**This Document**

**Not for Public Access**

**Pursuant to Administrative Rule 9**

Caption:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

vs. Cause No: 82D0\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Declaration Form**

State of Indiana )

)

County of Vanderburgh )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

Petitioner )

)

)

vs. ) Cause No: 82D0\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

Respondent )

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Verified Declaration Form of

Husband/Father Wife/Mother

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***SPACE BELOW FOR USE OF COURT CLERK ONLY***

Attorney Information: Name, address & telephone number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(double click to activate worksheet)



\*Includes bonuses, alimony and maintenance received from prior marriages, capital gains, trust income, gifts, prizes, in-kind benefits from employment such as company or free housing, reimbursed meals. DO NOT include ADC, SSI, general assistance, food stamps.

**Monthly Expenses and Deductions from Income**

Names and relations of all members of household whose expenses are included:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(double click to activate worksheet)





(double click to activate worksheet)



Disclose all assets known to you, even if you do not know the value.

Under ownership: H = Husband; W = Wife; J = Joint

Lien amount includes only those debts secured by an item, such as a mortgage against a house, debts shown as title to a vehicle, loans against life insurance policies or loans where an item is pledged as collateral.

Value assets as of the date of Petition for Dissolution of Marriage was filed.

New valuation date here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(THIS SECTION REQUIRES MANUAL INPUT)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DESCRIPTION** | **GROSS** | **LESS: LIENS** | **NET** | **H** | **W** | **J** |
|  | **VALUE** |  | **VALUE** |  |  |  |
| **A. Household furnishings, furniture/appliances** |  |  |  |  |  |  |
| 1. In possession of husband |  |  |  |  |  |  |
| 2. In possession of wife |  |  |  |  |  |  |
| **B. Automobiles, trucks, recreational vehicles** |  |  |  |  |  |  |
| (include make, model & year) |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| **C. Securities - Stocks, Bonds & Stock Options** |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| **D. Cash, checking, savings, deposit accounts, CD's** (include name of bank/credit |  |  |  |  |  |  |
| union & type of account) |  |  |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |
| **E. Real Estate** (including land/sales contracts) |  |  |  |  |  |  |
| 16. Marital Residence (list address) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Basis of valuation: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Name of Lender (1st mtg): |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Name of Lender (2nd mtg): |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 17. Other (show address) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Basis of valuation: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Name of Lender (1st mtg): |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Name of Lender (2nd mtg): |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 18. Other (show address) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Basis of valuation: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Name of Lender (1st mtg): |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Name of Lender (2nd mtg): |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **F. Cash Retirement Accounts** (IRA's SEPS, |  |  |  |  |  |  |
| KEOUGHS, 401K, employee savings plans, stock ownership/profit sharing, etc.) |  |  |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |
| **G. Retirement benefits, Deferred Compensation Plans & Pensions** (include) |  |  |  |  |  |  |
| information available on benefits whether |  |  |  |  |  |  |
| benefits are vested or in pay status) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |
| **H. Business Interests** |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |
| **I. Life Insurance** (show company name & death benefit) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Term and Group** |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  |
| Named Beneficiary: |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |
| Named Beneficiary: |  |  |  |  |  |  |
| 31 |  |  |  |  |  |  |
| Named Beneficiary: |  |  |  |  |  |  |
| **Whole Life & Others** |  |  |  |  |  |  |
| (show cash value under gross value) |  |  |  |  |  |  |
| 32 |  |  |  |  |  |  |
| Named Beneficiary: |  |  |  |  |  |  |
| 33 |  |  |  |  |  |  |
| Named Beneficiary: |  |  |  |  |  |  |
| 34 |  |  |  |  |  |  |
| Named Beneficiary: |  |  |  |  |  |  |
| **J. Other Assets** (include any type of assets |  |  |  |  |  |  |
| having value, including jewelry, personal |  |  |  |  |  |  |
| property, assets located in safety deposit boxes, accrued bonuses, etc. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 35 |  |  |  |  |  |  |
| 36 |  |  |  |  |  |  |
| 37 |  |  |  |  |  |  |
| 38 |  |  |  |  |  |  |
| 39 |  |  |  |  |  |  |
| 40 |  |  |  |  |  |  |
| 41 |  |  |  |  |  |  |

**Assets Acquired by you Prior to Marriage or Through Inheritance or Gift**

(Whether now owned or not)

(double click to activate worksheet)



I declare under the penalties of perjury that the foregoing, including any attachments, is true and correct, that this declaration was executed on the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

You are under a duty to supplement or amend this Financial Declaration prior to trial if you learn the information provided in incorrect or the information provided is no longer true.

**Certificate of Service**

I hereby certify that a true, exact and authentic copy of the foregoing has been served upon the following, by U.S. Mail, first class postage prepaid, this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney