

FINANCIAL DECLARATION FORM

STATE OF INDIANA: CIRCUIT AND SUPERIOR COURTS OF LAKE COUNTY

IN RE THE MARRIAGE OF:

CAUSE NO. _____

Petitioner

and

Respondent

FINANCIAL DECLARATION OF _____ Date: _____

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: _____

THIS DECLARATION IS CONSIDERED MANDATORY DISCOVERY AND MUST BE EXCHANGED BETWEEN THE PARTIES WITHIN 60 DAYS OF THE INITIAL FILING OF THE DISSOLUTION OF MARRIAGE. PARTIES NOT REPRESENTED BY COUNSEL ARE REQUIRED TO COMPLY WITH THESE PRACTICES. FAILURE BY EITHER PARTY TO COMPLETE AND EXCHANGE THIS FORM AS REQUIRED WILL AUTHORIZE THE COURT TO IMPOSE THE SANCTIONS SET FORTH IN RULE 6 OF THE LAKE COUNTY RULES OF FAMILY LAW. IF APPRAISALS OR VERIFICATIONS ARE NOT AVAILABLE WITHIN 60 DAYS, THE FORM MUST BE EXCHANGED WITHIN 60 DAYS WITH A NOTATION THAT APPRAISALS OR VERIFICATIONS ARE BEING OBTAINED AND THEN THE DECLARATION SHALL BE SUPPLEMENTED WITHIN 30 DAYS THEREAFTER.

Names and dates of birth and social security numbers of all children of this relationship, whether by birth or adoption:

List Names and dates of birth of any other children living at the residence of the person responding (identify if these are children of the responding party) and for each such person indicate the amount of support, if any, that is received:

PART I. INCOME AND EXPENSES STATEMENT

STATEMENT OF INCOME, EXPENSES, ASSETS AND LIABILITIES

Attach complete copies of State and Federal Income Tax Returns for the last three taxable years, including all W-2's and 1099's. Also attach proof of all wages earned in the present year up to the date of your response. If current wage statement shows year to date wages and itemized deductions this is sufficient. If current wage statement does not indicate year to date earnings and deductions attach the 8 most recent pay stubs.

	<u>HUSBAND</u>	<u>WIFE</u>
A. GROSS WEEKLY INCOME from:		
Salary and wages, including commissions, bonuses, allowances and overtime, payable _____ (pay period)	_____	_____
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	\$ _____	\$ _____
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B. ITEMIZED WEEKLY DEDUCTIONS
from gross income:

State and Federal Income taxes	_____	_____
Number of exemptions taken	_____	_____
Husband: _____ Wife: _____		

Social Security	_____	_____
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Medical Insurance	_____	_____
(list all persons covered):		

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

Union or other dues	_____	_____
Retirement or pension fund:		

Mandatory ()
Optional ()

Child Support Withheld from Pay
(Not including this case)

Garnishments
(Itemize on separate sheet)

Credit Union Debts

Savings:

Thrift Plans ()

Credit Union Savings ()

Bonds ()

Other (specify) ()

Other (Specify):

TOTAL WEEKLY DEDUCTIONS:

\$ _____

\$ _____

C. WEEKLY DISPOSABLE INCOME

(A minus B: Subtract Total Weekly

\$ _____

\$ _____

- D. 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. Further, if there exists a parenting plan or pattern then state the number of overnights the non-custodial parent will have the child(ren) during the year.

The yearly number of overnights is _____.

- E. POST HIGH SCHOOL EDUCATION EXPENSE:** If any of the children subject to this case are attending post high school classes, or will attend within the next six months, list the following information for each such student. Further, attach to this financial affidavit any documentation you have in support of these answers.

Name of student: _____

Name of School: _____

Cost of School per year – if applicable, include room and board: _____

Identify all student financial aid including grants, scholarships, and loans and for each indicate what it is and how much will be received:

- E. SELECTED MONTHLY LIVING EXPENSES:** (Specify which party is the custodial parent and list names and relations of each member of the household whose expenses are included.)

	<u>HUSBAND</u>	<u>WIFE</u>
Rent or mortgage payments (residence)	_____	_____
Real property taxes (residence) if not included in mortgage payment	_____	_____
Insurance (residence) if not included in mortgage payment	_____	_____
Utilities (including water, sewer, electricity, gas, heat and garbage)	_____	_____
Telephone	_____	_____
Child support not withheld from pay (not including this case)	_____	_____
Medical (not covered by insurance)	_____	_____
Dental (not covered by insurance)	_____	_____
Insurance (life, health, accident, liability, disability excluding payroll deducted and automobile)	_____	_____
School (including, if applicable, colleges, universities or trade schools)	_____	_____
Child care and pre-school	_____	_____
Transportation (other than automobile)	_____	_____
Auto Payments	_____	_____
Auto insurance (not included in auto payment)	_____	_____
Other (Specify):	_____	_____
MONTHLY TOTAL EXPENSES:	_____	_____

AVERAGE WEEKLY EXPENSES:

(Divide total monthly expenses
by 4.3) _____

Note: Indicate which of the foregoing expenses are delinquent and the amount thereof.

