# **FINANCIAL DISCLOSER**

CASE NO.:		BRANCH:	-
(Your	Attorney)	(Other Party's Attorne	
V. Niews		,	,
Address			
DOB			
Employer			
Occupation			
Date of Marriage		Date of Separation	
Please list your children and t	heir dates of birth:		
Children	Birthdate		
1. STATEMENT OF INC	OME		
TAX INFORMATION			
Last year's federal tax refund	:	Husband/ f	ather \$
		Wife/ m	other \$
			Joint \$
Last year's state tax refund:		Husband/ f	ather \$
		Wife/ m	other \$
			Joint \$
MONTHLY INCOME			
	rom salary, commissions, allowances 2 and divide by 12; multiply bi-weekl	s, and overtime. (Note: To arrive at monthly incomy income by 26 and divide by 12)	e, \$
Pensions and retirements			\$
Social Security benefits			\$
Disability and/or Unemployme	·		\$
<u> </u>	e, W-2 payments, food stamps, day	care subsidy)	\$
Prior court-ordered support re	eceived		\$

Dividends and interest	\$
Rents received	\$
*Bonuses (annual, semi-annual or quarterly)	\$
All other sources	\$
	TOTAL MONTHLY INCOME \$

#### **DEDUCTIONS FROM YOUR GROSS MONTHLY INCOME**

Number of tax exemptions claimed for payroll deductions: Husband/ father	
Wife/ mother	
Federal income taxes	\$
State income taxes	\$
Social security and Medicare	\$
Medical insurance	\$
Other insurance - dental, long term health insurance	\$
Support paid by payroll deduction	\$
Union or other dues	\$
Retirement or pension fund	\$
Savings plan	\$
Credit union, debt repayment	\$
Other (specify):	\$
TOTAL MONTHLY DEDUCTIONS	\$
NET MONTHLY INCOME (aka TAKE HOME PAY; subtract deductions from the monthly income)	\$
GROSS MONTHLY INCOME OF OTHER HOUSEHOLD ADULT MEMBERS	\$

# **2. STATEMENT OF MONTHLY ESTIMATED EXPENSES**

Specify the number of members in each household whose expenses are included. List their names and relationships. #\_\_\_\_\_

Relationship	Name
Husband	
Wife	

# **MONTHLY ESTIMATED EXPENSES**

Rent or mortgage payments, principal, interest, taxes, insurance (if in one payment)				
Real estate taxes and insurance (Insurance \$ / year; Taxes \$ / year) Annual				
Repairs/ maintenance of residence, appliances, furnishings, garbage pick-up				
Food (include work/ school lunches, household supplies, tobacco, wine and spirits)				
Electricity and gas				
Heat				

Water	\$
Telephone, cable, interent	\$
Laundry/ dry cleaning	\$
Clothing and shoes	\$
Medical/ drug expenses not covered by insurance	\$
Dental expenses not covered by insurance	\$
Insurance (life, health, accident, comprehensive, liability, disability - exclude payroll deductions)	\$
Childcare (including babysitting/ daycare)	\$
Prior court ordered child support payments	\$
School (both child/ adult education, lessons)	\$
Entertainment (clubs, social obligations, travel, vacations, camp, recreation, hobbies)	\$
Incidentals (grooming, gifts, holiday gifts, birthday, donations)	\$
Transportation, auto expenses (gas, oil, repair, parking, auto insurance, etc.)	\$
Vehicle payments	\$
Newspapers, periodicals, books	\$
Memberships (associations, clubs, religious organizations)	\$
Care/ maintenance of pets	\$
Payments for support of dependents not living at home (not included above)	\$
Installment payments/ debt payments	\$
Other expenses:	\$
TOTAL ESTIMATED MONTLY EXPENSES	\$

# 3. DEBITS AND OBLIGATIONS (Attach schedule if necessary)

Creditor's Name	For	Balance	Monthly Payment
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

# **4. STATEMENT OF ASSETS**

All property of the parties known to be owned individually or jointly; indicate who holds title or how title is held, (M) Man, (W) Woman, (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 identify the asset or assets as follows: (P) Prior to the marriage, (I) Inherited, (G) Gifted. For example: property gifted to man (G-M). If insufficient space, insert total and attach schedule.

