

PERSONAL AND FINANCIAL INFORMATION FORM (PIPE)

Instructions:

1. To complete this form, use blue or black ink. Please print clearly, legibly, and avoid erasing or crossing out text.
2. Provide in the caption, located at the top of the first page of this form, the name(s) of the petitioner(s) or plaintiff(s), and of the respondent(s) or defendant(s). Also provide the case number, if known.
3. Provide in this form the information pertaining to the custodial or non-custodial parent of the children for whom support is requested in this case (affiant) and of the other persons who are part of the family unit.
 - If the custodial or non-custodial parent is also a minor, provide his or her information, regardless of age.
 - If for any legal reason, by order of the Court or of the Child Support Administration (ASUME, by its Spanish acronym) or by voluntary agreement, the person in charge of making the support payment is not the custodial or non-custodial parent of the minors for whom support is requested, this person's information should be provided in this form.
4. Be sure to provide all the information that applies to your case. Section 16 of Law No. 5 of December 30, 1986, as amended, provides that the filing of this form does not excuse the parties for their obligation to disclose all circumstances that may allow the court to determine their specific financial status. Indicate N/A, if any box does not apply to you.
5. If you need more space or wish to provide further information to clarify or expedite the processing of this case, use an additional sheet of paper. Identify the sheet with the names of the parties and the case number, if known. Clearly indicate which boxes on the worksheet the information refers to.
6. In Part V, Section A, on *Itemization of Monthly Income*, you must identify payroll income and deductions on a monthly basis. To make the conversion, multiply the income and deductions in your most recent paystub (which shows what you usually receive) as follows:
 - If your salary is paid weekly, multiply by 52 and divide by 12. (Example: Amount x 52 ÷ 12)
 - If you receive your salary every two weeks (biweekly), multiply by 26 and divide by 12. (Example: Amount x 26 ÷ 12)
 - If you receive your salary every fifteen days (bimonthly), multiply by 2. (Example: Amount x 2)
7. In Part V, Section A, *Itemization of Monthly Income*, the term "Infrequent Periodic Income" refers to income that any of the individuals receives or will receive periodically, but with a frequency greater than 36 months. The term "Nonrecurring Income" refers to income that any of the individuals receives once, without expecting to receive it again. The term "Other Sources of Income" refers to any other source of income not listed in this form.
8. In Part V, Section C, *Monthly and Annual Expenses*, the "Obligees" column refers only to expenses for those minors who are entitled to support in this case. That is, such expenses may relate specifically and directly to the obligees. All other expenses should be entered in the family expenses column.
9. Attach a copy of the documents evidencing the information included in the form. (See Part VI on *Attachments*).
10. After completing the form and before signing the oath, print two copies of the completed form.
11. The affiant must sign the section of the form entitled *Oath* before a person with authority to administer oaths at the Clerk's Office of any Court of First Instance or before a Notary. In addition, the affiant must initial the sheets where indicated. The duly sworn form must be delivered to the Clerk's Office of the Court of First Instance, a copy thereof must be served on the opposing party, and you should keep the other copy.
12. The *Oath* must be filled out and signed by the affiant, regardless of whether the affiant is an adult or a minor. If the affiant is an unemancipated minor, it must also be signed by the person with parental rights (*patria potestas*) over the minor or the minor's legal guardian. If emancipated, proof of emancipation must be provided.

Commonwealth of Puerto Rico
GENERAL COURT OF JUSTICE
Court of First Instance

Superior Municipal Court of _____

 Petitioner Plaintiff

 Respondent Defendant

Case No. _____

PERSONAL AND FINANCIAL INFORMATION FORM (PIPE)

Notice: Before completing this form, check the instructions provided in the first page of this form.