F. DEBTS AND OBLIGATIONS:

(Include credit union). Attach additional sheets as needed.

<u>CREDITOR'S</u> <u>NAME</u>	<u>DATE</u> <u>PAYABLE</u>	<u>BALANCE</u>	<u>MONTHLY</u> <u>PAYMENT</u>
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TOTAL: _____

ATTACH A COPY OF THE MOST RECENT STATEMENT FOR EACH DEBT.

Note: Indicate any special circumstances, i.e., premarital debts; debts in arrears on the date of physical separation or date of filing and the amount or number of payments in arrears.

PART II. NET WORTH

List all property owned either individually or jointly. Indicate who holds or how title held: (H) Husband, (W) Wife; or (J) Jointly. WHERE SPACE IS SUFFICIENT FOR COMPLETE INFORMATION OR LISTING, PLEASE ATTACH SEPARATE SCHEDULE.

	<u>Ownership</u> <u>H/W/J</u>	<u>Value</u>	<u>Balance(s) Owed</u> <u>(Identify Creditors)</u>
A. HOUSEHOLD FURNISHINGS (Value of furniture, appliances, and equipment, as a whole; that is, you need not itemize)	_____	_____	_____
B. AUTOMOBILES, BOATS, SNOWMOBILES, MOTORCYCLES, AIRPLANES, ETC. (Year and Make) Indicate Regular Driver			

C. SECURITIES

(Stocks, bonds, etc.)

<u>Company</u>	<u>Ownership</u>	<u>Value</u>	<u>No. of Shares</u>
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D. CASH AND DEPOSIT ACCOUNTS (including banks, savings and loan associations; credit unions; thrift plans; mutual funds; certificates of deposit; savings and checking accounts; IRA's and annuities)

<u>Institution</u>	<u>Ownership</u>	<u>Value</u>	<u>Account No.</u>
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E. LIFE INSURANCE

Company/ Policy No.	Ownership	Beneficiary	Face Amount	Type: Term Whole Life, Group	Cash Value/ Loan Amount
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F. RETIREMENT PLANS: List monthly amount you would be entitled to at earliest retirement date (indicating that date) if you stopped work today. Your response should indicate date of valuation. Further, if it is a defined interest (contribution) plan list present amount in plan and date of valuation. List the name and address of the administrator of the plan.

Name of Plan: _____

Name of Plan Participant: _____

Fully vested: yes/no _____

Monthly Benefit at earliest retirement date: _____ Date: _____

Date of Valuation: _____ Present amount and date: _____

Name and Address of Plan Administrator: _____

Attach documents from each plan verifying information. If not yet received, attach a copy of your written request to the plan(s).

G. REAL ESTATE (attach separate sheet with the following information for each parcel).

Address _____	Type of Property _____
	Date of Acquisition _____
Original Cost \$ _____	Present Value \$ _____
Cost of Additions \$ _____	Basis for Valuation (attach appraisal if obtained: _____)
Total costs \$ _____	_____
Mtg. balance \$ _____	_____
Other liens \$ _____	_____
Equity \$ _____	_____
Monthly payment \$ _____	To whom paid _____
Taxes (if not included in payment) \$ _____	Insurance (if not included in payment) \$ _____
Special Assessments _____	_____

Individual contributions to the real estate (for example, inheritance, pre-marital assets, personal loans)

H. BUSINESS OR PROFESSIONAL INTERESTS
(indicate name, share, type of business, value less indebtedness)

I. OTHER ASSETS (that is, specify coin, stamp or gun collections or other items of unusual value). Use additional sheets as needed.

J. ATTACH ALL AVAILABLE DOCUMENTATION TO VERIFY VALUES.

PART III. ARREARAGE COMPUTATION

If there is alleged the existence of a support or other arrearage, attach all records or other exhibits regarding payment history and compute the arrearage as of the date of the filing of the petition or motion which raises that issue.

PART IV. VERIFICATION

I declare, under the penalty of perjury, that the foregoing, including any valuations and attachments, is true and correct and that I have made a complete and absolute disclosure of all of my assets and liabilities. Furthermore, I understand that if, in the future, it is proven to this Court that I have intentionally failed to disclose any asset or liability, I may lose the asset and may be required to pay the liability. Finally, I acknowledge that sanctions may be imposed against me, including reasonable attorneys' fees and expenses incurred in the investigation, preparation and prosecution of any claim or action that proves my failure to disclose assets or liabilities.

Date: _____

Signature

PART V. 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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