

In re the marriage of:

,

Petitioner

Case No.

and

,

Respondent

**PETITIONER/RESPONDENT'S FINANCIAL DISCLOSURE STATEMENT  
PURSUANT TO WIS. STAT. § 767.127**

**HUSBAND**

Name \_\_\_\_\_

Address \_\_\_\_\_

Social Security no. \_\_\_\_\_

Birthdate \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

**WIFE**

Name \_\_\_\_\_

Address \_\_\_\_\_

Social Security no. \_\_\_\_\_

Birthdate \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

**CHILDREN**

**Name**

**Birthdate**

**Age**

**Soc. Sec. No.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

With whom are children living? \_\_\_\_\_

(Note: Where space is insufficient for requested information, attach additional schedule)

**STATEMENT OF INCOME**

(Attach copies of state and federal income tax returns for the last two taxable years and wage statements from your employer for the last eight weeks.)

	<b>Husband</b>	<b>Wife</b>
<b>Last Year's Income Tax Refunds:</b>	\$ _____	_____
<b>Gross Current <u>Monthly</u> Income from:</b>		
Salary and wages, including commissions, allowances, and overtime, payable _____ (H) _____ (W) (weekly, biweekly, semimonthly, monthly):	\$ _____	_____
<b>Note:</b> To arrive at monthly income figure if paid weekly, multiply weekly income by 4.3; if paid biweekly, multiply biweekly income by 2.15		
Pension and retirement benefits:	_____	_____
Social Security:	_____	_____
Disability and unemployment insurance:	_____	_____
Public assistance (i.e., welfare, AFDC/W-2 payments):	_____	_____
Maintenance/alimony from any prior marriage:	_____	_____
Child support from any prior marriage:	_____	_____
Dividends and interest:	_____	_____
Estates, trusts, royalties:	_____	_____
Rents:	_____	_____
Bonuses (annual, semiannual, quarterly):	_____	_____
All other sources (specify) _____	_____	_____
<b>Total Gross Monthly Income:</b>	<b>\$ _____</b>	<b>\$ _____</b>
 <b>Itemize <u>Monthly</u> Deductions from Gross Income:</b>		
Number of exemptions claimed: By husband ( ) By wife ( )		
State income taxes:	\$ _____	\$ _____
Federal income taxes:	_____	_____
Social Security:	_____	_____
Medicare:	_____	_____
Medical or other insurance (describe): _____	_____	_____
Union or other dues:	_____	_____
Retirement or pension fund:	_____	_____
Mandatory contribution:	_____	_____
Optional contribution:	_____	_____
Savings plan:	_____	_____
Credit union (explain) _____	_____	_____
Other (specify) _____	_____	_____
<b>Total Monthly Deductions:</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>Net Monthly Income (Take-Home Pay):</b>	<b>\$ _____</b>	<b>\$ _____</b>

## STATEMENT OF EXPENSES

Specify the number of members in each household whose expenses are included and list the members' names and relationships:

Husband (     ) \_\_\_\_\_  
 Wife (     ) \_\_\_\_\_

<b>Estimated <u>Monthly</u> Expenses of Living Apart for:</b>	<b>Husband</b>	<b>Wife</b>
1. Rent or home mortgage payments for residence (including parking space):	\$ _____	\$ _____
2. Real property taxes (residence) (separate if more than one property):	_____	_____
3. Real property insurance (residence):	_____	_____
4. Maintenance (e.g., home, yard, snow, furnace, appliances, furniture, service contracts, condo charges):	_____	_____
5. Food and household supplies (include work/school lunches, coffee breaks, tobacco, wine and spirits, and all items purchased at the grocery store):	_____	_____
6. Utilities (include water, electricity, gas, oil, trash collection):	_____	_____
7. Telephone:	_____	_____
8. Laundry and drycleaning:	_____	_____
9. Clothing (include shoes and accessories for work and leisure, children's needs):	_____	_____
10. Medical and drug expenses not covered by insurance (include over-the-counter meds, eye glasses):	_____	_____
11. Dental expenses not covered by insurance:	_____	_____
12. Insurance (life, health, accident, comprehensive, liability, disability) (exclude payroll deducted):	_____	_____
13. Child care and/or child visitation expenses (include baby-sitting and day care):	_____	_____
14. Payment of child/spousal support re: prior marriage/paternity determination:	_____	_____
15. School (expenses for child and/or adult; e.g., tuition, fees, books, supplies, transportation, tutors):	_____	_____
16. Entertainment (e.g., clubs, social obligations, recreation, camp, sports, restaurants, self-improvement, cable TV):	_____	_____
17. Incidentals (beauty/personal hygiene, newspapers, periodicals, pets, hobbies, collections at home or office):	_____	_____

	<b>Husband</b>	<b>Wife</b>
18. Transportation (other than automobile):	_____	_____
19. Auto expenses (gas, oil, repairs, insurance, depreciation):	_____	_____
20. Auto payments:	_____	_____
21. Installment payment(s) (e.g., student loans, personal loans) (insert total and attach itemized schedule):	_____	_____
22. Professional expenses (e.g., professional memberships not deducted, journals):	_____	_____
23. Gifts:	_____	_____
24. Donations and charitable contributions:	_____	_____
25. Other expenses (e.g., other expenses of real properties owned not listed above, payments for support of dependents not living at home not already listed, retirement investments (IRAs), counseling, legal fees, and financial/tax advice) (insert total and specify on itemized schedule):	_____	_____
<b>Total Monthly Expenses:</b>	\$ _____	\$ _____

**STATEMENT OF DEBTS AND OBLIGATIONS**  
(Mortgages and Liens, Other Debts, and Contingent Liabilities)  
(Attach additional schedules if necessary)

<b>Creditor's Name and Address</b>	<b>Date For</b>	<b>Date Payable</b>	<b>Current Balance</b>	<b>Monthly Payment</b>	<b>Who Pays? (H/W)</b>
_____					
_____					
_____					
_____					
_____					
_____					
_____					
<b>Total Liabilities:</b>				\$ _____	

**STATEMENT OF ASSETS**

Ownership for all assets should be indicated by inserting H for husband, W for wife, J for joint, C for children, I-H for inherited by husband, I-W for inherited by wife, G-W for gift received by wife, and G-H for gift received by husband. Also, if any assets were owned prior to the marriage, indicate as P-H for property owned by husband prior to marriage and P-W for property owned by wife prior to marriage.