Prior to marriage, inherited, or gifted (P, I, or G)
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#### A. REAL ESTATE (If more real estate is owned, attach with same information for all additional properties.)

Type of property:		Original cost:	\$
Address:		Cost of additions:	\$
		Total cost	\$
Date of purchase:		Mortgage balance:	\$
Current market value:	\$	Other liens:	\$
Basis/ date of valuation:		Equity:	\$
Monthly payment:	\$	Taxes (Previous tax year than current year):	\$

# **B. PROFIT SHARING / PENSION / RETIREMENT ACCOUNTS** (Include deferred compensation plan, Keogh plan and IRA accounts, employee stock option plans, stock options)

Name of account	Amount
	\$
	\$
	\$

# **C. CASH AND DEPOSIT ACCOUNTS** (Include all accounts at banks, savings & loans, credit unions, savings, checking, and certificates of deposit)

Date	Name of Institution	Type of Account	Holder	Balance
				\$
				\$
				\$
				\$

#### **D. STOCKS AND BONDS**

Date	Number of shares	Name of Company/ Issuer	Value
			\$
			\$
			\$
			\$

# E. AUTOMOBILES

Year	Make	Current Value	Amount of Lien	Net Value
		\$	\$	\$

					\$	\$	\$
					\$	\$	\$
F. MEDICAL. C	ASUALTY, DISAB	ILITY, OTHR I	NSURANCE (not paid thro	ouah unemploy	/ment)		
Name of company		Policy Number		,	number	Туре	
IN .	anie or company		Folicy Nullibr	<b>71</b>	Group	iluilibei	туре
G. LIFE INSUR	ANCE						
G. Ell E litoon	AIIOL						Surrender
N	ame of company		Ben	eficiary		Face Amount	Value
						\$	\$
						\$	\$
						\$	\$
						Ψ	Ψ
	NT-D-07 ( ):						
H. BUSINESS	INTEREST (Indica	te name)					
	Name		Share		Type of Business		Value Less Indebtedness
							\$
							\$
							Ψ
I OTHER RED	COMMI PROPERT	TV AND ACCE	TC (/alua ayaaada #1000	:	منطو مسمو مامند	a fina allina and	habiaata asin
	ats, snowmobiles,		TS (Value exceeds \$1000	- i.e., antiques	, neiriooms, chin	a, turs, sliver, an	objects, coin
<u> </u>		,					
			ny assets within the one-yor r in the above representati		r to the filing of	the petition for d	ivorce, the
No							
	ves describe the s	seat data of t	ansfer, to whom transferre	nd and the valu	ie received if an	w)	
1es (II )	res, describe trie a	sset, date of th	ansier, to whom transferre	and the valu	ie received, ii ari	у)	Value
Date of	Transfer		Asset	W	/hom transferre	ed	Value Received
							\$
						\$	
							Ψ
				<b></b>			
			e any property valued over market value at time acqu				
held.	g			Ja ana at pro			,

When acquired	Type of property	How acquired	How property is currently held	Fair Market Value when acquired	Fair Market Value now
				\$	\$
				\$	\$
				\$	\$

**L. PROPERTY OWNED PRIOR TO MARRIAGE** List and describe any properly valued over \$500 and not acquired by gift or inheritance that you owned prior to the marriage, including fair market value at time of marriage and present, and how the property is currently held.

Type of property	How acquired	How property is currently held	Fair Market Value when acquired	Fair Market Value now
			\$	\$
			\$	\$
			\$	\$

M. Are you a party of any other lawsuits?
No
Yes (If yes, provide details: attach separate sheet if necessary)
N. Have you ever filed bankruptcy?
No
Yes (If yes, provide details: attach separate sheet if necessary)
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 this day of, 20
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