

FINANCIAL INVESTIGATION DESK AID

New York Case Identifier:	
Name of Noncustodial Parent:	
Social Security Number	
Date:	

Step 1: INCOME FROM ALL SOURCES:

A. **Income from documentary proof for 20__:** \$ _____

- A copy of the noncustodial parent's most recent federal tax return -
 A copy of the noncustodial parent's most recent state tax return
 A copy of the noncustodial parent's W2 statement(s)

OR

- The noncustodial parent did not earn any income and no federal or state filing was required for the noted tax year.
 The amount of income that the noncustodial parent earned in 20__ was not enough to meet the filing requirements for a federal or state tax return so no tax returns are included.
 No federal or state income tax return(s) and W-2 information is available for the noted tax year.

Type of Income	Amount Not included on Taxes, if any
Deferred Income/Compensation	
Fellowships and Stipends	

Step 2: CURRENT EMPLOYMENT INFORMATION

A. **Is the noncustodial parent currently employed?**

- Yes (Go to B.) No (Go to Step 3.)

B. **Amount and Proof of Income:**

Amount of income: \$ _____

- A copy of the noncustodial parent's current paycheck stub(s)
 Wage and Health Benefits Report stating the amount of the noncustodial parent's income/earnings
 Income information obtained from electronic source

Step 3: BENEFIT INFORMATION

A. **Is the noncustodial parent currently receiving benefits?**

- Yes (Go to B.) No (Go to Step 4.)

B. What benefits is the noncustodial parent receiving?

- Unemployment Insurance Benefits
- Social Security Disability
- Temporary Assistance or Care or Safety Net Assistance
- Veterans' Benefits in lieu of retired military pay not in lieu of military pay
- Retirement / Pension benefits
- Other (identify):

C. List the amount and frequency of each benefit noted above.

Step 4: NON-EMPLOYMENT INFORMATION

A. Do any of the following apply to the noncustodial parent's situation? If yes, please provide address of the facility.

- Incarcerated
- Shelter
- Institution
- Hospital

(Go to B)

B. If the noncustodial parent is not working or collecting benefits, how is the noncustodial parent paying his or her bills?

Step 5: CASH AND ASSET INFORMATION

A. Cash \$ _____

B. Bank and Financial Accounts

Type of Account	Account Balance	Date
Checking account		
Savings account		
Certificate of Deposit		
Money Market Account		
Inmate commissary account		

Stocks, Bonds, and Investments

Type of Investment	Value	Date
Stocks		
Bonds		
Mutual Funds		
Retirement Account		

C. Real Property

Type of Real Property	Value	Date
Home		
Land		
Rental Property		

D. Personal Property

Type of Personal Property	Value	Date
Motor Vehicle		
Motorcycle		
Recreational Vehicle		

Step 6: OTHER POTENTIAL SOURCES OF INCOME**A. Lawsuits**

- Noncustodial parent is a party to a lawsuit which may result in the transfer of income or assets to you, or to another party

Settlement Date	Terms of Settlement

Attorney Information	
Name:	
Address:	
Telephone Number:	

B. Insurance Settlements

- Noncustodial parent is currently receiving, or will be receiving, proceeds from an insurance settlement

Settlement Date:	
Claim Number	
Amount:	

Insurance Company Information	
Name:	
Address:	
Telephone Number:	

Attorney Information	
Name:	
Address:	
Telephone Number:	

C. Life Insurance Policy

Noncustodial parent has a life insurance policy:

Insurance Company Information	
Name:	
Address:	
Telephone Number:	
Cash value of policy:	\$

D. Additional Sources of Income

Source of Income	Amount/Frequency

E. Specific Circumstances of the Noncustodial Parent

Circumstance	Detailed Information
Residence	
Employment and Earnings History	
Job Skills	
Education	
Literacy	
Age	
Health	
Criminal Record or Other Employment Barriers	
Record of Seeking Work	
Local Job Market Conditions *	
Availability of Employers Willing to Hire the Noncustodial Parent (e.g., Are there jobs available that require the noncustodial parent's skill set?)*	
Prevailing Earnings Level in the Local Community*	
Other	

* Labor statistics are available on the New York State Department of Labor website (<https://labor.ny.gov/stats/index.shtm>)

Step 7: DEDUCTIONS FROM INCOME FOR CHILD SUPPORT STANDARDS ACT:

- | | |
|--|-----------------|
| 1. Unreimbursed employee business expenses (except to the extent that those expenses reduce personal expenses below) | 1. \$ _____ |
| 2. Maintenance actually paid to spouse not a party to this action* | 2. \$ _____ |
| 3. Maintenance actually paid to spouse who is a party to this action | 3. \$ _____ |
| 4. Child support actually paid on behalf of non- subject child(ren)* | 4. \$ _____ |
| 5. Temporary Assistance | 5. \$ _____ |
| 6. Supplemental Security Income | 6. \$ _____ |
| 7. New York City/Yonkers Income Tax | 7. \$ _____ |
| 8. FICA | 8. \$ _____ |
| Total Deductions from Income for Child Support Standards Act | \$ _____ |

* Attach a copy of the appropriate Court Order.

Step 8: ANNUAL EXPENSE AND LIABILITY INFORMATION

A. Expenses: In ordering support by the percentages the Court is not obligated to consider expenses. However, if the Court varies from the percentages, expenses may be considered. **List all expenses on an annual basis:**

- | | |
|---|-----------------|
| 1. Rent or mortgage payment | 1. \$ _____ |
| 2. Mortgage interest and amortization | 2. \$ _____ |
| 3. Realty taxes (if not included in mortgage payment) | 3. \$ _____ |
| 4. Insurance on realty | 4. \$ _____ |
| 5. Utilities: gas _____ electric/ water _____ telephone _____ cable _____ | 5. \$ _____ |
| 6. Garbage collection | 6. \$ _____ |
| 7. Household repairs (specify: _____) | 7. \$ _____ |
| 8. Food | 8. \$ _____ |
| 9. Auto expenses: gas _____ maintenance _____ insurance & fees _____ loan _____ | 9. \$ _____ |
| 10. Public transportation | 10. \$ _____ |
| 11. Life insurance | 11. \$ _____ |
| 12. Health insurance | 12. \$ _____ |
| 13. Clothing: self \$ _____ others \$ _____ (explain: _____) | 13. \$ _____ |
| 14. Laundry and dry cleaning | 14. \$ _____ |
| 15. Education and tuition (explain: _____) | 15. \$ _____ |
| 16. Child care | 16. \$ _____ |
| 17. Contributions | 17. \$ _____ |
| 18. Union dues (mandatory: yes _____ no _____) | 18. \$ _____ |
| 19. Entertainment | 19. \$ _____ |
| 20. Miscellaneous personal expenses (specify: _____) | 20. \$ _____ |
| 21. Other (specify: _____) | 21. \$ _____ |
| Total Expenses | |
| | \$ _____ |

B. Liabilities, loans and debts:

- | | | |
|--|----------------------------|----------------------------|
| 1. Creditor _____ | 2. Creditor _____ | 3. Creditor _____ |
| Purpose _____ | Purpose _____ | Purpose _____ |
| Date incurred _____ | Date incurred _____ | Date incurred _____ |
| Total balance due \$ _____ | Total balance due \$ _____ | Total balance due \$ _____ |
| Total Liabilities, loans and debts = (1+2+3) \$ _____ | | |