

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.
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. 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 VI, Section A, on *Itemization of Individual 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 VI, Section A, *Itemization of Individual 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 thirty-six (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 VI, 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. Do not write in the spaces identified with xxxxxxxx.
9. Attach a copy of the documents evidencing the information included in the form. (See Part VII 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

CIVIL NO. _____

PERSONAL AND FINANCIAL INFORMATION FORM (PIPE)

Notice: Before completing this form, check the instructions provided above.

I. AFFIANT'S PERSONAL INFORMATION

Name: _____ Initial: _____ Father's Last Name: _____ Mother's 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 level: 0-6 7-9 10-12 Associate Bachelor's Master's 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. _____
 Is there a child support order? No Yes: Fixed at ASUME Court of
 Amount: \$ _____ Weekly Biweekly Bimonthly (every 15 days) Monthly
 Date of the 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 UNDERAGE 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 MINORS LIVING IN HOUSEHOLD (Exclude underage children related to 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.

IV. INFORMATION OF OTHER PERSONS LIVING IN HOUSEHOLD (Not included in parts II and III)

Name and Last Names	Date of Birth (m/d/y)	Age	Relationship with you	Source of Income	Monthly income	
					Gross	Net

V. FINANCIAL ASSISTANCE INFORMATION (Do not include Nutritional Assistance Program of the Department of the Family)

I applied for financial assistance from the Department of the Family on _____ (m/d/y)
 Under the name: _____ I am receiving I no longer receive

VI. FINANCIAL SITUATION

Please indicate if you are: Employed Unemployed On unpaid leave

Occupation/Profession: _____

Employer's Information:

Name: _____

Employer Identification No. _____ Telephone: () _____

Mailing Address: _____ Physical Address: _____

Income payment frequency: Weekly Biweekly Bimonthly (every 15 days) Monthly

A. Itemization of Individual Income (Include paystub or certificate by the employer. Provide the information on a monthly basis)

	Affiant	Spouse
Gross income.....	\$ _____	\$ _____
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:		
Health Insurance.....	_____	_____
Voluntary Union and Association Membership Fees.....	_____	_____
Voluntary Retirement Plan.....	_____	_____
Accident Insurance	_____	_____
Life Insurance.....	_____	_____
Chauffeurs Insurance.....	_____	_____
Other: _____	_____	_____
Other Gross Income (specify):		
Extra hours.....	_____	_____
Commissions.....	_____	_____
Gratuities.....	_____	_____
Bonuses.....	_____	_____
Profit Sharing	_____	_____
Car Allowance	_____	_____
Christmas Bonus.....	_____	_____
Infrequent Periodic Income ³ : _____	_____	_____
Nonrecurring Income ³ : _____	_____	_____
Other Sources of Income ³ : _____	_____	_____

³ See Instruction No. 7 for more information.

VI. FINANCIAL SITUATION (Continued)

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

	Affiant	Spouse
<input type="checkbox"/> Unemployment Compensation.....	\$ _____	\$ _____
<input type="checkbox"/> Nutritional Assistance Program.....	_____	_____
<input type="checkbox"/> Department of the Family (TANF).....	_____	_____
<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. Do not write in spaces marked with xxxxxxxx.)

Expense	Family		Obligees		Expense	Family		Obligees	
	Monthly	Annual	Monthly	Annual		Monthly	Annual	Monthly	Annual
1. Housing	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	14. Insurance	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx
Monthly rent or contribution	\$	\$	xxxxxxx	xxxxxxx	Life	\$	\$	xxxxxxx	xxxxxxx
Mortgage	\$	\$	xxxxxxx	xxxxxxx	Mortgage	\$	\$	\$	\$
Maintenance fee	\$	\$	xxxxxxx	xxxxxxx	Car	\$	\$	\$	\$
2. Gas	\$	\$	xxxxxxx	xxxxxxx	Other:	\$	\$	\$	\$
3. Electricity	\$	\$	xxxxxxx	xxxxxxx	15. Fees: professional, union, federation, assoc.	\$	\$	\$	\$
4. Water	\$	\$	xxxxxxx	xxxxxxx	16. Education	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx
5. Telephone	\$	\$	\$	\$	Tuition	\$	\$	\$	\$
6. Mobile phone	\$	\$	\$	\$	Uniforms	\$	\$	\$	\$
7. Internet	\$	\$	\$	\$	Books	\$	\$	\$	\$
8. Income Tax	\$	\$	xxxxxxx	xxxxxxx	Fees	\$	\$	\$	\$
9. Real Estate Tax (CRIM)	\$	\$	xxxxxxx	xxxxxxx	School supplies	\$	\$	\$	\$
10. Food	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	Monthly payments	\$	\$	\$	\$
Household	\$	\$	\$	\$	Supervised studies and tutoring	\$	\$	\$	\$
Out of home	\$	\$	\$	\$	Transportation	\$	\$	\$	\$
11. Clothing	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	Housing (college students)	\$	\$	\$	\$
Purchase	\$	\$	\$	\$	Extracurricular expenses	\$	\$	\$	\$
Laundry	\$	\$	\$	\$	Other education expenses	\$	\$	\$	\$
Dry Cleaning	\$	\$	\$	\$	17. Daycare	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx
12. Entertainment	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	Extended Care	\$	\$	\$	\$
Cable or satellite TV	\$	\$	\$	\$	Camp	\$	\$	\$	\$
Other entertainment	\$	\$	\$	\$	18. Transportation	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx
13. Health	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx	Car Loan	\$	\$	\$	\$
Medical visits	\$	\$	\$	\$	Car Maintenance	\$	\$	\$	\$
Health insurance	\$	\$	\$	\$	Parking	\$	\$	\$	\$
Deductibles	\$	\$	\$	\$	Public transportation	\$	\$	\$	\$
Recurring deductibles	\$	\$	\$	\$	Tolls	\$	\$	xxxxxxx	xxxxxxx
Laboratories	\$	\$	\$	\$	Gas	\$	\$	xxxxxxx	xxxxxxx
Medicines	\$	\$	\$	\$	19. Barbershop/Beauty Salon	\$	\$	\$	\$
Dental	\$	\$	\$	\$	20. Other Support Payments	\$	\$	\$	\$
Visual	\$	\$	\$	\$	21. Other Expenses:	xxxxxxx	xxxxxxx	xxxxxxx	xxxxxxx
Emotional	\$	\$	\$	\$		\$	\$	\$	\$
Therapies	\$	\$	\$	\$		\$	\$	\$	\$
Orthopedics	\$	\$	\$	\$		\$	\$	\$	\$
Other:	\$	\$	\$	\$		\$	\$	\$	\$

VI. FINANCIAL SITUATION (Continued)

D. Assets

Personal Property (Include the approximate value for all subsections, as applicable. Also, for subsections one (1) through four (4), provide the name of the financial institution, bank or investment account, and the date on which the balance was calculated, as applicable):

Cash balance (aside from bank accounts) and bank account balances (checking and similar):

1. Savings Account, Certificates of Deposit, and IRA: _____
2. Investments (shares, bonds, etc.): _____
3. Insurance (provide cash value): _____
4. Motor vehicles, boats, motorcycles, jet skis, all-terrain vehicles, etc. (specify make, model, year, current value, license plate number, and name of owner): _____
5. Credits in your favor (promissory notes, accounts due, etc. (provide debtor's name and address): _____
6. Provide the total value of the home furnishings: _____
7. State whether you own non-domesticated animals, such as cattle, horses, pigs, fowl, etc. _____
8. Other personal property individually valued over \$1,000.00:

Personal Property	Location	Information of the person who is currently in possession of the asset:			
		Name and Last Names	Address	Telephones	Social Security No. ¹
				() -	- -
				() -	- -
				() -	- -
				() -	- -

Real Property (Specify the type of the 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).....	\$

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.....			\$	\$

VII. ATTACHMENTS

Indicate which documents are attached to this form as evidence for the information provided herein. If whichever of the following documents are not available when you file this form with the Clerk of the Court, you may provide them on the day of the next hearing.

- Paystubs (of the last six months, at least)
- Income Withholding Statement Form
- Income Tax Returns: _____
- Contracts
- Certificate of : Marriage Birth Employment Other: _____
- Documents Related to Bankruptcy Proceedings
- Court Order regarding: _____
- Court Judgment regarding: _____
- Court Resolutions regarding: _____
- Affidavits regarding: _____
- Deeds

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 under oath or affirm, 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, on _____, _____, _____.

(month) (day) (year)

Affiant's Name

Name of Parent or Guardian

Affiant's Signature

Signature of Parent or Guardian

AFFIDAVIT _____

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

In _____, Puerto Rico, on _____, _____, _____.

(month) (day) (year)

Notary's Name

Notary's Signature

By:

Regional Clerk's Name

Assistant Court Clerk's Name

Assistant Court Clerk's Signature

¹ Law No. 243-2006, 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 for the purpose of identity verification, to cross-reference with available information, and to standardize data exchange procedures. This form requires the Social Security number pursuant to the provisions of Law No. 5 of December 30, 1986, as amended, known as the Child Support Administration Organic Act. This information shall not be used as a case, complaint, or employee number, nor in the caption of any document generated by the Judicial Branch. Precautionary measures are established to ensure confidentiality.