



White Earth Nation Child Support  
Enforcement IV-D Program (WEN CSEP)  
A Program of the White Earth Tribal Court  
P.O. Box 387 • White Earth, MN 56591 • Tel. (218) 983-3285  
Fax (218) 983-3294 • [www.whiteearthtribalcourt.com](http://www.whiteearthtribalcourt.com)

### FINANCIAL AFFIDAVIT

WEN CSEP Case Number: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

SSN \_\_\_\_\_ If self-employed, Employer ID# \_\_\_\_\_

Address: \_\_\_\_\_  
City/State/ Zip Code

Phone Number: \_\_\_\_\_ Message Phone \_\_\_\_\_

Employer Name \_\_\_\_\_

How long have you worked there? \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer Address \_\_\_\_\_

Occupation \_\_\_\_\_ Is this a Tribal Employer?  Yes  No

Wages: \$ \_\_\_\_\_  Hourly  Weekly  Monthly  Year   
Seasonal

Is Health Insurance available?  Yes  No

Name of Insurance Company:  
\_\_\_\_\_

Insurance Company Address:  
\_\_\_\_\_  
City/State/ Zip Code

Policy Number \_\_\_\_\_ Group Code \_\_\_\_\_

Coverage Type (Check **ALL** that apply)

- Hospitalization
- Major Medical
- Prescription
- Dental
- Vision
- Other

List all who are covered by your insurance policy:

\_\_\_\_\_  
\_\_\_\_\_

Amount of court-ordered child support you pay for any other children \$

\_\_\_\_\_

List any other income you receive and where the income comes from:

Income: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_ Source \_\_\_\_\_  
 \$ \_\_\_\_\_ Frequency: \_\_\_\_\_ Source \_\_\_\_\_  
 \$ \_\_\_\_\_ Frequency: \_\_\_\_\_ Source \_\_\_\_\_

Are you currently responsible for child care expenses?  Yes  No

If 'Yes', what are the expenses? \_\_\_\_\_ How often paid?

\_\_\_\_\_

Monthly Payments: \$ \_\_\_\_\_ House Payment

- \$ \_\_\_\_\_ Rent
- \$ \_\_\_\_\_ Electric
- \$ \_\_\_\_\_ Gas
- \$ \_\_\_\_\_ Water
- \$ \_\_\_\_\_ Phone

Are there any children residing with you who you are financially responsible for, that you do not have in common with the Custodial Parent in this child support case?

Yes  No

If 'Yes', how many? \_\_\_\_\_

ATTACH A COPY OF YOUR PAY STUBS FOR THE LAST THREE MONTHS TO THIS FORM OF ANY OTHER PROOF OF INCOME.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

SWORN AND SUBSCRIBED TO before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_