

**McFARLING LAW GROUP**  
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1 **AFFT**  
2 **McFARLING LAW GROUP**  
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5 550 E Charleston, Suite D  
6 Las Vegas, Nevada 89104  
7 (702) 565-4335  
8 Attorney for

9 **IN THE EIGHTH JUDICIAL DISTRICT COURT**  
10 **FAMILY DIVISION**  
11 **CLARK COUNTY, NEVADA**

12 vs. Plaintiff, )  
13 Defendant. ) Case Number:  
14 ) Dept No:  
15 ) **AFFIDAVIT OF FINANCIAL**  
16 ) **CONDITION**

17 Date of Hearing: \_\_\_\_\_  
18 Time of Hearing: \_\_\_\_\_  
19 Judge: \_\_\_\_\_

20 **PART "A" PERSONAL INFORMATION**  
21 (PRINT OR TYPE)

- 22 1. Name: \_\_\_\_\_  
23 2. Social Security Number: \_\_\_\_\_  
24 3. Age: \_\_\_\_\_ 4. Occupation: \_\_\_\_\_  
25 5. Employer: \_\_\_\_\_  
26 6. City & State of Residence: \_\_\_\_\_  
27 7. Length of time at current job: \_\_\_\_\_  
28 \_\_\_\_\_

**INITIAL** \_\_\_\_\_

1 8A. FAMILY RESIDENCE TABLE. In the table below, insert the names and ages  
 2 of each person living primarily with you. Only list persons who live with you more  
 3 than half the time. Check the appropriate box if the person named is a child of either  
 4 marriage/relationship or some other marriage/relationship. If the named individual is  
 5 not a child, specify that person's relationship to (husband, aunt, friend, significant  
 6 other, etc.). If there are more persons living with you than will fit in the table below,  
 7 attach a sheet with the same information for those persons as is set out in the table.

NAME	AGE	MINOR CHILD OF THIS MARRIAGE	MINOR CHILD NOT OF THIS MARRIAGE	OTHER RELATIONSHIP (SPECIFY)

15 8 B. If you are supporting (or are obligated to support) any person who is NOT  
 16 living with you more than half of the time, please attach separate sheet  
 17 listing the names and ages of such person(s) and your relationship with such  
 18 person(s). Also, specify any support you actually paying in the "Monthly Bills"  
 19 section of EXHIBIT "A" and specify if your payments are voluntary or court ordered.

20 9. If you are divorced from the other party in this action, are you remarried?   
 21 Yes  No  If so, is your current spouse employed?  Yes  No  What is your spouse's  
 22 hourly rate of pay or monthly gross pay if not paid hourly? \_\_\_\_\_ Per \_\_\_\_\_.  
 23 What is your spouse's current monthly net income (i.e. income after deducting federal  
 24 income taxes, Social Security, and other INVOLUNTARY deductions)? \$ \_\_\_\_\_

