

IN THE SAC & FOX TRIBE OF THE MISSISSIPPI IN IOWA TRIBAL COURT
349 Meskwaki Road
Tama, Iowa 52339-9629

_____,

Case No. _____

Petitioner,

and

**PRE-HEARING STATEMENT
FOR CHILD SUPPORT PROCEEDING**

Respondent.

1. PERSONAL INFORMATION

	<u>Petitioner</u>	<u>Respondent</u>
Full Name	_____	_____
Present Mailing Address	_____	_____
City, State, ZIP	_____	_____
Telephone Number	_____	_____
Employer	_____	_____
Street Address	_____	_____
City, State, ZIP	_____	_____
Social Security Numbers	_____	_____
Birth date	_____ age _____	_____ age _____
Marriage Date	_____	Date of Separation _____
The Wife _____ is _____ is not pregnant. If pregnant, the estimated delivery date: _____		

Minor child/ren of this marriage/relationship who will be affected by this legal action:

Name of Child/ren	Address	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. EMPLOYMENT:

	<u>Petitioner</u>	<u>Respondent</u>
(a) Are you Presently Employed	_____	_____
(b) Highest Year of Education	_____	_____
(c) Occupation	_____	_____
(d) Name of Employer	_____	_____
(e) Length of Employment	_____	_____

Provide the following data for each employer

Income:

(1) Gross income per _____	\$ _____	\$ _____
Federal Income Tax	\$ _____	\$ _____
State Withholding	\$ _____	\$ _____
Social Security (FICA)	\$ _____	\$ _____
Pension Deduction	\$ _____	\$ _____
Union Dues	\$ _____	\$ _____
Dependent Health/Hospital Coverage	\$ _____	\$ _____
Dental Coverage	\$ _____	\$ _____
(2) Subtotal of Statutory Deductions	\$ _____	\$ _____
(3) Net Income (line 1-line 2)	\$ _____	\$ _____
Other Paycheck Deductions:		
Specify: _____	\$ _____	\$ _____
(4) Subtotal of Other Deductions	\$ _____	\$ _____
(5) NET TAKE HOME PAY PER _____	\$ _____	\$ _____

Tax withholding figures above are based upon Married or Single tax-payer with # of exemptions: (Example: M-4 or S-2): _____

****Attach prior month's paycheck stub(s).***

(f) Employment benefits: identify all benefits in addition to wages including bonus paid or due, automobile or travel expense reimbursement, other per diem compensation, memberships paid by the employer.

_____	_____
_____	_____
_____	_____

(g) Other Income:

(1) Public Assistance (AFDC/GA)	\$ _____	\$ _____
(2) Social Security benefits (for party or child(ren))	\$ _____	\$ _____
(3) Unemployment/Workers Comp.	\$ _____	\$ _____
(4) Interest income per _____	\$ _____	\$ _____
(5) Dividend income per _____	\$ _____	\$ _____
(6) Other income: _____	\$ _____	\$ _____
(7) Per Capita Payments from Tribe (specify Tribe)	\$ _____	\$ _____
(8) Last Year's Tax Refunds	Fed. _____ State _____	Fed. _____ State _____

3. CHILD SUPPORT/SPOUSAL MAINTENANCE

(a) Does either party **receive** child support or spousal maintenance from a separate proceeding?

If so, enter amount here: \$ _____ \$ _____

Petitioner: for _____ by Order of _____, County, State of ____, dated ____.

Respondent: for _____ by Order of _____, County, State of ____, dated ____.

(b) Child Support or Spousal Maintenance established by court order for person(s) not included in this proceeding currently **being** paid by either party: \$ _____

\$ _____

Petitioner: for _____ by Order of _____, County, State of ____, dated ____.

Respondent: for _____ by Order of _____, County, State of ____, dated ____.

Any claimed arrearage under existing court order(s): ____ yes ____ no

If yes, specify the amount(s) claimed: \$ _____ \$ _____

4. LIVING EXPENSES: List you necessary monthly living expenses:

Mortgage Payment	_____	\$ _____	\$ _____
Rent	_____	\$ _____	\$ _____
Homeowner=s Insurance	_____	\$ _____	\$ _____
Real Estate Taxes	_____	\$ _____	\$ _____
Utilities (phone, electricity)	_____	\$ _____	\$ _____
Heat	_____	\$ _____	\$ _____
Food	_____	\$ _____	\$ _____
Clothing	_____	\$ _____	\$ _____
Laundry & Cleaning	_____	\$ _____	\$ _____
Medical and Dental (after insurance)	_____	\$ _____	\$ _____
Transportation (car payment)	_____	\$ _____	\$ _____
Car Insurance	_____	\$ _____	\$ _____
Life Insurance	_____	\$ _____	\$ _____
Recreation, Entertainment & Travel	_____	\$ _____	\$ _____
Newspapers & Magazines	_____	\$ _____	\$ _____
Social & Church Contributions	_____	\$ _____	\$ _____
Personal Allowances	_____	\$ _____	\$ _____
Baby Sitting & Day Care	_____	\$ _____	\$ _____
Home Maintenance	_____	\$ _____	\$ _____
Children=s School Needs/Allowance	_____	\$ _____	\$ _____
Additional _____	_____	\$ _____	\$ _____
TOTAL monthly expenses:	_____	\$ _____	\$ _____

