PATERNITY & POST DECREE: FINANCIAL DECLARATION FORM
STATE OF INDIANA: CIRCUIT AND SUPERIOR COURTS OF LAKE COUNTY

IN RE THE MARRIAGE OF: Cause Number: _____

_____
Petitioner,

And

_____
Respondent

FINANCIAL DECLARATION OF   _____ Dated: _____

This declaration is considered mandatory discovery and must be exchanged between the parties within 30 days of the filing of any paternity case or any post decree matter. Parties not represented by counsel are required to comply with these practices. Failure by either party to complete and exchange this form as required will authorize the court to impose the sanctions set forth in Rule 6 of the Lake County Rules of Family Law, these include costs and attorney fees.

Father: _____   Mother: _____

Address: _____   Address: _____
_____   _____

Soc. Sec. No.: _____   Soc. Sec No.: _____

Badge/Payroll No.: _____   Badge/Payroll No.: _____

Occupation: _____   Occupation: _____

Employer: _____   Employer: _____

Date started this employment: _____   Date started this employment: _____

Birth Date: _____   Birth Date: _____

List the following Dates as Applicable:

Date of Dissolution: _____

Date of most recent support order: _____

Date of Filing of this paternity action: _____

Date of Filing of this post decree action: _____

List Names, dates of birth, and social security numbers of all children of this relationship, whether by birth or adoption:

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

List Names and dates of birth of any other children living at the residence of the person responding (identify if these are children of the responding party) and for each such person indicate the amount of support, if any, that is received:

Name: _____ DOB: _____

Name: _____ DOB: _____

Part I. INCOME AND EXPENSES STATEMENT

Attach COMPLETE copies of your Federal Income Tax Returns for the last three taxable years including all W2's and 1099's. Also attach proof of all wages earned in the present year up to the date of your response. If current wage statement shows year to date wages and itemized deductions this is sufficient. If current wage statement does not indicate year to date earnings and deductions attach the 8 most recent pay stubs.

PERSON RESPONDING

A. Gross yearly income from Salary and Wages, including commissions, bonuses, allowances and overtime, received in most recent year.

_____

Average gross pay per pay period (indicate whether you are paid weekly each 2 weeks, or twice per month)

_____

B. Gross Monthly Income From Other Sources[1]
List and explain in detail any Rents received, Dividend income, or Pension, Retirement, Social Security, Disability and/or Unemployment Insurance benefits - or any other source including Public assistance, food stamps, and child support received for any child not born of the parties of this marriage.

Source: _____   Amount: _____

_____   _____

_____   _____

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[1]*Some of these items may not apply to support or maintenance computations.*

C. SELECTED LIVING EXPENSES: List names and relations of each member of the household of the Responding party whose expenses are included.

Name: Relationship:

_____   _____

_____   _____

For each expense attach verification of payment even if it is not specifically requested on this form - please note that Indiana uses an Income Shares model for determining support and thus in most cases the expenses that a party has or does not have are not relevant in determining support under the Indiana Support Guidelines. **However if** you claim your expenses justify a deviation from the support guidelines attach a detailed list of expenses together with verification of same.

	PERSON RESPONDING
Rent or Mortgage payments (residence)	_____
Real Property Taxes (residence) if not included in mortgage payment	_____
Real Property Insurance (residence) if not included in mortgage payment	_____
Cost of **all** Medical Insurance - specify time period - Attach verification of payment if not on pay stub	_____
Cost of **only** that medical insurance that is related to the children of this action - specify time period - attach verification from employer or insurance company	_____
Child care costs - **to permit work** - specify time period (per day, week, month) - attach verification	_____
Pre-School Costs (specify time period week, semester or year)	_____
School Tuition - per semester (Grade or High School)	_____
Book Costs - per semester (Grade or High School)	_____
For Post High School Attach separate list with explanation of loans and scholarships and grants	_____
Child support paid for children other than those involved in this case - attach proof of payment	_____

D. IN ALL CASES INVOLVING CHILD SUPPORT: Prepare and attach any Indiana Child Support Guideline Worksheet (with documentation verifying your income); or, supplement with such a Worksheet within ten (10) days of the exchange of this Form.

Further, if there exists a parenting plan or pattern then state the number of overnights the non-custodial parent will have the child during the year.

The yearly number of overnights is _____

PART II. ARREARAGE COMPUTATION

If case involves a claim of a support or other arrearage, attach all records or other exhibits regarding payment history and compute the arrearage as of the date of the filing of the petition or motion which raises that issue. Explain in detail how arrearage is calculated.

_____

PART III. POST HIGH SCHOOL EDUCATION EXPENSE

If any of the children subject to this case are attending post high school classes, or will attend within the next six months list the following information for each such student. **Further attach to this financial affidavit any documentation you have in support of these answers.**

Name of Student: _____

Name of School: _____

Cost of School per year: _____

Room and Board (if applicable): _____

Identify all student financial aid including grants, scholarships, and loans and for each indicate what it is and how much will be received:

_____

_____

Note in those cases where it is appropriate parties may want to engage in additional discovery concerning assets that might be applied to education such as IRA's, 401 K's etc. Note further that withdrawals from IRA's for educational expenses do not suffer a 10% penalty (IRC code sec 72 (t) 2 (e).

PART III. 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. Furthermore, I understand that if, in the future, it is proven to this court that I have intentionally failed to disclosure any asset or liability, I may lose the asset and may be required to pay the liability. Finally, 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 income, assets or liabilities.

DATE: _____

                                      PARTY'S SIGNATURE

PART IV. 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: _____

AFFIDAVIT OF SERVICE

I, affirm under the penalties of perjury that on the _____ day of _____, _____, service of a true and complete copy of the above and foregoing pleading or paper was made upon each party or attorney of record herein by depositing the same in the United States Mail in envelopes properly addressed to each of them and with sufficient first class postage affixed.

BY:_____