

COMMONWEALTH OF KENTUCKY
 _____CIRCUIT COURT
 _____ DIVISION
 CASE NO. ____ - CI- _____

IN RE THE MARRIAGE OF:

 PETITIONER'S NAME

PETITIONER

VS

 RESPONDENT'S NAME

RESPONDENT

PRELIMINARY VERIFIED DISCLOSURE STATEMENT

PETITIONER/RESPONDENT, NAME, submits under oath the following Preliminary Verified Disclosure Statement pursuant to RFCC 27.01(C) which requires full and prompt disclosure of the following information:

NOTE: A RESPONSE OF "SEE ATTACHED" IS NOT APPROPRIATE FOR ANY PORTION OF THIS STATEMENT. ATTACH DOCUMENTS REQUESTED HEREIN ONLY.

A. BACKGROUND INFORMATION:

1.	Name:		Maiden Name:	
2.	Current Address:			
3.	Date of Birth:		State of Birth:	
4.	Number of Prior Marriages:		How Each Prior Marriage was Terminated:	

5.	Minor Children From Prior Marriages		
	Name	Date of Birth	Residing With

6.	Date of Marriage:		County and State License Obtained:	
7.	Date of Separation:			

8.	Minor Children From This Marriage		
	Name	Date of Birth	Residing With

9.	Have you attended a divorce education program?		When?	
10.	Have the children attended a children's divorce education program?		When?	
11.	Is there an Emergency Protective Order or Domestic Violence Order in effect regarding these parties?	Yes/No (If yes, please attach copy of all pages of the Petition.)		
12.	Is there a Petition pending filed by either party for an Emergency Protective Order?	Yes/No (If yes, please attach copy of all pages of the Petition.)		

B. EMPLOYMENT INFORMATION:

1.	Current Employer:	
	Address:	
	Length of Employment:	
	Present Position:	
	How Often Paid:	
	Gross Pay Per Pay Period (including overtime):	
	Net Pay Per Pay Period (including overtime):	

2.	Other/Additional Employer:	
	Address:	
	Length of Employment:	
	Present Position:	
	How Often Paid:	
	Gross Pay Per Pay Period (including overtime):	
	Net Pay Per Pay Period (including overtime):	

3.	Self-Employment:	
	Name of Business:	
	Type of Business:	
	Address:	
	Length of Self-Employment:	
	Present Position:	
	Gross Income Year-to-Date:	
	Ordinary and Necessary Business Expenses Year-to-Date (List Below)	Give Totals
	Gross Income Last Year from Self-Employment:	
	Net Income Last Year from Self-Employment:	

▶ **ATTACH COPIES OF LAST THREE PAY STUBS FROM EACH EMPLOYER, LAST YEAR'S W-2(S) AND LAST THREE STATE AND FEDERAL TAX RETURN.**

C. ADDITIONAL INCOME RECEIVED IN LAST 12 MONTHS (Specify amounts):

1.	Employment Benefits:	Amount
	Commissions:	
	Bonuses, Incentives, etc.:	
	Health Insurance paid by employer:	
	Housing expenses:	
	Automobile expenses:	
	Payment/lease:	
	Mileage:	
	Repairs:	
	Gas:	
	Mileage:	
	Repairs:	
	Gas:	
	Insurance:	
	Phone/Mobile Phone expenses:	
	Meals or allowance:	
	Club dues:	
	Others (list all and specify amount or value)	

2.	Interest and Dividends:	
	Source	Amount

3.	Unemployment	
4.	Worker's Compensation	
5.	Social Security/SSi	
6.	AFDC:	
7.	Child Support:	
8.	Maintenance:	
9.	Retirement Benefits:	
10.	Others, list and give amount:	

D. CHILD SUPPORT GUIDELINE INFORMATION:

1.	Medical Insurance	
	Who pays:	
	How paid:	
	How much for child(ren) only?	

2.	Dental Insurance	
	Who pays:	
	How paid:	
	How much for child(ren) only?	

3.	Childcare Costs	
	Who provides:	
	How often provider is paid:	
	Name of provider:	
	How much paid:	

4.	Amount paid for Court-Ordered child support for prior born children:	
5.	Amount paid for Court-Ordered maintenance for prior marriages:	
6.	Imputed child support for prior born child(ren):	
7.	Child support received for child not of this marriage:	
8.	Maintenance received from prior marriages:	

E. NONMARITAL PROPERTY CLAIMS: List all property, real, or personal, tangible or intangible, of greater than \$100.00 in value, which you claim to be either entirely or partially your nonmarital property.

