

**STATE OF INDIANA: XXX COURT: XXX COUNTY
VERIFIED FINANCIAL DECLARATION**

Cause No. _____

Petitioner

vs.

Date: _____

Respondent

HUSBAND/FATHER	WIFE/MOTHER
NAME:	NAME:
ADDRESS:	ADDRESS:
SSN:	SSN:
OCCUPATION:	OCCUPATION:
EMPLOYER:	EMPLOYER:
BIRTH DATE:	BIRTH DATE:

SPACE BELOW FOR CLERK'S USE ONLY

1. GROSS WEEKLY SALARY, WAGES, COMMISSIONS	
2. GROSS WEEKLY Pension/Retirement/Social Security/Disability/Unemployment/Worker's Comp.	
3. GROSS WEEKLY CHILD SUPPORT rec'd from any prior marriage	
4. GROSS WEEKLY DIVIDENDS and Interest	
5. GROSS WEEKLY RENTS/ROYALTIES less any ordinary and necessary expenses (attach calculations)	
6. GROSS WEEKLY Business/Self-Employment Inc. less ordinary and necessary expenses (attach calculations)	
7. ALL OTHER SOURCES (Specify)	
8. TOTAL GROSS WEEKLY INCOME (Total of lines 1-7)	
9. MINUS WEEKLY COURT ORDERED CHILD SUPPORT for prior children (Amounts actually paid)	
10. MINUS WEEKLY LEGAL DUTY CHILD SUPPORT for prior children	
11. MINUS WKLY HEALTH INS PREMIUMS (children of this marriage)	
12. MINUS WKLY ALIMONY/SUPPORT/MAINTENANCE paid to prior Spouses (amounts actually paid)	
13. WEEKLY AVAILABLE INCOME (Line 8 less Lines 9 through 12)	
14. WEEKLY WORK RELATED CHILD CARE COSTS for Custodial Parent to Work for Children of this marriage only	
15. WEEKLY EXTRAORDINARY HEALTHCARE EXP. (children of this marriage)	
16. WEEKLY EXTRAORDINARY EDUCATION EXP. (children of this marriage)	

*Includes bonuses; alimony & maintenance rec'd from prior marriages; capital gains; trust income; gifts; prizes; n kind benefits from employment such as company car, free housing, reimbursed meals, DO NOT include ADC, SSI, General Assistance, Food Stamps

**NAME AND RELATIONSHIP OF ALL MEMBERS OF HOUSEHOLD WHOSE EXPENSES ARE INCLUDED:
MONTHLY EXPENSES AND DEDUCTIONS FROM INCOME**

1. FEDERAL INCOME TAXES (weekly deductions x 4.3)	
2. STATE INCOME TAXES (weekly deductions x 4.3)	
3. LOCAL INCOME TAXES (weekly deductions x 4.3)	
4. SOCIAL SECURITY TAXES (weekly deductions x 4.3)	
5. RETIREMENT/PENSION FUND (Mandatory/Optional) Wkly Ded. x 4.3)	
6. RENT/MORTGAGE PAYMENTS (residence)	
7. Residence/Property Taxes/Insurance-if not included in mortgage payment (Total for year divided by 12)	
8. MAINTENANCE ON RESIDENCE	
9. FOOD/HOUSEHOLD SUPPLIES/LAUNDRY/CLEANING	
10. ELECTRICITY (Total for year divided by 12)	
11. GAS (Total for year divided by 12 or monthly budget amt)	
12. WATER/SEWER/SOLID WASTE/TRASH COLLECTION (total for year divided by 12)	
13. TELEPHONE (including long distance charges)	
14. CLOTHING	
15. MEDICAL/DENTAL EXPENSES (not reimbursed by insurance)	
16. AUTOMOBILE (loan payment)	
17. AUTOMOBILE (gas/oil)	
18. AUTOMOBILE (repairs)	
19. AUTOMOBILE INSURANCE (total for year divided by 12)	
20. LIFE INSURANCE	
21. HEALTH INSURANCE (exclude pymts for children shown on Pg.1, line 11)-ALL 1 PAYMENT	
22. DISABILITY/ACCIDENT/OTHER INSURANCE (please specify)	
23. ENTERTAINMENT (clubs, soc. oblig., travel, recreation, cable TV)	
24. CHARITABLE/CHURCH CONTRIBUTIONS	
25. PERSONAL EXPENSES (Haircuts, cosmetics, tobacco, alcohol, etc.)	
26. BOOKS/MAGAZINES/NEWSPAPERS	
27. EDUCATION/SCHOOL EXP. (self & children you have custody of)	
28. DAYCARE/WORK RELATED CHILD CARE COSTS (wkly amt x 4.3)	
29. OTHER EXPENSES (please specify)	
MONTHLY LOAN/CHARGE CARD EXP. (Do not incl. mo. Payments shown above.)	
Balance	
30	
31	
32	
33	
34. TOTAL MO. EXP & DEDUCTIONS FROM INCOME (Total lines 1-33)	
35. AVERAGE WKLY EXP. & DEDUCTIONS (Total Mo. Exp. divided by 4.3)	