25  
 26 ADDITIONAL COMMENTS ABOUT PART "A": \_\_\_\_\_  
 27 \_\_\_\_\_  
 28 \_\_\_\_\_

1 **PART "B" – MONTHLY INCOME & RECEIPTS**

- 2 1. Hourly or other rate of pay: \$\_\_\_\_\_ per \_\_\_\_\_.
- 3 2. GROSS (i.e. total) monthly income earned by working from ALL + \$ \_\_\_\_\_  
4 sources. NOTE: Include overtime and extra job income and specify here  
5 what portion monthly is average overtime: \$\_\_\_\_\_ or extra job  
6 income: \$\_\_\_\_\_.
- 7 3. Court ordered or voluntary payments you receive monthly from the + \$ \_\_\_\_\_  
8 other party to this action for your own support:
- 9 4. Spousal support or alimony you receive monthly from anyone OTHER + \$ \_\_\_\_\_  
10 THAN the party to this action: State name(s) of source you receive this  
11 from: \_\_\_\_\_
- 12 5. Child support you receive for children of this marriage/relationship. If + \$ \_\_\_\_\_  
13 you receive this from a source other than the party to this action state  
14 source(s): \_\_\_\_\_
- 15 6. Child support you receive for children NOT of this marriage/relationship. + \$ \_\_\_\_\_  
16 State name(s) of source you receive this from: \_\_\_\_\_
- 17 7. Total from "Other Income" section of EXHIBIT "1" including all passive +\$ \_\_\_\_\_  
18 income (retirement, pension, or dividend payments, etc.) and monies or  
19 assistance with your monthly expenses received from other sources  
20 (including spouses, relatives, etc.). Note if there is ANY additional  
21 income, you MUST complete the Other Income section of EXHIBIT "1"
- 22 8. TOTAL gross monthly income (total of 1-7): +\$ \_\_\_\_\_
- 23 9. LESS Federal Income Tax withheld per month (or, if self-employed, your - \$ \_\_\_\_\_  
24 average monthly Federal Income Tax actually paid):
- 25 10. LESS Social Security withheld per month (or, if self-employed, your - \$ \_\_\_\_\_  
26 average monthly Social Security or INVOLUNTARY retirement  
27 payment actually paid):
- 28 11. LESS any other INVOLUNTARY deductions from your salary (you - \$ \_\_\_\_\_  
must detail on a separate sheet what is in this category and how  
much is withheld for each item per month:
12. Your monthly net income (subtract Lines 9, 10 and 11 from Line 8. =\$ \_\_\_\_\_

21 ADDITIONAL COMMENTS ABOUT "B" \_\_\_\_\_  
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**PART "C" -- MONTHLY EXPENSES**

- 1. Court ordered or voluntary payments you pay monthly to the other party for this action for his or her support. + \$ \_\_\_\_\_
- 2. Spousal support or alimony you pay monthly to anyone other than the other party to this action + \$ \_\_\_\_\_
- 3. Child support you pay for children of this marriage/relationship. + \$ \_\_\_\_\_
- 4. Child support you pay for children NOT of this marriage/relationship (specify to whom paid, names, ages of these children on attached sheet) + \$ \_\_\_\_\_
- 5. Rent or house payment (principal, interest, taxes, insurance and + \$ \_\_\_\_\_
- 6. Utilities (except telephone): \_\_\_\_\_ + \$ \_\_\_\_\_
- 7. Telephone (total, but itemized): Basic \$ \_\_\_\_\_ Long Distance \$ \_\_\_\_\_ + \$ \_\_\_\_\_
- 8. Food (total, but itemize): Groceries: \$ \_\_\_\_\_ Dining Out \$ \_\_\_\_\_ + \$ \_\_\_\_\_
- 9. Clothing (total, but itemize): Self \$ \_\_\_\_\_ Children \$ \_\_\_\_\_ + \$ \_\_\_\_\_
- 10. Laundry and dry cleaning: \_\_\_\_\_ + \$ \_\_\_\_\_
- 11. Average monthly health costs you are paying that are not reim- by the other party or insurance + \$ \_\_\_\_\_

(total, but itemize below – See Instructions):

