

STATE OF INDIANA : CIRCUIT COURT : SUPERIOR COURT : BOONE COUNTY

 Petitioner
 vs.

 Respondent

CAUSE NO. _____

DATED _____

VERIFIED FINANCIAL DECLARATION OF
 [HUSBAND/FATHER] [WIFE/MOTHER]

HUSBAND/FATHER NAME	WIFE/MOTHER NAME
ADDRESS	ADDRESS
OCCUPATION	OCCUPATION
EMPLOYER	EMPLOYER
ATTORNEY NAME, ADDRESS & PHONE:	SPACE BELOW FOR CLERK'S USE ONLY

GROSS WEEKLY INCOME	AMOUNTS
1. Gross Weekly SALARY and WAGES	
2. COMMISSIONS, BONUSSES and TIPS	
3. Gross Weekly PENSIONS/RETIREMENT/SOCIAL SECURITY/DISABILITY/UNEMPLOYMENT/ WORKMAN'S COMP	
4. Gross Weekly CHILD SUPPORT received from any prior marriage (not this marriage)	
5. Gross Weekly DIVIDENDS and INTEREST	
6. Gross Weekly RENTS/ROYALTIES less any ordinary and necessary expenses (Attach calculations)	
7. Gross Weekly BUSINESS/SELF-EMPLOYMENT INCOME less ordinary and necessary expenses (Attach calculations)	
8. ALL OTHER SOURCES (Specify)*	
9. TOTAL GROSS WEEKLY INCOME (Total of lines 1 through 8)	
10. Minus Weekly COURT ORDERED CHILD SUPPORT - for Children from Prior Relationship(s) - amounts actually paid	
11. Minus Weekly LEGAL DUTY CHILD SUPPORT for Children from Prior Relationship(s)	
12. Minus Weekly HEALTH INSURANCE PREMIUMS for Children of This Marriage Only	
13. Minus Weekly ALIMONY/SUPPORT/MAINTENANCE Paid to Prior Spouses - amounts actually paid	
14. WEEKLY AVAILABLE INCOME (Line 9 less Lines 10 through 13)	
15. Weekly WORK RELATED CHILD CARE COSTS for Custodial Parent to work for Children of This Marriage Only	
16. Weekly EXTRAORDINARY HEALTHCARE EXPENSES (Children of This Marriage Only - Uninsured Only)	
17. Weekly EXTRAORDINARY EDUCATION EXPENSES (Children of This Marriage Only)	

*Includes Bonuses; Alimony and Maintenance Received from Prior Marriages; Capital Gains; Trust Income; Gifts; Prizes; In-kind Benefits from Employment such as Company Car, Free Housing, Reimbursed Meals. DO NOT include ADC, SSI, General Assistance, Food Stamps.

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

MONTHLY EXPENSES AND DEDUCTIONS FROM INCOME			AMOUNTS
1. FEDERAL INCOME TAXES			
2. STATE INCOME TAXES			
3. LOCAL INCOME TAXES			
4. SOCIAL SECURITY TAXES			
5. RETIREMENT/PENSION FUND [Mandatory] [Optional]			
6. RENT/MORTGAGE PAYMENTS (Residence)			
7. RESIDENCE/PROPERTY TAXES/INSURANCE-if not included in Mortgage Payment			
8. MAINTENANCE ON RESIDENCE			
9. FOOD/HOUSEHOLD SUPPLIES/LAUNDRY/CLEANING			
10. ELECTRICITY			
11. GAS			
12. WATER/SEWER/SOLID WASTE/TRASH COLLECTION			
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			
20. AUTOMOBILE - LICENSE PLATES, EXCISE TAX, AND AUTO CLUB			
21. LIFE INSURANCE			
22. HEALTH INSURANCE (exclude payments for children shown on Page 1, line 11)			
23. DISABILITY/ACCIDENT/OTHER INSURANCE (Please Specify)			
24. ENTERTAINMENT (Clubs, Social Obligations, Travel, Recreation, Cable Television, Internet Expense)			
25. CHARITABLE/CHURCH CONTRIBUTIONS			
26. PERSONAL EXPENSES (Haircuts, cosmetics, grooming, etc.)			
27. BOOKS/MAGAZINES/NEWSPAPERS			
28. EDUCATION/SCHOOL EXPENSES (Self and children you have custody of)			
29. CHILDREN'S EXTRACURRICULAR ACTIVITIES, LESSONS, AND TUTORS			
30. CHILDREN - SPECIAL BABYSITTING			
31. DAYCARE/WORK RELATED CHILD CARE COSTS			
32. OTHER EXPENSES (Please specify)			
33.			
MONTHLY LOAN/CHARGE CARD EXPENSES (Do not include monthly payments shown above)	FOR	BALANCE	PAYMENTS
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			

ASSETS

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 on title to vehicle, loans against life insurance policies or loans where an item is pledged as collateral. Value assets as of date Petition for Dissolution of Marriage was filed. If necessary to include account numbers, *only include the last 4 digits*.

Show valuation date here: _____

DESCRIPTION	GROSS VALUE	LESS:LIENS/ MORTGAGE	NET VALUE	TITLE		
				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 and Year)						
3.						
4.						
5.						
6.						
C. SECURITIES - STOCKS, BONDS AND STOCK OPTIONS						
7.						
8.						
9.						
10.						
D. CASH, CHECKING, SAVINGS, DEPOSIT ACCOUNTS, CDs (Include name of Bank/Credit Union name and type of account)						
11.						
12.						
13.						
14.						
15.						
E. REAL ESTATE (including Land Sales Contracts)						
16. Marital Residence (Show Address)						
Basis of Valuation _____						
Name of lender first mortgage _____						
Name of lender second mortgage _____						
17. Other (Show Address)						
Basis of Valuation _____						
Name of lender first mortgage _____						
Name of lender second mortgage _____						
18. Other (Show Address)						
Basis of Valuation _____						
Name of lender first mortgage _____						
Name of lender second mortgage _____						

DESCRIPTION	GROSS VALUE	LESS:LIENS/ MORTGAGE	NET VALUE	TITLE		
				H	W	J
F. CASH RETIREMENT ACCOUNTS (IRAs, SEPS, KEOUGHS, 401K, Employee savings plans, stock ownership/profit sharing plans, etc.)						
19.						
20.						
21.						
22.						
23.						
G. RETIREMENT BENEFITS, DEFERRED COMPENSATION PLANS AND 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						
Term and Group (Show Company Name and Death Benefit)						
29. Named Beneficiary:						
30. Named Beneficiary:						
31. Named Beneficiary:						
Whole Life and Others (Show Cash Value under Gross Value)						
32. Named Beneficiary:						
33. Named Beneficiary:						
34. Named Beneficiary:						
J. OTHER ASSETS Include any type of assets that have 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 THE MARRIAGE OR THROUGH INHERITANCE OR GIFT
(Whether now owned or not)**

SHOW SIGNIFICANT ASSETS ONLY	GROSS VALUE	LESS: LIENS/ MORTGAGE	NET VALUE	VALUATION DATE
A. ASSETS OWNED BY YOU PRIOR TO MARRIAGE (value as of date of marriage)				
42.				
43.				
44.				
45.				
46.				
B. ASSETS ACQUIRED BY YOU DURING MARRIAGE THROUGH INHERITANCE OR GIFTS (value as of date of acquisition)				
47. Acquired from whom:				
48. Acquired from whom:				
49. Acquired from whom:				

I affirm under penalty of perjury that the foregoing, including any attachments, is true and correct, that this declaration was executed on the _____ day of _____, 20____. **I understand that I am under a duty to supplement or amend this Financial Declaration prior to trial if I learn the information provided is incorrect or the information provided is no longer true.**

Signature: _____

Printed Name: _____