I. AFFIANT'S PERSONAL INFORMATION

Name _____ Initial _____ First Last Name _____ Second Last Name _____
 Social Security No.¹: _____ Date of Birth: (m/d/y) _____ / _____ / _____ Minor or Over 21 years old
 - - - - - City and Country of Birth: _____

Driver License No. _____ Passport No. or Visa Identification: _____
 Issuing country: _____

Mailing Address: _____ Physical Address: _____

Email: _____

Telephones: Mobile: () - - - - - Other: () - - - - -

Highest Education: Grade 0-6 Grade 7-9 Grade 10-12 Associate Degree Bachelor's Degree Master's Degree or Doctorate

Relationship with the opposing party: Married - Date of Marriage (m/d/y): _____ / _____ / _____ Never married
 Divorced - Date of Divorce (m/d/y): _____ / _____ / _____ Court: _____ Case No. _____
 Notary: _____ Public Deed No. _____

Is there a child support order? No Yes: Fixed by ASUME Court
 Amount: \$ _____ Weekly Biweekly (every two weeks) Bimonthly (every 15 days) Monthly
 Date of Child Support Order (m/d/y): _____ / _____ / _____ Case No.: _____

Current Marital Status: Single Domestic Partnership
 Married to: _____ Marital Agreements: _____
 Name of the Spouse _____ Yes / No

II. INFORMATION OF MINOR CHILDREN WITH THE OPPOSING PARTY

Name and Last Names Social Security No. ¹	Date of Birth (m/d/y)	Age	Lives with: (state the name)	Support Order		Amount (\$)	Frequency (W, BW, BM, M) ²
				Yes	No		

III. INFORMATION OF OTHER MINOR CHILDREN (EXCLUDING THE MINORS IN THIS CASE)

Name and Last Names Social Security No. ¹	Date of Birth (m/d/y)	Age	Lives with: (state the name)	Support Order		Amount (\$)	Frequency (W, BW, BM, M) ²
				Yes	No		

² W = Weekly, BW = Biweekly, BM= Bimonthly (every 15 days), M= Monthly. See Instruction No. 6 for more information.

Initials: _____

Case No. _____

IV. INFORMATION OF OTHER PERSONS WHO LIVE WITH YOU (not included in Parts II and III)

Name and Last Names	Date of Birth (m/d/y)	Age	Relation to You	Source of Income	Monthly Income	
					Gross	Net

V. FINANCIAL SITUATION

Please indicate if you are: Employed Unemployed Professional Services Provider
 On unpaid leave, indicate which type (sick leave or other employee leave): _____

Occupation/Profession: _____

Employer Information:

Name: _____

Employer Identification No: _____ - _____ Telephone: () _____ - _____

Mailing Address: _____ Physical Address: _____

Payroll Frequency: Weekly Biweekly (every two weeks) Bimonthly (every 15 days) Monthly

A. Itemization of Monthly Income (Include paystub or employer certificate.) Provide monthly amounts.

	Affiant	Spouse
Gross Monthly Income.....	\$ _____	\$ _____
Other Gross Income (specify):		
Income from Professional Services	_____	_____
Extra Time	_____	_____
Commissions	_____	_____
Gratuities	_____	_____
Bonuses	_____	_____
Profit Sharing	_____	_____
Car Allowance	_____	_____
Christmas Bonus	_____	_____
Infrequent Periodic Income: ³	_____	_____
Nonrecurring Income: ³	_____	_____
Rent Income (lease of property):	_____	_____
Other Sources of Income: ³	_____	_____
Mandatory Deductions		
Income Tax	_____	_____
Retirement Plan Contributions	_____	_____
Savings (AEELA).....	_____	_____
Social Security and Medicare	_____	_____
Commonwealth of PR Disability Insurance	_____	_____
Mandatory Union and Association Dues	_____	_____
Other required by law:	_____	_____
Accepted Deductions: (fill out the boxes for health and life insurance if the minor(s) are beneficiaries)		
Health Insurance (indicate which):		
<input type="checkbox"/> Paid by employer <input type="checkbox"/> Direct payment (provide amount)		
Voluntary Union and Association Membership Dues	_____	_____
Voluntary Retirement Plan	_____	_____
Accident Insurance	_____	_____
Life Insurance	_____	_____
Chauffeurs Insurance	_____	_____
Other:	_____	_____
Net Monthly Income	_____	_____

³ See Instruction No. 7 for more information.

