APPENDIX B

FINANCIAL DECLARATION FORM
STATE OF INDIANA: CIRCUIT AND SUPERIOR COURTS OF PORTER COUNTY

IN RE THE MARRIAGE OF: CAUSE NO._____

Petitioner

and

Respondent

In accordance with Local Rule 2200.1 of the Porter Superior Court and Indiana Trial Rules 26, 33, 34, 35 and 37, the undersigned, Petitioner or Respondent, hereby submits the following VERIFIED FINANCIAL DISCLOSURE STATEMENT:

FINANCIAL DECLARATION OF _____

I. PRELIMINARY INFORMATION

*Husband _____	*Wife_____
Address_____	Address_____
Soc. Sec. No.:_____	Soc. Sec. No.:_____
Badge/Payroll No.:_____	Badge/Payroll No.:_____
Occupation _____	Occupation _____
Employer _____	Employer_____
Birth Date _____	Birth Date _____

Date of Marriage:_____

Date of Physical Separation:_____

Date of Filing:_____

Children:

Name _____ Age _____ DOB:_____ SSN# _____
Name _____ Age _____ DOB:_____ SSN# _____
Name _____ Age _____ DOB:_____ SSN# _____

II. HEALTH INSURANCE INFORMATION

Name and address of health care insurance company.

Name all persons covered under plan(s).

Weekly cost of total health insurance premium: _____

Weekly cost of health insurance premium for children only: _____

Name of the children's' health care providers:

The names of the schools and grade level for each child are:

List any extraordinary health care concerns of any family member:

List any educational concerns of any family member:

III. INCOME INFORMATION

A. EMPLOYMENT HISTORY

Current employer _____

Address _____

Telephone No: _____ Length of Employment _____

Job Description _____

Gross Income _____ (Per week) _____ (bi-weekly) _____ (per month) _____ (yearly)

Net Income _____ (Per week) _____ (bi-weekly) _____ (per month) _____ (yearly)

B. EMPLOYMENT HISTORY FOR LAST 5 YEARS

Employer	Dates of employment	Compensation (per wk/mo/yr)

C. INCOME SUMMARY

1. GROSS WEEKLY INCOME from:

Salary and wages, including commissions, bonuses, allowances and overtime, _____

Note: If paid monthly, determine weekly income by dividing monthly income by 4.3

Pensions and Retirement _____

Social Security _____

Disability and unemployment insurance _____

Public Assistance (welfare/AFDC payments, etc.) _____

Food Stamps _____

Child support received for any child(ren) not born of the parties to this marriage _____

Dividends and interest _____

Rents received _____

All other sources (specify) _____

TOTAL GROSS WEEKLY INCOME $_____

2. ITEMIZED WEEKLY DEDUCTIONS

from gross income: _____

State and Federal Income taxes _____

Social Security _____

Medical Insurance _____

Coverage: Medical (___)
Dental (___)
Eye Care (___)
Psychiatric (___)

Union or other dues _____

Retirement:

Pension fund:	Mandatory ( )	Optional ( )
Profit Sharing:	Mandatory ( )	Optional ( )
401(k):	Mandatory ( )	Optional ( )
SEP:	Mandatory ( )	Optional ( )
ESOP:	Mandatory ( )	Optional ( )
IRA:	Mandatory ( )	Optional ( )

Child Support Withheld from Pay
(Not including this case) _____

Garnishments _____
(Itemize on separate sheet)

Credit Union Debts _____

Direct Withdrawals Out of Paychecks: _____

Car payments _____
Life Insurance _____
Disability insurance _____
Thrift plans _____
Credit union savings _____
Bonds _____
Donations _____

Other (Specify): _____

TOTAL WEEKLY DEDUCTIONS: $_____

3. WEEKLY DISPOSABLE INCOME

(A minus B: Subtract Total Weekly Deductions
From Total Weekly Gross Income) $_____

IN ALL CASES INVOLVING CHILD SUPPORT: Prepare and attach an Indiana Child Support Guideline Worksheet (with documentation verifying your income); or, supplement with such Worksheet within ten (10) days of the exchange of this Form.