5. REAL PROPERTY:

	<u>Homestead</u>	<u>Other Property*</u>
(a) Date Acquired	\$ _____	\$ _____
(b) Purchase Price	\$ _____	\$ _____
(c) Present Fair Market Value	\$ _____	\$ _____
(d) First Mortgage Balance	\$ _____	\$ _____
(e) Second Mortgage Balance(Home Improvement Loan)	\$ _____	\$ _____

(f) Net Value \$ _____ \$ _____
 (g) Monthly Payment: (PITI) \$ _____ \$ _____
 (h) Rental Income, if any \$ _____ \$ _____

**Other Real Estate: Provide the same information for other real property such as rental property, lake cabin, etc.*

6. PERSONAL PROPERTY: Fair Market Value

In Possession of:	<u>Petitioner</u>	<u>Respondent</u>	<u>Joint</u>
(a) Household Contents	\$ _____	\$ _____	\$ _____
(b) Stocks, Bonds, etc. _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
(c) Checking Accounts _____	\$ _____	\$ _____	\$ _____
(d) Saving Accounts _____	\$ _____	\$ _____	\$ _____
(e) Receivables and Claims _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

(f) Motor Vehicles:

	(1) _____ (year/make/model)	(2) _____ (year/make/model)	(3) _____ (year/make/model)
Market Value	\$ _____	\$ _____	\$ _____
Encumbrance	\$ _____	\$ _____	\$ _____
Net Value	\$ _____	\$ _____	\$ _____
Monthly Payment	\$ _____	\$ _____	\$ _____

In Possession of: _____

(g) Boats, Motors, Campers, Snowmobiles, Trailer, etc:

	(1) _____ (year/make/model)	(2) _____ (year/make/model)	(3) _____ (year/make/model)
Market Value	\$ _____	\$ _____	\$ _____
Encumbrance	\$ _____	\$ _____	\$ _____
Net Value	\$ _____	\$ _____	\$ _____
Monthly Payment	\$ _____	\$ _____	\$ _____

In Possession of: _____

(h) Other: (such as power equipment, tools, guns, valuable animals, etc.)

Description: _____

Fair Market Value: \$ _____ Encumbrance: \$ _____ Net Value: \$ _____

7. LIFE INSURANCE

	<u>Petitioner</u>	<u>Respondent</u>	<u>Joint</u>
Company	a) _____	b) _____	c) _____
Policy Number	_____	_____	_____
Type of Insurance	_____	_____	_____
Face Amount	_____	_____	_____
Cash Value	\$ _____	\$ _____	\$ _____
Loans	\$ _____	\$ _____	\$ _____
Insured	\$ _____	\$ _____	\$ _____
Beneficiary	_____	_____	_____
Owner	_____	_____	_____

8. PENSION PLAN AND/OR PROFIT SHARING PLAN:

	<u>Petitioner</u>	<u>Respondent</u>
(a) Through Employment:		
(1) Present Cash Value	\$ _____	\$ _____
(2) Vested or Non-vested	_____	_____
(b) Private Plans (IRA, Keogh, SEP, etc.)	_____	_____
Present Cash Value	\$ _____	\$ _____
(c) Deferred Compensation:	\$ _____	\$ _____
(d) Military Pension or Disability:	____ Yes ____ No	____ Yes ____ No

9. DEBTS: (Not listed in paragraphs 4 or 5 above)

	<u>Petitioner</u>	<u>Respondent</u>	<u>Joint</u>
(a) All secured Debts:			
Creditor:	1) _____	2) _____	3) _____
Total Amount Owning	\$ _____	\$ _____	\$ _____
Monthly Payment	\$ _____	\$ _____	\$ _____
When Incurred	_____	_____	_____
Party Obligated	_____	_____	_____
Reason for Debt	_____	_____	_____
Totals	\$ _____	\$ _____	\$ _____

(b) Unsecured Debts: Attach a separate schedule showing the creditor, balance owed, monthly payment, etc. Include attorney fees and costs.

Totals \$ _____ \$ _____ \$ _____

10. ATTORNEY=S FEES:

(a) Amount paid for in attorney=s fees and costs to date associated with this action: \$ _____

(b) Source of money used to pays these attorney=s fees and costs: \$ _____

(c) Additional fees and costs incurred to date: \$ _____

(d) Arrangement for attorney=s fees and costs: \$ _____

(e) Other: \$ _____

The statements contained herein are true and complete to the best of my knowledge.

Dated: _____

Signature of Petitioner

Phone: _____

I _____ have _____ do not have an attorney representing me in this matter.

Attorney's Name/Address, if applicable: _____

Telephone Number: _____

***IF THE ATTORNEY OR ADVOCATE IS NOT YET LICENSED TO PRACTICE IN THIS COURT,
SHE/HE SHOULD CONTACT THE CLERK OF COURT.***

Subscribed and sworn to before me this _____ day of _____, 200____.

(place seal here)

Notary Public