Initials: _____

Case No. _____

V. FINANCIAL SITUATION (Continued)

B. Indicate family income sources. (Specify source and amount of all benefits received by your family unit that were not reported in the section on Itemization of **Monthly Income.)**

	<i>Affiant</i>	<i>Spouse</i>
<input type="checkbox"/> Unemployment Compensation	\$	\$
<input type="checkbox"/> Nutritional Assistance Program (PAN) .....	.....	.....
<input type="checkbox"/> Department of the Family (TANF) .....	.....	.....
<input type="checkbox"/> Receives .....	.....	.....
<input type="checkbox"/> Has received Since: _____ Through: _____	.....	.....
	(m/d/y)	(m/d/y)
<input type="checkbox"/> Pension Benefits		
<input type="checkbox"/> Social Security .....	.....	.....
<input type="checkbox"/> Veterans .....	.....	.....
<input type="checkbox"/> State Insurance Fund .....	.....	.....
<input type="checkbox"/> Retirement .....	.....	.....
<input type="checkbox"/> Federal Government .....	.....	.....
<input type="checkbox"/> Other Pension Benefits (Specify)	.....	.....
.....
<input type="checkbox"/> Other Income (Specify)	.....	.....
.....

C. Monthly and Annual Expenses (Provide the total for each expense item, as required.)

Expense	Family		Obligees		Expense	Family		Obligees	
	Monthly	Annual	Monthly	Annual		Monthly	Annual	Monthly	Annual
1. Housing					14. Insurance				
Monthly Rent or Contribution	\$	\$	\$	\$	Life	\$	\$	\$	\$
Mortgage	\$	\$	\$	\$	Mortgage	\$	\$	\$	\$
Maintenance fee	\$	\$	\$	\$	Car	\$	\$	\$	\$
2. Gas	\$	\$	\$	\$	Other:	\$	\$	\$	\$
3. Electricity	\$	\$	\$	\$	15. Fees: professional, union, federation, assoc.	\$	\$	\$	\$
4. Water	\$	\$	\$	\$	16. Education				
5. Telephone	\$	\$	\$	\$	Tuition	\$	\$	\$	\$
6. Mobile Phone	\$	\$	\$	\$	Uniforms	\$	\$	\$	\$
7. Internet	\$	\$	\$	\$	Books	\$	\$	\$	\$
8. Income Tax					Fees				
9. Real Estate Tax (CRIM)					School Supplies				
10. Food					Monthly payments	\$	\$	\$	\$
Household	\$	\$	\$	\$	Supervised Studies and Tutoring	\$	\$	\$	\$
Out of Home	\$	\$	\$	\$	Transportation	\$	\$	\$	\$
11. Clothing					Housing (college students)	\$	\$	\$	\$
Purchase	\$	\$	\$	\$	Extracurricular Expenses	\$	\$	\$	\$
Laundry	\$	\$	\$	\$	Other Education Expenses	\$	\$	\$	\$
Dry Cleaning	\$	\$	\$	\$	17. Daycare				
12. Entertainment					Extended Care	\$	\$	\$	\$
Cable or Satellite TV	\$	\$	\$	\$	Camp	\$	\$	\$	\$
Other Entertainment	\$	\$	\$	\$	18. Transportation				
13. Health					Car Loan	\$	\$	\$	\$
Medical Visits	\$	\$	\$	\$	Car Maintenance	\$	\$	\$	\$
Health Insurance	\$	\$	\$	\$	Parking	\$	\$	\$	\$
Deductibles	\$	\$	\$	\$	Public Transportation	\$	\$	\$	\$
Recurring Deductibles	\$	\$	\$	\$	Tolls	\$	\$	\$	\$
Laboratories	\$	\$	\$	\$	Gas	\$	\$	\$	\$
Medicines	\$	\$	\$	\$	19. Barbershop/Beauty Salon	\$	\$	\$	\$
Dental	\$	\$	\$	\$	20. Other Support Payments	\$	\$	\$	\$
Visual	\$	\$	\$	\$	21. Other Expenses:				
Emotional	\$	\$	\$	\$		\$	\$	\$	\$
Therapy	\$	\$	\$	\$		\$	\$	\$	\$
Orthopedics	\$	\$	\$	\$		\$	\$	\$	\$
Other:	\$	\$	\$	\$		\$	\$	\$	\$

Initials: _____

V. FINANCIAL SITUATION (Continued)

D. Assets

Personal Property (Include the approximate value for all subsections, as applicable.)

Cash and bank account balances (checking and similar): \$ _____

	Financial Institution	Account Number	Balance
Savings Account, Certificates of Deposit, and IRA Accounts			
Investments (shares, bonds, mutual funds, etc.)			
Insurance (provide cash value)			

Motor vehicles, boats, jet skis, all-terrain vehicles, etc.

Make	Model	Year	License Plate	Current Value	Owner's Name

Credits in your favor (promissory notes, accounts due, etc. (Provide debtor's name and address): _____

Provide the total value of the home furnishings: _____

State whether you own non-domesticated animals, such as cattle, horses, pigs, fowl, etc. _____

Other personal property individually valued over \$1,000.00: _____

Personal Property	Location	Information of the Person Currently in Possession of the Asset:			
		Name and Last Names	Address	Telephones	Social Security No. ¹
				() - () -	- -
				() - () -	- -

Real Property (Specify the type of real estate and its address, the registration data in the Digital Real Property Registry of the Commonwealth of Puerto Rico, that is: property number, number of the electronic registry book or electronic day book, and electronic folio number; section of the registry.)

	Value
Main Residence: _____	\$ _____
_____	_____
_____	_____
_____	_____
Other Real Estate: _____	_____
_____	_____
_____	_____
_____	_____

Total Asset Value (personal and real property)..... \$

E. Debts

Creditor (person or entity owed)	Type or Purpose of the Debt	Date Incurred (m/d/y)	Monthly Payment	Balance Owed
<input type="checkbox"/> Bankruptcy	N/A	N/A	\$	\$
Total Monthly Payment and Balance Owed			\$	\$

Case No. _____

VI. ATTACHMENTS	
Indicate which documents are attached to this form as evidence of the information provided herein. If whichever of the following documents are not available when filing this form with the Clerk of the Court, you may provide them on the day of the next hearing.	
<input type="checkbox"/>	Paystubs (of the last six months, at least)
<input type="checkbox"/>	Income Withholding Statement Form
<input type="checkbox"/>	Income Tax Returns: _____
<input type="checkbox"/>	Contracts
<input type="checkbox"/>	Certificate of: <input type="checkbox"/> Marriage <input type="checkbox"/> Birth <input type="checkbox"/> Employment <input type="checkbox"/> Other: _____
<input type="checkbox"/>	Documents Related to Bankruptcy Proceedings
<input type="checkbox"/>	Court Order regarding: _____
<input type="checkbox"/>	Court Judgment regarding: _____
<input type="checkbox"/>	Court Resolutions regarding: _____
<input type="checkbox"/>	Affidavits regarding: _____
<input type="checkbox"/>	Public Deeds
<input type="checkbox"/>	Other: _____

OATH

The oath must be filled out and signed by the affiant, regardless of whether the affiant is an adult or a minor. If the affiant is an unemancipated minor, it must also be signed by the person with parental rights (patria potestas) over the minor or the minor's legal guardian. If the affiant is emancipated, proof of emancipation must be provided. This oath must be signed before a person with authority to administer oaths at the Clerk's Office of any Court of First Instance or before a notary.

I CERTIFY or affirm under oath, under penalty of perjury, that I have completed this form as accurately and correctly as possible, that I have not omitted any relevant material information, and that all information provided herein is true.

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

(month) (day) (year)

Affiant's Name

Name of Parent or Legal Guardian, if applicable

Affiant's Signature

Signature of Parent or Legal Guardian, if applicable

AFFIDAVIT: _____

Sworn and subscribed before me by _____ . Identified pursuant to the means provided by law, specifically _____ .

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

(month) (day) (year)

Notary's Name

Notary's Signature

Name of Regional Clerk of the Court

By: _____
Name of Assistant Clerk of the Court

Signature of Assistant Clerk of the Court

¹ Law No. 243 of 2006, Public Policy on the Use of the Social Security Number as Identity Verification Act, authorizes the General Court of Justice to request a person's social security number in its forms, samples, and other official documents to verify identify, cross-reference available information, and standardize data exchange procedures. This form requires that you provide Social Security numbers according to Law No. 5 of December 30, 1986, as amended, known as the Child Support Administration Organic Act. This information will not be used as a case, complaint, or employee number, or in the caption of any document generated by the Judicial Branch. Preventive measures have been established to ensure its confidentiality.