IV. MONTHLY LIVING EXPENSES:

House

1. Rent _____
2. 2nd Mortgage _____
3. Line of credit _____
4. Gas/Electric _____
5. Telephone _____
6. Water _____
7. Sewer _____
8. Sanitation (garbage) _____
9. Cable _____
10. Satellite _____
11. Internet _____
12. Taxes (Real Estate) (If not part of mortgage payment) _____
13. Insurance (House) (If not part of mortgage payment) _____
14. Lawn Care/Snow Removal _____

Groceries

1. Food _____
2. Toiletries _____
3. Cleaning Products _____
4. Paper Products _____

Clothing

1. Clothing _____
2. Shoes _____
3. Uniform _____

Health Care

1. Health insurance not deducted from pay _____
2. Dental insurance not deducted from pay _____
3. Doctor Visits (non-insurance covered) _____
4. Dental Visits (non-insurance covered) _____
5. Prescription Pharmaceutical (non-insurance covered) _____
6. Over the counter medicine _____
7. Glasses/contact lenses _____
8. Other non-insurance covered health care* _____

Car & Travel

1. Car Payment _____
2. Gasoline _____
3. Oil/Maintenance _____
4. Insurance (Car) _____
5. Car Wash _____
6. Tolls _____
7. Train/Bus _____
8. Parking Lot Fees _____
9. License plates _____

Beauty Care

1. Hair Dresser/Barber _____
2. Cosmetics _____

School Needs

1. Lunches _____
2. Book _____
3. Tuition/Registration _____
4. Uniforms _____
5. School Supplies _____
6. Extra curricular activities _____

Infant Care

1. Diapers _____
2. Baby Food _____

Miscellaneous

1. Church Donations _____
2. Charitable Donations _____
3. Life Insurance _____
4. Babysitter _____
5. Newspapers & Magazines _____
6. Cigarettes _____
7. Dry Cleaning _____
8. Entertainment _____
9. Cell phone _____
10. Dues/subscriptions _____
11. Charge Cards _____
12. Other _____

Sub-Total of Expenses _____

Average Weekly Expenses (multiply monthly expenses by 12 and divide by 52)

V. PROVISIONAL ARREARAGE COMPUTATIONS. If you allege the existence of a child support, maintenance, or other arrearage, attach all records or other exhibits regarding the payment history and compute the child support arrearages.

You must attach a Child Support Guideline Worksheet to your Financial Declaration Form or one must be exchanged with the opposing party/counsel within 10 days of receipt of the other parties' Financial Declaration Form.

ASSETS

All property is to be listed regardless of whether it is titled in your name only or jointly or if property you own is being held for you in the name of a third party.

VI. PROPERTY

A. MARITAL RESIDENCE

Description:

Location: _____

Date Acquired: _____

Purchase Price: _____ Down Payment: _____

Source of Down Payment: _____

Current Indebtedness: _____

Monthly payment: _____

Current Fair Market Value: _____

B. OTHER REAL PROPERTY (Complete B, on a separate sheet of paper for each additional parcel of real estate owned, etc).

Description:

Location: _____

Date Acquired: _____

Purchase Price: _____ Down Payment: _____

Source of Down Payment: _____

Current Indebtedness: _____

Monthly Payment: _____

Current Fair Market Value: _____

C. PERSONAL PROPERTY

(motor vehicles, boats, motorcycles, furnishings, household goods, jewelry, firearms, et. Household furnishings and household goods such as pots and pans need not be itemized.)

Description	Titled	Current Value	Indebtedness	Payment	Present User

VII. BANK ACCOUNTS

Name	Type of Account (Checking, Savings, CDs, etc.)	Owner	Account No.	Balance on Date of Filing

VIII NON-RETIREMENT SECURITIES (stocks, bonds, mutual funds, etc.)

Name	Type of account (Money mkt, Stocks, Bonds, Mutual Funds etc.)	Owner	Account No.	Value on date Of filing

IX. LIFE INSURANCE POLICIES (whole life, variable life, annuities, term)

Company	Owner	Policy#	Beneficiary	Face Value	Loan Amount	Cash Value

X. RETIREMENT ACCOUNTS (Pension, Profit Sharing, 401(k), SEP, IRA, KEOGH, ESOP, etc.).

Company	Type of Plan	Owner	Account#	Vested (Yes/No)	Value as of Date of Filing Divorce

XI. OTHER PROFESSIONAL OR BUSINESS INTERESTS

Name of Business	Type (Corp., Part., Sole Owner)	% Owned	Estimated Value

XII. MARITAL BILLS, DEBTS AND OBLIGATIONS (list every single bill, debt and obligation regardless of whether the bill is titled in your name, your spouse's name, or jointly. Please include all mortgages, 2nd mortgages, home equity loans, charge cards, other loans, credit union loans, car payments, and unpaid medical bills, etc. Do not include monthly expenses such as utilities that are paid in full every month.)

