

**THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH**
http://www.courts.state.nh.us

Court Name: Cheshire Superior
 Case Name: State v Ian Freeman A/k/a Ian Bernard
 Case Number: _____
 (if known)

FINANCIAL AFFIDAVIT

1. General Information Name <u>Ian Freeman</u> Street Address <u>73 Levitt St.</u> Town/City, State, Zip <u>Keene NH 03431</u> Mailing Address, if different <u>63 Emerald St. #610</u> Date of Birth <u>8/2/60</u> Social Security Number _____ Highest Grade or Degree Completed <u>N/A</u> Date of Marriage _____ Date of Separation or Divorce _____		4. Monthly Income - Miscellaneous AFDC, TANF, and Food Stamps \$ <u>N/A</u> Other Public Assistance \$ _____ Children's Income \$ _____ Child Support \$ _____ 5. Monthly Income Before Taxes Base Pay from Salary, Wages \$ _____ Overtime and Shift Differential \$ _____ Commissions, Tips, Bonuses \$ _____ Part-time Employment \$ _____ Self-employment \$ _____ Unemployment and Veteran's Benefits \$ _____ Disability, Workers' Compensation \$ _____ Pension and Retirement Benefits \$ _____ Social Security Benefits (SSA) \$ _____ Interest and Dividends \$ _____ Trust and Other Investment Income \$ _____ Rental Income and Business Profits \$ _____ All other sources \$ _____ Total Section 5 Monthly Income \$ _____	
2. Children born to, or adopted by, the Parties (Full Name, DOB, and SSN) <u>N/A</u> 2a. Number of people currently living in household including self: <u>2</u> 3. Employment Information Name, Address, and Phone Number of Employer <u>N/A</u> Date and Place of Last Employment <u>2004 - Sarasota, FL</u> Job Skills <u>Button - pushing, talking</u>		6. Monthly Expenses Court Ordered Support for Others \$ _____ State Income Taxes \$ _____ Mandatory Pension \$ _____ Health Insurance for Parties' Children \$ _____ Day Care for Parties' Children \$ _____ Total Section 6 Monthly Expenses \$ _____	

7. Assets	Fair Market Value	Related Debt	Additional Information
Homestead	\$ <u>N/A</u>	\$ <u>N/A</u>	<u>N/A</u>
Other Real Estate	\$ _____	\$ _____	_____
Primary Motor Vehicle	\$ _____	\$ _____	_____
Other Motor Vehicles	\$ _____	\$ _____	_____
Furniture and Appliances	\$ _____	\$ _____	_____
Checking Accounts	\$ _____	\$ _____	_____
Investments	\$ _____	\$ _____	_____
Life Insurance	\$ _____	\$ _____	_____
Business Interests	\$ _____	\$ _____	_____
Pensions	\$ _____	\$ _____	_____
Retirement Accounts	\$ _____	\$ _____	_____

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8. Additional Assets - If you have an interest in any property which is held solely by or jointly with any other person or entity, and which has not already been disclosed, or if you are owed money from any source, please explain

9. Tax Return Information
Year of last return filed _____
Single or joint return NIA
My Total W-2s and 1099s = \$ NIA
 If Self-employed, check here and attach copy of most recent IRS Schedule C.

10. Insurance
Life
Company NIA
Type and Face Amount _____
Beneficiaries _____
Health
Company _____
Type _____
Description of Coverage _____
Dental
Company _____
Description of Coverage _____

11. Debts

Who is debt owed to?	Who owes debt?	Balance
<u>NIA</u>	<u>NIA</u>	\$ _____
<u>NIA</u>	<u>NIA</u>	\$ _____
<u>NIA</u>	<u>NIA</u>	\$ _____
<u>NIA</u>	<u>NIA</u>	\$ _____
<u>NIA</u>	<u>NIA</u>	\$ _____

12. Retirement Plans
Plan or Account Name NIA
Type _____
Most Recent Value \$ NIA
Value at Filing \$ NIA
If Defined Benefit, status of vesting and description of Benefit _____

13. Attachments:
- Pay Stub
 - Monthly Expenses
 - Schedule C
 - Other (describe) _____
 - Check here if parties agree to waive Monthly Expenses form.

14. Additional Information
I am a minister of and have devoted my life to the Shire Free Church

I swear (affirm) that:
A. To the best of my knowledge and belief, I have fully disclosed all income and all assets having any substantial value; and
B. I have reasonably estimated the fair market value of each asset; and
C. I understand that I have a duty to update the information provided in this financial affidavit for each court hearing; and
D. I understand that if a support order is issued in this case obligating me to pay support, it shall be my responsibility to immediately provide the Court with any change of address in writing. If I fail to do so, I may be held in default, found in contempt of court and a warrant may be issued for my arrest. (See USO Standing Order SO-4C.)
E. Rule 1.25-A Compliance -- Family Division Only: (Initial one)
_____ I have complied with Rule 1.25-A regarding mandatory disclosure; OR
_____ I understand my obligation to comply with Rule 1.25-A regarding mandatory disclosure. I have not fully complied with Rule 1.25-A due to: _____

Date _____ Signature _____
State of _____, County of _____

The person signing this financial affidavit appeared and signed this before me and took oath that the statements set forth in this Financial Affidavit, together with any attachments listed in section 13 above, are true to the best of his or her knowledge and belief.
This instrument was acknowledged before me on _____ by _____

My commission expires: _____
Affix seal, if any _____ Signature of Notarial Officer / Title _____

I certify that a copy of this financial affidavit (and any attachments) was this day mailed / given to (lawyer for other side, if any) (other side, if no lawyer) (OCSE, if State is a party): _____

Date _____ Signature _____