MEDICAL DENTAL OPTICAL PSYCHOLOGICAL OTHER

YOURSELF  
CHILDREN

- 12. Monthly medical insurance premiums you are currently paying: +\$ \_\_\_\_\_
- 13. Monthly life insurance premium payment (state if term or whole life: \_\_\_\_\_) +\$ \_\_\_\_\_
- 14. Auto (total, but itemize): Gas/Oil \$ \_\_\_\_\_ Repair/Maint. \$ \_\_\_\_\_ Auto Insurance \$ \_\_\_\_\_ +\$ \_\_\_\_\_
- 15. Child care expense you are paying: To Whom? \_\_\_\_\_ + \$ \_\_\_\_\_
- 16. Social, entertainment, and recreation expenses: \_\_\_\_\_ + \$ \_\_\_\_\_
- 17. Education costs for minor children: Specify: \_\_\_\_\_ + \$ \_\_\_\_\_
- 18. Your monthly education or occupational training costs: Specify: \_\_\_\_\_ + \$ \_\_\_\_\_
- 19. Retirement or pension benefits voluntarily withheld per month (for example IRA, 401K, payroll savings, etc.): + \$ \_\_\_\_\_
- 20. Charitable or religious contributions: Specify: \_\_\_\_\_ + \$ \_\_\_\_\_
- 21. Personal care (barber, beauty supplies or costs, nails, etc.): \_\_\_\_\_ + \$ \_\_\_\_\_
- 22. Payment of other monthly bills (write monthly total here, but separately list each creditor, the total owed, the minimum & actual monthly payments in the "Monthly Bills" section of EXHIBIT "1"): + \$ \_\_\_\_\_
- 23. TOTAL MONTHLY EXPENSES (add lines 1 – 22): = \$ \_\_\_\_\_
- 24. Surplus or deficit amount. Subtract your total monthly expenses (Line 23 in Part "C") from your monthly net income (Line 12 in Part "2") and indicate whether the total is a positive number or a negative number. If negative, please explain on a separate sheet. +/- \_\_\_\_\_
- 25. Other one-time expenses now due (write monthly total here, but itemize in EXHIBIT "1"): \$ \_\_\_\_\_



DESCRIPTION	WHO HAS POSSESSION	GROSS FAIR MARKET VALUE	SECURE DEBT AMOUNT	NET VALUE
1. Cash on hand, in banks, credit unions, etc.			-	=
2. Stocks, bonds, notes, deeds of trust, etc.			-	=
3. Real Estate Home: Other:			-	=
4. Automobile #1 Make _____ Model _____ Year _____			-	=
5. Automobile #1 Make _____ Model _____ Year _____			-	=
6. Other vehicles, boats, trailers, etc.: _____			-	=
7. House furniture, furnishings, and appliances _____			-	=
8. Life insurance (cash value)			-	=
9. Retirement, pension, profit-sharing, annuities and IRAs _____			-	=
10. Accounts receivable and pending tax refunds: _____			-	=
11. Partnerships and other business interest			-	=
12. List combined value of all assets not listed in items 1-11 of this part with a value of \$500.00 or more (Use EXHIBIT "2" to specify these assets)			-	=
<b>TOTAL</b>			-	=

NOTE: Use EXHIBIT "2" if additional space is needed for items 1-12 of Part "D"  
 ADDITIONAL COMMENTS ABOUT PART "D": \_\_\_\_\_

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 INITIAL \_\_\_\_\_

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**EXHIBIT "2"**

DESCRIPTION	WHO HAS POSSESSION	GROSS FAIR MARKET VALUE		AMOUNT OF SECURE DEBT		NET VALUE
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<b>TOTAL</b>			-		=	
Write the Total on Line 12 of Part "D"						

**INITIAL** \_\_\_\_\_

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**PART "E" ATTORNEY'S FEES & COSTS STATEMENT**

As of the date I have signed this form, my attorney has been paid, by me or by others on my behalf, \$\_\_\_\_\_ for attorney's fees and costs. My arrangement with my attorney(s) for payment of fees and costs in the future is as follows:\_\_\_\_\_

\_\_\_\_\_  
Affiant

OATH

STATE OF \_\_\_\_\_  
ss.  
COUNTY OF \_\_\_\_\_

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Affiant

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ 2006.

\_\_\_\_\_  
Notary Public in and for said County and State

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CERTIFICATE OF SERVICE

The undersigned, an employee of McFarling Law Group, hereby certifies that on the \_\_\_\_\_ day of \_\_\_\_\_ 2006, I served a true and correct copy of the Affidavit of Financial Condition, to the following:

\_\_\_\_\_by United States mail in Las Vegas, Nevada, with First-Class postage prepaid and addressed as follows:

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

\_\_\_\_\_by facsimile transmission, pursuant to the amendment to the Eighth Judicial District Court Rule 7.26, to the following:

\_\_\_\_\_

By: \_\_\_\_\_