

**FINANCIAL AFFIDAVIT IN SUPPORT OF
MOTION FOR SERVICE BY PUBLICATION BY POSTING AND MAIL
UNDER CIV. RULE 4.4(A)(2)**

I, _____, being first duly sworn, state as follows:

1. I receive \$_____ per month in income for a household of _____.

Information for other persons living in my household is as follows:

Name	Is this person under 18?	Relationship (Spouse or Child)	Income
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

2. The following is my additional financial information:

(a) Number of dependents: _____

Dependent's Name	Dependent's Age

(b) Receipt of public assistance:

I receive needs-based, means-tested public assistance: Yes No

If so, I receive the following type and amount: _____

(Examples: TANF, SSI, SSD, Medicaid, Food Stamps, means-tested Veterans' Benefits)

(c) Employment and income information:

Place of employment: _____

Length of time employed: from _____ to _____

Gross monthly income from employment: _____

Total gross income from all sources in the last 26 weeks: _____

(Including Unemployment, Worker's Compensation, child support, spousal support and other types of income)

(d) Any other household income (list source and amount): _____

Total Household Income: _____

[Including, but not limited to, all income sources of all household members and the answers provided in response to paragraphs 1 and 2(a)-(d).]

(e) Financial resources:

Total assets: _____ Cash on hand or on deposit: _____

I own real estate: Yes No If so, fair market value: _____

I own an automobile: Yes No If so, fair market value: _____

(f) Financial obligations:

My basic monthly living expenses are as follows:

Food: _____ Housing: _____ Utilities: _____

Medical expenses: _____ Transportation: _____

Child support paid: _____ Child care (if working): _____

Other (specify): _____

(g) Limitations:

I have the following limitations that impact my ability to secure work, such as disability, homelessness, lack of driving privileges, etc: _____

3. I am without funds or assets to pay the costs of publication at this time.
4. I would be deprived of the necessities of life in order to pay the costs of publication.
5. I understand that I must inform the court if my financial situation should change before the disposition of my case.
6. I understand that I am subject to criminal charges for providing false information.
7. I understand that if this Court should deny my motion, I must pay the costs to complete service by publication and cannot complete service by posting and mail. If I do not complete service as required, the case/motion will be dismissed.
8. I hereby represent that the information set forth above regarding my financial condition is true and complete to best of my knowledge, information and belief.

SIGNATURE

Sworn to and subscribed before me this ____ day of _____, 20__.

NOTARY PUBLIC