**(If insufficient space, insert total and attach schedule)**

**Household Items and Personal Effects**

<b>Description</b>	<b>Current Value</b>	<b>Date of Valuation</b>	<b>Basis of Valuation</b>	<b>Balance Owed</b>	<b>Owner (H/W)</b>
Furniture, furnishings	\$ _____	_____	_____	\$ _____	_____
in W's possession	\$ _____	_____	_____	\$ _____	_____
in H's possession	\$ _____	_____	_____	\$ _____	_____
Antiques/heirlooms	\$ _____	_____	_____	\$ _____	_____
China, silver, crystal	\$ _____	_____	_____	\$ _____	_____
Jewelry	\$ _____	_____	_____	\$ _____	_____
Furs	\$ _____	_____	_____	\$ _____	_____
Objects of art	\$ _____	_____	_____	\$ _____	_____
Other (specify)	\$ _____	_____	_____	\$ _____	_____
_____	\$ _____	_____	_____	\$ _____	_____
_____	\$ _____	_____	_____	\$ _____	_____
_____	\$ _____	_____	_____	\$ _____	_____

**Automobiles**

<b>Year, Make, Model</b>	<b>Current Value</b>	<b>Amount Owed</b>	<b>Owner (H/W)</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Securities**

(Stocks, Bonds, Mutual Funds, Commodity Accounts)

No. of Shares	Name of Co.	Date Issued	Cert. No.	Current Value	Orig. Cost	Owner (H/W)

**Cash and Deposit Accounts**

(Banks, Savings & Loans, Credit Unions—Savings, Checking, and Certificates of Deposit)

Name of Inst.	Type of Acct./ Acct.	Cert. No.	Current Balance	Date	Owner (H/W)

**Life Insurance**

(Include insurance through employment)

Name of Insurance Co.	Insured (H/W)	Policy No.	Face Amount	Cash Value	Beneficiary	Type of Policy	Owner (H/W)

**Retirement/Deferred Compensation Interests**

(Profit-sharing plans, pension plans, Keogh plan, IRAs,  
stock option plans, and any other form of deferred compensation plan)

<b>Name of Co.</b>	<b>Type of Plan</b>	<b>ID No.</b>	<b>Value of Interest</b>	<b>% Vested</b>	<b>Date of Owner Valuation</b>	<b>(H/W)</b>

**Bartered Services or Assets**

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**Real Estate**

(If more real estate owned, attach additional schedule)

Type of property _____	Mortgage balance _____
Address _____	Monthly payment _____
_____	To _____
Date of acquisition _____	Other liens <input type="checkbox"/> Yes <input type="checkbox"/> No
Current market value _____	To _____
Basis and date of valuation _____	Amount _____
_____	Equity _____
Original cost _____	Taxes (yr. _____) _____
Cost of additions _____	How title held per deed _____
Total cost _____	_____

**Business Interests**

(Include all business interests, partnerships, tax shelters)

<b>Business's Name and Address</b>	<b>Nature of Business</b>	<b>Percentage of Ownership</b>	<b>Value Less Indebtedness</b>	<b>Owner (H/W)</b>

**Medical, Casualty, Disability, and Other Insurance**

(In an action affecting minor(s), attach copy of any health care policy/plan that covers the minor(s))

Name of Co.	Type of Insurance	Policy No.	Group No.	Date Issued or Renewed	Owner (H/W)	Cost

**Assets Disposed of and Unaccounted for One Year Prior to Filing of Petition for Divorce**

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

Yes       No      If yes, describe the asset, the date of transfer, to whom it was transferred and the value received, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Property Acquired by Gift or Inheritance**

List and describe any property valued over \$500 that you acquired by gift or inheritance (not from your spouse). Give description, when and how acquired, fair market value at time acquired and at present, and how property is currently held. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Property Owned Prior to Marriage**

List and describe any property valued over \$500 and not acquired by gift or inheritance that you owned prior to this marriage. Give description, including fair market value at time of marriage and at present and how property is currently held. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional Personal Property and Assets**

(Specify)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LITIGATION**

Are you a party to any other lawsuits?  Yes  No If yes, provide details:

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Do you have any claim against anyone? (e.g., personal injury, property damage, breach of contract)?

Yes  No If yes, provide details: \_\_\_\_\_

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**BANKRUPTCY**

Have you ever filed bankruptcy?  Yes  No If yes, provide details:

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Attachments (check if attached):

- Most recent W-2 statement
- Statement of year-to-date income
- Tax returns for years
- Wage statements for period \_\_\_\_ to \_\_\_\_
- Copy of current health care insurance policy/plan naming child(ren) as beneficiary
- Information regarding the types and costs of any health insurance policies or plans offered through (petitioner's) (respondent's) employer or other organization

\* \* \* \* \*

I declare under penalty of perjury that the foregoing, including my attachments, is true and that this declaration was executed on the \_\_\_\_\_ day of \_\_\_\_\_, 2007, at \_\_\_\_\_, Wisconsin.

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Westmont & Congo Law Offices, S.C.  
Attorney for the respondent

By \_\_\_\_\_  
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