

This Document
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Pursuant to Administrative Rule 9

Caption:

vs.

Cause No: 82D0_____

Financial Declaration Form

State of Indiana)
)
County of Vanderburgh)

_____)
 Petitioner)
)
)
vs.)
)
_____)
 Respondent)

Cause No: 82D0 _____

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

(double click to activate worksheet)

GROSS WEEKLY INCOME - ATTACH LAST THREE (3) PAY STUBS	AMOUNTS
1. Gross weekly salary, wages & commissions	\$ -
2. Gross weekly pensions, retirement, social security, unemployment, workman's comp.	\$ -
3. Gross weekly child support (received from any prior marriages, not this marriage)	\$ -
4. Gross weekly dividends and interest (attach calculation)	\$ -
5. Gross weekly rents/royalties less ordinary & necessary expenses (attach calculations)	\$ -
6. Gross weekly business/self-employment income, less ordinary & necessary expenses (attach calculations)	\$ -
7. All other sources (specify*)	\$ -
8. TOTAL GROSS WEEKLY INCOME (Total of Lines 1 through 7)	\$ -

*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)

INSERT THE AMOUNT FROM LINE 8 HERE →	\$ -
9. Minus weekly court ordered child support for prior children - amounts actually paid	\$ -
10. Minus weekly legal duty child support for prior children	\$ -
11. Minus weekly health insurance premiums for children of this marriage only	\$ -
12. Minus weekly alimony/support/maintenance for prior spouses - amounts actually paid	\$ -
13. WEEKLY AVAILABLE INCOME (Line 8 minus lines 9-12)	\$ -
14. Weekly work related child care costs for Custodial Parent to work for children of this marriage only	
15. Weekly extraordinary healthcare expenses (children of this marriage only - uninsured only)	
16. Weekly extraordinary education expenses (children of this marriage only)	

(double click to activate worksheet)

	AMOUNT	
1. Federal income taxes (weekly deduction times 4.3)	\$ -	
2. State income taxes (weekly deduction times 4.3)	\$ -	
3. Local income taxes (weekly deduction times 4.3)	\$ -	
4. Social security taxes (weekly deduction times 4.3)	\$ -	
5. Retirement pension fund (<input type="checkbox"/> mandatory) (<input type="checkbox"/> optional) (weekly deductions times 4.3)	\$ -	
6. Rent/mortgage payments (residence)	\$ -	
7. Residence/property taxes/insurance if not included in mortgage payment (total for the year divided by 12)	\$ -	
8. Maintenance on residence	\$ -	
9. Food/household supplies/laundry/cleaning	\$ -	
10. Electricity (total for the year divided by 12)	\$ -	
11. Gas (total for the year divided by 12)	\$ -	
12. Water/sewage/solid waste/trash collection (total for the year divided by 12)	\$ -	
13. Telephone (including long distance charges)	\$ -	
14. Clothing	\$ -	
15. Medical/dental expenses (not reimbursed by insurance)	\$ -	
16. Automobile - loan payment	\$ -	
17. Automobile - gas/oil	\$ -	
18. Automobile - repairs	\$ -	
19. Automobile - insurance (total for the year divided by 12)	\$ -	
20. Life insurance	\$ -	
21. Health insurance (exclude payments made by children on page 2, line 11)	\$ -	
22. Disability/accident/other insurance (please specify)	\$ -	
23. Entertainment (clubs, social obligations, travel, recreation, cable tv)	\$ -	
24. Charitable/church contributions	\$ -	
25. Personal Expenses (haircuts, cosmetics, grooming, tobacco, alcohol, etc.)	\$ -	
26. Books, magazines, newspapers	\$ -	
27. Education/school expenses (self & children you have custody of)	\$ -	
28. Day care/work related child care costs (weekly amount times 4.3)	\$ -	
29. Other expenses (please specify)	\$ -	
30	\$ -	
31	\$ -	
MONTHLY LOAN/CHARGE CARD EXPENSES FOR		BALANCE
<i>(Do not include monthly payments shown above)</i>		
32	\$ -	
33	\$ -	
34	\$ -	
35	\$ -	
36	\$ -	
37	\$ -	
38	\$ -	
39. Total Monthly Expenses and Deductions from Income (Total of Lines 1 through 38)	\$ -	
40. Average Weekly Expenses and Deductions (Total monthly expenses / 4.3)	\$ -	

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 VALUE	LESS: LIENS	NET VALUE	H	W	J
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)

SHOW SIGNIFICANT ASSETS ONLY	GROSS VALUE	LESS LIENS/ MORTGAGES	NET VALUE	VALUATION DATE
A. Assets owned by you prior to marriage (value as of date of marriage)				
1			\$ -	
2			\$ -	
3			\$ -	
4			\$ -	
5			\$ -	
B. Assets acquired by you during your marriage through inheritance or gift (value as of date of acquisition)				
6			\$ -	
Acquired from whom:				
7			\$ -	
Acquired from whom:				
8			\$ -	
Acquired from whom:				

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 is 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