(s)? _____
5. Are you required by your employer, in-voluntarily, to contribute to a retirement fund? ☐ No ☐ Yes
If Yes, what is the annual amount of the contribution? _____
6. List other extraordinary expenses and amounts you have that alter your financial situation. _____
7. Attach a list of typical monthly expenses, if you feel it is important to document your financial situation.
8. Are you receiving any SNAP/TANF benefits? If yes, please indicate what type of benefits you are receiving. _____

D. ANTICIPATED CHANGES / OTHER

Do you anticipate any changes in your circumstances during the next 18 months which would affect the calculation of this parental contribution? Do you have any other comments you would like to make? (Describe below)

CERTIFICATION

I declare, subject to penalties for perjury, that I have read the foregoing affidavit and that the information contained in it and all attachments to it are true and correct to the best of my knowledge, information and belief.

Signature (Mother/Wife)

Date

Signature (Father/Husband)

Date

FINANCIAL AFFIDAVIT FOR PARENTAL CONTRIBUTIONS

SUPPLEMENTAL QUESTIONS

Child Health Insurance: Indicate the dollar amount of the portion of the annual premium coverage you pay for the youth in placement.

Child Other Medical: Indicate the dollar amount of the recent out-of-pocket medical expenses you have paid or are paying for the youth in placement.

How many individuals do you claim as tax exemptions when you file your income taxes?

Number of Qualifying Children for Earned Income Credit: Indicate the number of your children **NOT** in placement that will be claimed for earned income credit on your income tax return. Note, they must be under 18 years of age and have lived with you for at least 6 months of the year.

More Tax Information: Indicate the number of your other children who are under the age of 17 years old and are listed as a dependent on your tax return.

Do you pay court ordered child support for other children? If so, please indicate how much you pay a year.

Please indicate how many other children you have residing in your home.

Do you pay any court ordered alimony/spousal support? If so, please indicate how much you pay a year.

Do you pay any court ordered health insurance premiums for other children? If so, please indicate how much you pay a year.

Do you have any **mandatory** retirement contributions deducted from your paycheck? If so, please indicate how much is taken out a year.

Do you have any **mandatory** deferred compensation deducted from your paycheck? If so, please indicate how much is taken out a year. For example, this would be like a **mandatory 401k** savings plan.

Are your retirement deductions before or after tax?

Indicate the amount per year that you spend on daycare expense for your other children not in placement.

Indicate the number of children not in placement for whom you will receive the day care tax credit.

Are you receiving any SNAP benefits? Yes No **IF YES YOU MUST INCLUDE YOUR SNAP BENEFITS AWARD LETTER.**

Are you receiving any TANF benefits? Yes No **IF YES YOU MUST INCLUDE YOUR TANF BENEFITS AWARD LETTER.**

Indicate the amount of other out-of-pocket expenses, for your parent's, for your other children not in placement, and or extraordinary medical expenses you pay per year.

Are you the legal guardian for the child in placement? Yes No

If there is a legal guardian and you are not the legal guardian, provide the name, phone number, email address, and mailing address of the legal guardian:

Provide emergency contact name, phone number, and mailing address for the child in placement.

You **MUST** Provide legal documentation of guardianship.

Marital Information:

Were the parents of the child in placement married? Yes No

Date of that marriage:

City, county and state of that marriage:

If no, did the parents hold themselves out as husband and wife? Yes No

Did the parents ever file joint tax returns? Yes No

If yes, which years?

What states?

Divorce / Order Information:

Are the parents divorced? Yes No

Case Number:

Date:

City, county and state where the order was entered:

Is there an order for support? Yes No

Does the order follow the child?

Case Number:

Date:

City, county and state where the order was entered:

Who is ordered to pay support?

Amount:

Have any verbal or written changes been made to the terms of the order?

Yes No

If yes, describe the changes:

INCLUDE A COPY OF YOUR ORDER OF SUPPORT

INCLUDE THE LEGAL GUARDIANSHIP DOCUMENTS

The Youth Services Division is dedicated to public safety and trust by holding individuals accountable for their actions through custody, supervision, restitution and competency development utilizing evidence-based practices and promoting healthy relationships from the time of commitment through community transition and discharge while affording individuals the opportunities needed to live successful and productive lives.

SIGNED AND RETURN THIS FINANCIAL AFFIDAVIT AND ATTACHMENTS TO:

SUE DAVIS

2615 4TH AVENUE SOUTH

BILLINGS, MT 59101

OR EMAIL IT TO:

sued@mt.gov

OR FAX IT TO:

SUE DAVIS AT 406-896-5448