ASSETS

Include all assets known to you, even if you do not know the value. Under ownership, H=Husband; W=Wife; J=Joint. **Lien amount** includes only those debts secured by the item, such as a mortgage against a home, debts shown on title to vehicle loans against life insurance policies or loans where an item is pledged as collateral. **Value assets** as of date of Petition for Dissolution of Marriage was filed.

Show valuation date here: _____

DESCRIPTION	Gross	Less Liens	Net	
	Value	Mortgages	Value	(H/W/J)
A. Household Furnishings, Furniture, Appliances				
1. In Possession of Husband				
2. In possession of Wife				
B. Automobiles, Trucks, Rec. Vehicles (make/model/year)				
1				
2				
3				
4				
C. Securities-Stocks, Bonds & Stock Options				
1				
2				
3				
D. Cash, Checking, Savings, Deposit Accts, CD's, (incl. Bank/Cr. Union name and type of account)				
1				
2				
3				
4				
E. Real Estate (incl. Land Sales Contracts)				
1. Marital Residence (Show Address)				
Basis of Valuation _____				
Lender Name 1st Mtg _____				
Lender Name 1st Mtg _____				
2. Other (Show Address)				
Basis of Valuation _____				
Lender Name 1st Mtg _____				
Lender Name 2nd Mtg _____				

DESCRIPTION	Gross Value	Less Liens Mortgages	Net Value	(H/W/J)
F. Cash Retirement Accts (IRAs, SEPS Keoughs, 401K, Employee Savings, Plan, Stock Ownership/Profit Sharing, etc.)				
1				
2				
3				
4				
G. Retirement Benefits, Deferred Compensation Plans and Pensions (include infor available on benefits, whether benefits were vested in pay status)				
1				
2				
3				
H. Business Interests				
1				
2				
3				
I. LIFE INSURANCE (Company name and death benefits) (Term and Group)				
1. Named Beneficiary _____				
2. Named Beneficiary _____				
3. Named Beneficiary _____				
(Whole Life & Others) (Cash Value under Gross Value)				
1. Named Beneficiary _____				
2. Named Beneficiary _____				
3. Named Beneficiary _____				
J. Other Assets) (incl. any type of assets that have value, incl. jewelry, pers. property, . assets located in safety dep. Boxes, accrued bonuses, etc.				
1				
2				
3				
4				
5				
6				

D. ASSETS ACQUIRED BY YOU PRIOR TO THE MARRIAGE OR THROUGH INHERITANCE OR GIFT
(Whether now owned or not)

SHOW SIGNIFICANT ASSETS ONLY	Gross Value	Less Liens Mortgages	Net Value	(H/W/J)
A. Assets Owned by You Prior to Marriage (Value as of date of marriage)				
1				
2				
3				
4				
5				
6				
B. Assets Acquired by You During Your Marriage Through Gifts or Inheritance (value as of date of marriage)				
Acquired from whom:				
1				
Acquired from whom:				
2				
Acquired from whom:				
3				

I affirm under penalty of perjury that the foregoing, including any attachments, is true and correct. That this declaration was executed on this _____ day of _____, 20___. I understand that I am under a duty to supplement or amend this Financial Declaration prior to trial if I learn the information provided is incorrect or the information provided is no longer true.

Signature

CERTIFICATE OF SERVICE

I hereby certify that a true, exact and authentic copy of the foregoing has been served by United States mail, first class postage prepaid, this _____ day of _____, 20__, upon the following:

RUPPERT & SCHAEFER
2910 E. 96th Street, Suite D
Indianapolis, IN 46240
Telephone: 317/580-9295