Item 1 - Specify Item:		
Fair market value at date of marriage:		
Debt balance on item at date of marriage:		
Current debt balance on item:		
Basis for your claim item is nonmarital:		
Nonmarital value of item:		

Item 2 - Specify Item:		
Fair market value at date of marriage:		
Debt balance on item at date of marriage:		
Current debt balance on item:		
Basis for your claim item is nonmarital:		
Nonmarital value of item:		

F. MARITAL PROPERTY:

1. Real Property			
Address	Fair Market Value	Mortgage Balance	% Interest

2. Vehicles, Motorcycles, Boats, Trailers, Equipment, etc.:

Year/Make/Model/Type	Fair Market Value	Loan Balance

3. Bank Accounts:*

Bank and Type of Account	Balance

4. Investments (Stocks, Bonds, Mutual Funds, Stock Options, etc.):*

Type and Location of Investment	Number of Shares	Fair Market Value

8. Interests In/Ownership of Business:		
Location of Business (Name and Address)	% and type of business	Tax Returns and Financial Documents

9. Household Property <u>IN DISPUTE</u> :			
Item	Location	Fair Market Value	Loan Balance

10. Do you have a safety deposit box? (Circle One) If "no," skip to no. 11.		YES	NO
Location	Contents	Value	Date of Last Visit

11. Other Property	Specify Item	Value
Jewelry:		
Furs:		
Antiques:		
Art:		
Collections:		
Country Club Memberships:		
Season Tickets:		
Income Tax Refunds Expected:		
Frequent Flyer Miles:		
Accounts Receivable/Loans:		
Claims Against Others:		
Accrued Vacation Pay:		
Others:		

* Bank statements, canceled checks, registers, carbon copies of checks, deposit tickets, periodic statements from investments, statements on life insurance, periodic statements from retirement plans, periodic statements reflecting assets held in name of or on behalf of children, and documents reflecting debts and credit card statements for past 12 months should be in possession of answering party or answering party=s attorney when this statement is served on the opposing party.

G. DEBTS

Creditor	Purpose/Security	Balance	Monthly Payment

H. MONTHLY EXPENSES (Specify amounts):

EXPENSE	ACTUAL	ANTICIPATED
Rent:		
Mortgage:		
Property Tax:		
Homeowner's/Renter's Insurance:		
House Maintenance:		
Electric Utilities:		
Fuel/Oil/Gas Utilities:		
Telephone:		
Cellular Phone:		

Water and Sewage:		
Garbage Pickup:		
Yard Expense:		
Cleaning Service		
Childcare/Babysitter:		
Cable Television:		
Car Payments/Lease Payments:		
Auto Gas and Oil:		
Car Maintenance and Repairs:		
Car Licenses/Taxes:		
Car Insurance:		
Religious/Charitable Contributions:		
Clothing:		
Uniforms:		
Dry Cleaners:		
Entertainment:		
Gifts:		
Food:		
Doctor:		
Dentist:		
Orthodontist:		
Prescription Medications:		

Optometrist/Ophthalmologist/Eyeglasses:		
Medical/Dental Insurance(not deducted from pay):		
Life Insurance (not deducted from pay):		
Disability Insurance (not deducted from pay):		
Newspaper:		
Magazine Subscription:		
Veterinarian/Pet Food:		
Professional Dues/Club Memberships:		
Social Clubs:		
Barber/Beauty Shop:		
Tuition/School Expenses:		
State/Federal/Local Taxes Not Withheld:		
Child Support Paid for Prior Born Child:		
Child Support for Child of Marriage:		
Maintenance Paid to Prior Spouse:		
Maintenance Paid to Current Spouse:		
Athletic and Activity Fees (list):		
Debt Payments (list):		

Other Monthly Expenses (list):		
TOTAL MONTHLY EXPENSES:		