

_____ Case No. _____
 v. _____
 _____ Re: _____

PERSONAL AND FINANCIAL INFORMATION FORM (PFIF)

INSTRUCTIONS:

1. Print clearly and legibly. Fill in all requested information using ink. Avoid crossing out or erasing.
2. Make sure you provide all information applicable to your case by filling out the pertinent boxes. If a field is not applicable to your case, indicate it by writing (N/A).
3. If you need more space for your answer or if you wish to provide any other information to clarify or expedite the consideration of this case, use an additional sheet of paper, clearly identifying the boxes to which said information pertains.
4. You must enclose copies of the documents supporting the information included in your form. **See part VI on Attachments.**
5. The term **Beneficiaries** appearing in Part II, "Information on Beneficiaries," refers to minor or disabled dependents entitled to support in this case.
6. The term **Other income** appearing in Part V, section A, item 6, on "Financial Situation," refers to income derived from the rent of an apartment, rooms or premises, or from other sources not included in this form.
7. The term **Total income** appearing in Part V, section A, item 7, refers to the sum of items 3, 5, and 6, corresponding to the monthly income received.
8. The term **Monthly expenses of dependents** appearing in Part V, section B, refers only to expenses incurred in connection with dependents who **are entitled to support in this case.**

I. PERSONAL INFORMATION

A. Full name: _____	B. Home telephone: _____	C. Work telephone: _____	D. Social Security No.: _____
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Petitioner Respondent

E. Home address: _____ _____	F. Mailing address: _____ _____	G. Date and place of birth: _____ month/day/year _____ city/country
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H. Relationship with petitioner or respondent: Married Single -- never married Divorced Consensual marriage

Other: _____

Date of marriage: _____ Place: _____

Date of divorce: _____ Court: _____

Case number: _____

Is there a support order? Yes No Amount: \$ _____

Weekly Biweekly Semimonthly Monthly Date of support order: _____, 20____

(Superior, Municipal) Court of _____ Case number: _____

I. Current civil status:

Married to petitioner or respondent Remarried (new spouse) Single

Living with another person, but not married. Name: _____

II. INFORMATION ON BENEFICIARIES* *If there is a controversy as to filiation/paternity and the child was born out of wedlock, you must include an affidavit.

III. INFORMATION ON OTHER PERSONS WHO LIVE WITH YOU

Full name	Date of birth (month, day, year)	Age	Relationship	Source of income	Monthly income	
					Gross	Net

IV. INFORMATION ON ECONOMIC ASSISTANCE: (Do not include food stamps)

A. Indicate if you have received, are receiving, or have applied for economic assistance from the Department of the Family:

	Date	Under what name	Amount
<input type="checkbox"/> Received			\$
<input type="checkbox"/> Receiving			
<input type="checkbox"/> Applied			

V. FINANCIAL SITUATION

A. INCOME 1. Indicate if you are: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		2. Occupation: _____ (Enclose certification if you are a student)	3. Monthly salary* (include pay stub) Gross \$ _____ Deductions _____ Income Tax _____ Retirement _____ Savings _____ Credit/Savings Bureau _____ Social Security _____ Medical insurance plan _____ Union dues _____ Other _____ Net income _____ Hours _____ Tips, commissions, and other income _____
4. Name and address of employer: _____		5. Specify the type and amount of economic assistance you receive: <input type="checkbox"/> Unemployment compensation \$ _____ <input type="checkbox"/> Food stamps _____ <input type="checkbox"/> Social Services (AFDC) _____ <input type="checkbox"/> Pension Specify: _____ _____ Other Specify: _____ _____	
6. Other income* _____		* Use this same list when the income is derived by the current spouse. Use an additional sheet of paper if necessary.	
7. Total monthly income \$ _____			

B. MONTHLY EXPENSES	Personal		DEPENDENTS (See instructions sheet)		B. MONTHLY EXPENSES (continued)	Personal		DEPENDENTS (See instructions sheet)	
	Monthly	Annual	Monthly	Annual		Monthly	Annual	Monthly	Annual
1. Housing	\$	\$	\$	\$	8. Transportation				
<input type="checkbox"/> Rent					<input type="checkbox"/> Vehicle loan				
<input type="checkbox"/> Mortgage					<input type="checkbox"/> Vehicle maintenance expenses				
Maintenance payment (if living in an apartment)					<input type="checkbox"/> Parking				
2. Gas					<input type="checkbox"/> Public transportation				
3. Electricity					<input type="checkbox"/> Tolls				
4. Water					<input type="checkbox"/> Gasoline				
5. Telephone					9. Clothing				
6. Taxes					<input type="checkbox"/> Purchases				
<input type="checkbox"/> Income tax					<input type="checkbox"/> Laundry				
<input type="checkbox"/> Property tax					<input type="checkbox"/> Other				
7. Food									
<input type="checkbox"/> Groceries									
<input type="checkbox"/> Meals eaten out									

VI. ATTACHMENTS

Indicate the documents attached to this form to support the information provided therein.

Court order on:

Court judgment on:

Court resolutions on:

Certificate of:

- Marriage
- Birth
- Employment
- Other

Deeds

Contracts

Promissory note

Receipts

Insurance policies

Support payment record

Affidavits on:

Salary pay stubs

Other (please specify)

OATH

I CERTIFY under oath or affirmation, and under penalty of perjury, that I have completed this form by providing the most exact and correct answers possible without omitting pertinent substantial information, and that all the facts stated therein are true and correct.

In _____, Puerto Rico, this _____ day of _____, 20_____.

Petitioner or Respondent

AFFIDAVIT NO. _____

Subscribed and sworn to before me by _____, personally known to me.

In _____, Puerto Rico, this _____ day of _____, 20__.

Notary Public

B. MONTHLY EXPENSES (continued)	Personal		DEPENDENTS (See instructions sheet)		B. MONTHLY EXPENSES (continued)	Personal		DEPENDENTS (See instructions sheet)	
	Monthly	Annual	Monthly	Annual		Monthly	Annual	Monthly	Annual
10. Health care	\$	\$	\$	\$	13. Insurance	\$	\$	\$	\$
<input type="checkbox"/> Medical appointments									
<input type="checkbox"/> Life insurance									
<input type="checkbox"/> Deductibles					<input type="checkbox"/> Automobile				
<input type="checkbox"/> Laboratories					<input type="checkbox"/> Other				
<input type="checkbox"/> Medicines					14. Professional or labor union fees				
<input type="checkbox"/> Dentist					15. Entertainment				
<input type="checkbox"/> Eyeglasses					16. Hair care (haircuts)				
<input type="checkbox"/> Other (medical instruments, treatments, etc.)					17. Child support				
11. Education					18. Other expenses (specify)				
<input type="checkbox"/> Registration									
<input type="checkbox"/> Books and supplies									
<input type="checkbox"/> Uniforms									
<input type="checkbox"/> Transportation									
<input type="checkbox"/> Monthly tuition payments									
12. Child care (include only the expenses incurred by you in order to attend work)					TOTAL EXPENSES	\$	\$	\$	\$

C. CAPITAL ASSETS	Amount or value (worth)	Observations:
1. Cash and bank accounts		
2. Savings accounts and certificates of deposit		
3. Investment value		
<input type="checkbox"/> Stocks		
<input type="checkbox"/> Bonds		
<input type="checkbox"/> Mutual funds		
<input type="checkbox"/> Other		
4. Property (specify and indicate registration data by way of a certification from the Registry of Property showing the registration of all property but the main residence)		
5. Insurance: cash value	\$	
6. Real estate: actual value	\$	
Main residence		
Other properties		
7. Motor vehicles		
Automobiles		
Boats		
Other (please specify)		
TOTAL ASSETS	\$	

D. LIABILITIES OR OBLIGATIONS (Loans, mortgages, credit cards, accounts payable, etc.)

Creditor	Type or purpose of loan	Date of loan	Monthly payment	Outstanding balance
TOTAL LIABILITIES			\$	\$