

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: _____
Name _____	Age _____	DOB: _____
Name _____	Age _____	DOB: _____

SSN# _____
SSN# _____
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)
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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.)

<u>Description</u>	<u>Titled</u>	<u>Current Value</u>	<u>Indebtedness</u>	<u>Payment</u>	<u>Present User</u>
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VII. BANK ACCOUNTS

<u>Name</u>	Type of Account (Checking, Savings, CDs, etc.)	<u>Owner</u>	Account <u>No.</u>	Balance on <u>Date of Filing</u>
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VIII NON-RETIREMENT SECURITIES (stocks, bonds, mutual funds, etc.)

<u>Name</u>	Type of account (Money mkt, Stocks, Bonds, Mutual Funds etc.)	<u>Owner</u>	Account <u>No.</u>	Value on date <u>Of filing</u>
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IX. LIFE INSURANCE POLICIES (whole life, variable life, annuities, term)

<u>Company</u>	<u>Owner</u>	<u>Policy#</u>	<u>Beneficiary</u>	Face <u>Value</u>	Loan <u>Amount</u>	Cash <u>Value</u>
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X. RETIREMENT ACCOUNTS (Pension, Profit Sharing, 401(k), SEP, IRA, KEOGH, ESOP, etc.).

<u>Company</u>	<u>Type of Plan</u>	<u>Owner</u>	<u>Account#</u>	<u>Vested (Yes/No)</u>	<u>Value as of Date of Filing Divorce</u>
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XI. OTHER PROFESSIONAL OR BUSINESS INTERESTS

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

<u>Creditor</u>	<u>Description</u>	<u>Acct#</u>	<u>Monthly Payment</u>	<u>Balance - Date of Filing</u>	<u>Current Balance</u>
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XIII. RECAPITULATION. A summary of the marital estate is as follows:

<u>Asset</u>	<u>In Name of Husband</u>	<u>In Name of Wife</u>	<u>Jointly Held</u>	<u>Total</u>
Family Dwelling	_____	_____	_____	_____
Other Real Estate	_____	_____	_____	_____
Personal Property	_____	_____	_____	_____
Bank Accounts	_____	_____	_____	_____
Non-Retirement Securities	_____	_____	_____	_____
Life Insurance Policies	_____	_____	_____	_____
Retirement Accounts	_____	_____	_____	_____
Other Professional/Business Interests	_____	_____	_____	_____
Total Assets	_____	_____	_____	_____
<u>Liabilities</u>				
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.

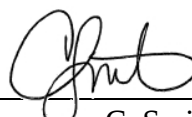
Date: _____

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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