

**FINANCIAL INVESTIGATION DESK AID**

<b>New York Case Identifier:</b>	
<b>Name of Noncustodial Parent:</b>	
<b>Social Security Number</b>	
<b>Date:</b>	

**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
 ☐ Supplemental Security Income  
☐ Social Security Disability
 ☐ Workers' Compensation  
☐ 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):

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


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**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

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(Go to B)

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


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**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**

<b>Type of Investment</b>	<b>Value</b>	<b>Date</b>
Stocks		
Bonds		
Mutual Funds		
Retirement Account		

**C. Real Property**

<b>Type of Real Property</b>	<b>Value</b>	<b>Date</b>
Home		
Land		
Rental Property		

**D. Personal Property**

<b>Type of Personal Property</b>	<b>Value</b>	<b>Date</b>
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

<b>Settlement Date</b>	<b>Terms of Settlement</b>

<b>Attorney Information</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>Telephone Number:</b>	

**B. Insurance Settlements**

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

<b>Settlement Date:</b>	
<b>Claim Number</b>	
<b>Amount:</b>	

<b>Insurance Company Information</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>Telephone Number:</b>	

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:**

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|----------------------------|----------------------------|----------------------------|
| 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) \$ \_\_\_\_\_**