

Work-related Day Care Paid by Petitioner/Plaintiff Day Care Provider: Cost (per week/month)	Work-related Day Care Paid by Petitioner/Defendant Day Care Provider: Cost (per week/month)
Cost of Health Insurance Coverage Paid For by Petitioner/Plaintiff Family Coverage Cost: Single Employee Cost:	Cost of Health Insurance Coverage Paid For by Petitioner/Defendant Family Coverage Cost: Single Employee Cost:

OATH

(Do not sign until notary is present.)

I, (print name) _____, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

Sworn before me and signed in my presence this _____ day of _____, _____.

Notary Public

My Commission Expires: