

## FINANCIAL DISCLOSURE STATEMENT

CASE # \_\_\_\_\_

JUDGE: \_\_\_\_\_

BRANCH # \_\_\_\_\_

Husband's Attorney \_\_\_\_\_

Wife's Attorney \_\_\_\_\_

**HUSBAND**

**WIFE**

Name	
Address	
Birthdate	
Social Security #	
Employer	
Address	

Name	
Address	
Birthdate	
Social Security #	
Employer	
Address	

Date of Marriage: \_\_\_\_\_

**CHILDREN**

Name	Date of Birth

Name	Date of Birth

**1. STATEMENT OF INCOME:**

Last year's Income Tax Refunds:     H     \_\_\_\_\_     W     \_\_\_\_\_     J     \_\_\_\_\_

Gross current monthly income from:	
Salary, wages, commissions, allowances, overtime <small>(To arrive at monthly income figure if paid weekly, multiply wklly income by 52 and divide by 12. If paid bi-weekly, multiply bi-weekly income by 26 and divide by 12.)</small>	
Pensions and Retirement	
Social Security Benefits	
Disability and/or Unemployment Compensation Benefits	
Public Assistance (i.e. welfare, W-2 payments, food stamps, day care subsidy)	
Child Support from any prior marriage	
Dividends and Interest	
Rents received	
Bonuses (annual, semi-annual or quarterly)	
All other sources	
<b>TOTAL MONTHLY INCOME:</b>	<b>\$0.00</b>

Itemized monthly deductions from gross income:	
Number of Payroll deductions claimed for tax exemption	
Federal Income Taxes	
State Income Taxes	
Social Security Benefits	
Medical & Dental Insurance	
Other Insurance	
Union or Other Dues	
Retirement or Pension Fund	
Savings Plan	
Credit Union, Debt Repayment	
Other: (specify)	
<b>TOTAL MONTHLY DEDUCTIONS:</b>	<b>\$0.00</b>
<b>NET MONTHLY INCOME (TAKE HOME PAY):</b>	<b>\$0.00</b>

GROSS MONTHLY INCOME OF OTHER ADULT HOUSEHOLD MEMBERS:

**2. STATEMENT OF MONTHLY EXPENSES:** Specify the number of members in each household whose expenses are included below, also list their names, ages and relationships:

Husband \_\_\_\_\_  
 Wife \_\_\_\_\_

	<b>Total Household</b>
a) Rent or mortgage payments (principal, interest, taxes, ins. if in one paymt.)	
b) Real property taxes and insurance	
c) Repairs/Maintenance of residence, appliances, furnishings, cable, TV, garbage pickup	
d) Food (include entertainment, household supplies, cleaning supplies)	
e) Electricity	
f) Heat	
g) Water	
h) Telephone	
i) Laundry/dry cleaning	
j) Clothing and shoes	
k) Medical/drug expenses not covered by insurance	
l) Dental expenses not covered by insurance	
m) Insurance (life, health, accident, comprehensive liability, disability; Exclude payroll deductions, auto, life)	
n) Child care (babysitting/daycare)	
o) Child support payments from prior marriage	
p) School (both child/adult education, lessons)	
q) Entertainment (clubs, social obligations, travel, vacation, camp, recreation, hobbies)	
r) Incidentals (grooming, tobacco, alcohol, gifts, Xmas, birthday, special occasions, donations)	
s) Transportation, auto expense (gas, oil, repair, parking, etc.)	
t) Auto payments	
u) Newspapers, periodicals, books	
v) Memberships (associations, clubs, religious)	
w) Care/Maintenance of pets	
x) Payments for support of dependents not living at home (not included above)	
y) Installment payments/debt payments	
z) Other expenses	
<b>TOTAL MONTHLY EXPENSES:</b>	<b>\$0.00</b>

**3. DEBTS AND OBLIGATIONS**

CREDITOR'S NAME	FOR	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT
<b>TOTAL MONTHLY PAYMENTS:</b>				<b>\$0.00</b>

(apply to line "y" above)

**4. STATEMENT OF ASSETS:** All property of the parties known to be owned individually or jointly; indicate who holds or how title held: (H) Husband, (W) Wife, (J) Jointly, or (C) for the benefit of the children. Further, if there are any assets owned by either party prior to the marriage or inherited or received as a gift prior to or during the course of the marriage, also indentify the asset as follows: (P) Prior to marriage, (I) Inherited, or (G) Gifted. For example, property gifted to my husband (G-H) (IF INSUFFICIENT SPACE, INSERT TOTAL AND ATTACH SCHEDULE).

**REAL ESTATE**

If more real estate is owned, attach a schedule with same information for all additional property.

Type of Property		Original Cost	
Address		Cost of Addition	
Date of Purchase		Total Cost	
Current Market Value		Mortgage Balance	
Basis/date of Valuation		Other Liens	
Monthly Payment		Equity	
		Taxes	**
		To Whom	

**PROFIT SHARING / PENSION / RETIREMENT ACCOUNTS**

Include deferred compensation plan, keogh plan and IRA accounts, employee stock option plans, and stock options.

Name	Value of Interest / Amount presently invested	As of

**CASH AND DEPOSIT ACCOUNTS**

Include all accounts at banks, savings and loans, credit unions; savings, checking and certificate of deposit.

Name of Institution	Type of Account	Holder	Balance	Date

**STOCKS AND BONDS**

Number of shares	Name of Company / Issuer	Value	Date

**AUTOMOBILES**

Year	Make	Current Value	Amount Lien	Net Value

**MEDICAL, CASUALTY, DISABILITY, OTHER INSURANCE**

Describe fully.

Name of Company	Type of Insurance

**LIFE INSURANCE**

Name of Company	Beneficiary	Face Amount	Surrender Value

**BUSINESS INTEREST**

Name	Share	Type of Business	Value less Indebtedness

OTHER PERSONAL PROPERTY AND ASSETS (Value exceeds \$1,000 - I.e. antiques, heirlooms, china, furs, silver, art objects, coin collections, boats, snowmobiles, etc.

1) Have you disposed of any assets within the one-year period prior to the filing of the petition for divorce, the proceeds of which are not already accounted for in the above representation of assets?:

\_\_\_\_\_ No \_\_\_\_\_ Yes

If "yes", describe the asset, the date of transfer, to whom transferred and the value received, if any.

2) Are you a party in any other lawsuits? \_\_\_\_\_ No \_\_\_\_\_ Yes

If "yes", provide details.

3) Have you ever filed bankruptcy? \_\_\_\_\_ No \_\_\_\_\_ Yes

If "yes", provide details.

Failure by either party to timely file a complete disclosure statement shall authorize the Court to accept the statement of the other party as accurate.

I declare, under penalty of perjury, that the foregoing, including any attachments, is true and correct and that this declaration was executed on the \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Client's Name