Creditor	Description	Acct#	Monthly Payment	Balance - Date of Filing	Current Balance

XIII. RECAPITULATION. A summary of the marital estate is as follows:

Asset	In Name of Husband	In Name of Wife	Jointly Held	Total
Family Dwelling				
Other Real Estate				
Personal Property				
Bank Accounts				
Non-Retirement Securities				
Life Insurance Policies				
Retirement Accounts				
Other Professional/Business Interests				
Total Assets				
Liabilities				
General Creditors				
Mortgage on Family Dwelling				
Mortgages on other real estate				
Notes to Banks and Others				
Loans on Insurance Policies				
Total Liabilities				
ASSETS MINUS LIABILITIES				

XIV. PERSONAL STATEMENT REGARDING DIVISION OF PROPERTY

Indiana law presumes that the marital property be split on a 50/50 basis. However, the Judge may order a division which may differ from an exact 50/50 division of your property. Please provide a brief statement as to your reasons, if there be any, why the Court should divide your property on anything other than a 50/50 basis.

XV. MANDATORY EXHIBITS

The following exhibits must be attached to your Financial Declaration Form:

A. The last three years of Individual State and Federal income tax returns together with all W-2 forms, 1099 forms and K-1 forms.
B. The immediate preceding six paycheck stubs showing year-to-date earnings.
C. Documents showing the amount of income received from any other source in the past three years including irregular income in an amount greater than $500 per year plus any expenses relating thereto.
D. Child support worksheet, if applicable.
E. Arrearage calculation, if applicable under V of this Financial Declaration Form.
F. With regard to all real estate listed under VI (A) and (B):
    a. The title insurance policy, if available.
    b. The deed.
    c. An amortization schedule from the lending institution, if available,
    d. Documents showing the mortgage balance as of the date of the filing of the Petition for Dissolution of Marriage,
7. As to all bank accounts identified in VII of this Financial Declaration Form:
    a. Copy of the bank statement closest to the date of the filing of the petition for Dissolution of Marriage, and
    b. Copies of the bank statements for the five months immediately preceding the filing of the Petition for Dissolution of Marriage.
8. As to all Non-retirement Securities identified in VIII of this Financial Declaration Form:
    a. Copy of the statement closest to the date of the filing of the petition for Dissolution of Marriage, and
    b. Copies of the statements for the five months immediately preceding the filing of the Petition for Dissolution of Marriage.
9. As to all Life Insurance policies identified in IX of this Financial Declaration Form attach statements as of cash value as of the date of the filing of the Petition for Dissolution of Marriage.

10. As to all Retirement Accounts identified in X of this Financial Declaration Form attach statements showing the value of the account as of the date of the filing of the Petition for Dissolution of Marriage and for the preceding five months, if such statements are available, except for pension accounts and other defined benefit plans, in which event attach a statement from the employer describing the benefits.
11. As to all marital bills, debts and obligations identified in XII of this Financial Declaration Form, attach a statement showing the amount of each bill, debt and obligation as of the date of the filing of the divorce and for the immediately preceding five months.

XV. VERIFICATION

I declare, under the pains and penalty of perjury, that the foregoing, including statements of my income, expenses, assets and liabilities, are true and correct to the best of my knowledge and that I have made a complete and absolute disclosure of all sources of income, all assets, and all liabilities. If it is proven to the Court that I have intentionally failed to disclose all of my income, any asset, or liability, I may lose the asset and may be required to pay the liability.

Further, this Financial Declaration Form is considered as a Request for Admissions to the recipient under Trial Rule 35 and should be recipient fail to fully prepare and exchange this statement then the Court may prohibit the party who did not properly complete the Financial Declaration Form from introducing any evidence at any hearing to contradict the evidence of the other party on the issues of income, expenses, assets and liabilities.

Date:_____ _____

Signature

XVI. ATTORNEY'S CERTIFICATION

I have reviewed with my client the foregoing information, including any valuations and attachments, and sign this certificate consistent with my obligation under Trial Rule 11 of the Indiana Rules of Procedure.

Date: _____ _____

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