



La Crosse County Child Support Agency
 333 Vine Street
 Room 1701
 La Crosse, WI 54601-3200
 414-615-2594 Phone
 608-785-5760 Fax
www.lacrossecounty.org/childsupport

IV-D Case Number: _____

LA CROSSE COUNTY CHILD SUPPORT FINANCIAL DISCLOSURE

If more space is needed in any section, please attach an additional sheet.

Name: _____ e-mail address: _____
 Social Security #: _____ Age: _____ DOB: _____
 Address: _____ City: _____ State _____ Zip: _____
 Home phone: _____ Cell phone: _____ Text Option: Yes No
 Employer: _____ Occupation: _____
 Employer phone#: _____ Employer fax #: _____

Highest degree completed (check one): Some High School ___ GED/HS Diploma ___
 Some Technical/College ___ Two Year Degree ___ Four Year Degree ___ Postgraduate/professional ___
 What is your course of study? _____

Child(ren)'s name(s) – Please list **ALL BIOLOGICAL** children – do **not** list stepchildren

	<i>Date of Birth</i>	<i>Who has Placement?</i>	<i>Do you have a court order for this child? Where?</i>
_____	_____	Mom Dad Shared	_____
_____	_____	Mom Dad Shared	_____
_____	_____	Mom Dad Shared	_____
_____	_____	Mom Dad Shared	_____
_____	_____	Mom Dad Shared	_____

Attach copies of your wage stubs for the past eight (8) weeks and indicate types and amounts of income below. If you are self-employed (or if requested) attach tax returns for the last two years, including all schedules and W2 forms.

Hourly wage: \$ _____
 Indicate sources and monthly amounts of other income:
 Social Security(SSI) _____ Disability(SSDI) _____ Rental Income _____
 Unemployment _____ Child Support _____ Pension _____
 Other: (List other source, such as Child Benefit) _____
 Tribal Affiliation _____ Tribal Income (Per Cap) \$ _____/mo.
 *Military Rank _____ Year of Service Entry _____ Branch of Service _____
Please include your Military Leave and Earnings Statement
Total Monthly Income \$ _____

Health Insurance Coverage: Please check the applicable selection

My kids are covered under BadgerCare

My kids do not have health insurance coverage currently because: I am unemployed it is not offered to me because: _____

*****Any Health Insurance offered to you by your employer, regardless if you are currently carrying the coverage, you *MUST* include documentation from your employer outlining the insurance plan premiums for *all* of the plan types offered (ie: single, single + child(ren) and family plan).*****

	<u>Health Insurance</u>	<u>Dental Insurance</u>
Company name:	_____	_____
Premium for single policy*	_____	_____
Premium for single +child*	_____	_____
Premium for family policy*	_____	_____
Effective date:	_____	_____
Covered Persons:	_____	_____
	_____	_____

Tax Claim Information:

If the child(ren) have been claimed for income tax purposes in the past, please provide details about what the arrangement has been.

If the child has not been claimed in the past or you would like to request what the claim arrangement should be, please indicate that here:

Providing your Social Security number (SSN) is voluntary. Failure to provide your SSN may result in an information-processing delay.

Please return the financial disclosure and medical insurance documentation to the Child Support Agency at least ten (10) days from the date received to:

**La Crosse County Child Support 333 Vine St.
Room 1701
La Crosse, WI 54601**

Signature

Date

Remember to include:

- 8 weeks of paystubs
- Last two years of tax returns **if self-employed or if specifically requested**
- Employer Sponsored Health Insurance Premium Information
- Military Leave and Earning Statement if Military Personnel
- Tribal Per Capita Income
- Copy of Other State's Court Order