FINANCIAL DISCLOSURE STATEMENT


## 1. STATEMENT OF INCOME

Last year's income tax refund: Husband/fa
Wife/mothe $\qquad$ Joint $\qquad$
Your monthly gross income from salary, commissions, allowances, overtime
(Note: To arrive at monthly income, multiply weekly income by 52 and divide by 12 multiply biweekly income by 26 and divide by 12)
Pensions and retirements
Social Security benefits
Disability and/or Unemployment Compensation Benefits
Public assistance (i.e., welfare, W-2 payments, food stamps, day care subsidy)
Prior court-ordered support received
Dividends and interest
Rents received
*Bonuses (annual, semi-annual or quarterly)
All other sources
TOTAL MONTHLY INCOME $\qquad$
DEDUCTIONS FROM YOUR GROSS MONTHLY INCOME
Number of tax exemptions claimed for payroll deductions: H__2_W
Federal income taxes
State income taxes
Social security \& Medicare
Medical insurance
Other insurance -
Support paid by payroll deduction
Union or other dues
Retirement or pension fund
Savings plan
Credit union, debt repayment
Other (specify):
TOTAL MONTHLY DEDUCTIONS
$\$ 0.00$
NET MONTHLY INCOME (TAKE-HOME PAY)
$\$ 0.00$
GROSS MONTHLY INCOME OF OTHER ADULT HOUSEHOLD MEMBERS $\qquad$

## 2. STATEMENT OF MONTHLY ESTIMATED EXPENSES

Specify the number of members in each household whose expenses are included, also list their names and relationships:

Husband ()
Wife ( )
a) 1st \& 2nd Mortgage payments, principal, interest, taxes, insurance (if in one payment)
b) Real estate taxes and insurance (Ins. /year, taxes /year)
c) Repairs/maintenance of residence, appliances, furnishings, garbage pick up
d) Food: include cost of household and cleaning supplies
e) Electricity
f) Heat
g) Water
h) Telephone/cell phone/internet/cable TV
i) Laundry/dry cleaning
j) Clothing \& shoes
k) Medical/drug expenses not covered by insurance
l) Dental expenses not covered by insurance
m) Insurance (life, health, accident, comprehensive, liability, disability)
(exclude payroll deductions) Auto
n) Child care (including babysitting/daycare)
o) Prior court ordered child support payments
p) School (both child/adult education, lessons)
q) Entertainment (clubs, social obligations, travel, vacations
r) Incidentals (grooming, tobacco, alcohol, gifts, donations) City Church/Faith Community
s) Transportation, auto expense (gas, oil, repair, parking, auto insurance, etc.)
t) Vehicle payments
u) Newspapers, periodicals, books
v) Memberships (associations, clubs, religious organizations)
w) Care/maintenance of pets
x) Payments for support of dependents not living at home (not included above)
y) Installment payments/debt payments
z) Other expenses

## 3. DEBTS AND OBLIGATIONS (Attach schedules if necessary)



## 4. STATEMENT OF ASSETS

All property of the parties known to be owned individually or jointly; indicate who holds title or how title is held, (M) Man, (W) Woman, (J) Jointly, or (c) for the benefit of the children. Further, if there are any assets owned by either party prior to the marriage or inherited or received as a gift prior to or during the course of the marriage, also identify the asset or assets as follows: ( P ) prior to the marriage, (I) inherited, (G) gifted. For example, property gifted to man (G-M). If insufficient space, insert total and attach schedule.
a) REAL ESTATE (If more real estate is owned, attach with same information for all additional property.)

b) PROFIT SHARING / PENSION / RETIREMENT ACCOUNTS
(Include deferred compensation plan, Keogh plan and IRA accounts, employee stock option plans, stock options)

| Name: | Value | as of |
| :--- | :--- | :--- |
| Name: | Value | as of |

c) CASH AND DEPOSIT ACCOUNTS (Include all accounts at banks, savings \& loans, credit unions, savings, checking and certificates of deposit)

| Name of Institution | Type of Account | Holder | Balance | Date |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

d) STOCKS AND BONDS

| Number of Shares |  | Name of Company/lssuer | Value |
| :--- | :--- | :--- | :--- |
|  |  |  |  |

e) AUTOMOBILES

| Year Make | Current Value of Lien | Net Value |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |

f) MEDICAL, CASUALTY, DISABILITY, OTHER INSURANCE (not paid through employment)

| Name of Company | Policy \# | Group \# |  |
| :--- | :---: | :---: | :---: | :---: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

g) LIFE INSURANCE

| Name of Company | Beneficiary | Face Amount | Surrender Value |
| :--- | :--- | :--- | :--- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

h) BUSINESS INTEREST (Indicate name)

| Name | Share | Type of Business | Value Less Indebtedness |
| :---: | :---: | :---: | :---: |
|  |  |  |  |

i) OTHER PERSONAL PROPERTY AND ASSETS (Value exceeds \$1,000-i.e., antiques, heirlooms, china, furs, silver, art objects, coin collections, boats, snowmobiles, guns, etc.) divided by mutal agreement
j) Have you disposed of any assets within the one-year period prior to the filing of the petition for divorce, the proceeds of which are not already accounted for in the above representation of assets?
$\Gamma$ ( NO $\quad$ CYES (If yes, describe the asset, date of transfer, to whom transferred and the value received, if :
k) Are you a party in any other lawsuits?
$\Gamma$ (NO $\quad$ CYES (If yes, provide details)
I) Have you ever filed bankruptcy?

「 (NO $\quad$ CYES (If yes, provide details)

Failure by either party to timely file a complete disclosure statement shall authorize the court to accept the statement of the other party as accurate.

I declare, under penalty of perjury, that the foregoing, including any attachments, is true and correct and that this declaration was executed on this $\qquad$ day of $\qquad$ , 2016

