

POST-DISSOLUTION DECREE
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 _____

NATURE OF PENDING CASE (CHECK ALL THAT APPLY):

Custody/Support Modification [] Rule to Show Cause/Contempt [] College Expenses []

PRELIMINARY INFORMATION

Father _____

Mother _____

Address _____

Address _____

Soc. Sec. No.: _____

Soc. Sec. No.: _____

Badge/Payroll No.: _____

Badge/Payroll No.: _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Birth Date _____

Birth Date _____

Date of Dissolution Decree: _____

Date of Any Orders Entered After Dissolution Decree: _____

Names & Dates of birth of all children of this relationship whether by birth or adoption (include date of adoption):

Names & Dates of birth of **PRIOR BORN** or **SUBSEQUENT** children for which you have a legal obligation:

PART I. INCOME AND EXPENSES STATEMENT

STATEMENT OF INCOME, EXPENSES ASSETS AND LIABILITIES

Attach copies of State and Federal Income Tax Returns for the last three (3) taxable years and wage statements from your employer for last eight (8) weeks.

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 & Retirement _____

Social Security (Received by any member
of the household. State name & type) _____

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:

Persons Covered: _____

Name of Provider: _____

Policy Number: _____

Cost of Children's Portion Only: _____

Cost for Self: _____

Coverage: Health (_____)
 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 (itemized 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)

\$ _____

- 4. IN ALL CASES INVOLVING CHILD SUPPORT AND/OR COLLEGE EXPENSES:** Prepare and attach an Indiana Child Support Guideline Worksheet (with documentation verifying your income, health insurance costs attributable to the child(ren), work-related child care costs, and college expenses and financial aid awards, if applicable); or, supplement with such Worksheet within ten (10) days of the exchange of this Form.

1. How many overnights have the child(ren) spent with you in the last twelve (12) months?

_____ (attach verification to the Guideline Worksheet).

- 5. EXTRAORDINARY MONTHLY LIVING EXPENSES THAT SHOULD BE CONSIDERED IN A MODIFICATION:** (Specify which party is the custodial parent and list name and relations of each member of the household whose expenses are included).
- 6. BUSINESS OR PROFESSIONAL INTERESTS:** (Indicate name, share, type of business, value less indebtedness).
- 7. ATTACH ALL AVAILABLE DOCUMENTATION TO VERIFY VALUES.**

PART II. ADDITIONAL INCOME PRODUCING ASSETS

- 1. CASH AND DEPOSIT ACCOUNTS:** (including banks, savings and loan associations; credit unions, thrift plans, mutual funds, certificates of deposit, savings and checking accounts, IRAs and annuities).

<u>Name</u>	<u>Type of Account</u>	<u>Owner</u>	<u>Account #</u>	<u>Balance on Date of Filing</u>

- 2. OTHER ASSETS** (that is, specify coin, stamp or gun collections, or other items of unusual value). Use additional sheets if necessary.

3. UNEMPLOYED/UNDEREMPLOYED SPOUSE: If you are unemployed or working part-time, is there any reason why you cannot be employed at a minimum wage job for forty (40) hours per week? State, with particularity, your answer and reasons why you feel a minimum wage employment figure should not be attributed (imputed) to you for purposes of calculating child support under the Indiana Child Support Guidelines.

PART III. ARREARAGE COMPUTATION

If there is alleged the existence of support, maintenance, or other arrearage, attach all records or other exhibits regarding payment history and compute the arrearage as of the date of filing of the petition or motion which raises that issue. **(COMPLETE AND ATTACH ARREARAGE COMPUTATION WORKSHEET – APPENDIX A.)**

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

PART IV. COLLEGE EXPENSE VERIFICATION (if applicable)

Name and Date of birth of child(ren) attending college: _____

Colleges or Universities applied to: _____

Colleges or Universities student(s) was/were accepted to: _____

College or University student(s) scheduled to attend: _____

Date FAFSA was filed (attach confirmation): _____

Who will student(s) live with when not residing on campus: _____

Annual amount of weeks not on campus and residing with parent: _____

Scholarships, Grants, Loans that student(s) has/have received and/or accepted (attach separate sheet, if necessary):

What do you anticipate the child(ren)'s financial contribution to schooling costs should or will be:

** Attach a copy of the Letter of Acceptance from each school which the student was accepted.*

** Attach a copy of the Costs of Schooling from each school which the student was accepted.*

** Attach a copy of the Financial Aid Award from each school which the student was accepted.*

PART V. 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, as applicable. I acknowledge that sanctions may be imposed against me, including reasonable attorney's 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

Party's Signature

PART VI. ATTORNEY'S CERTIFICATION

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

Date

Courtney C. Smith, Attorney No. 34205-64
SMITH LEGAL GROUP, LLC
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Chesterton, Indiana 46304
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PART VII. MANDATORY EXHIBITS TO BE INCLUDED FOR POST- DISSOLUTION DECREE CASES

1. Income information requested in the introduction to Part I.
2. Indiana Child Support Guideline Worksheet with documentation verifying your income, health insurance costs attributable to the child(ren), work-related child care costs (Part I, Section 4).
3. Information requested in Part I, Sections 5, 6, and 7, if applicable.
4. Arrearage Computation Worksheet (attached Appendix A), with Child Support Clerk's Payment Docket, if applicable (Part III)
5. Indiana Post Secondary Education Worksheet with verification of Letters of Acceptance, anticipated of actual/incurred college expenses, FAFSA application, scholarship, financial aid applications and awards, if applicable.