

**FINANCIAL DECLARATION FORM
STATE OF INDIANA: CIRCUIT AND SUPERIOR COURTS
OF PORTER COUNTY**

IN RE THE MARRIAGE OF:

Cause Number: _____

Petitioner,

And

Respondent

In accordance with Local Rule 18 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 _____ Dated: _____

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: _____ SSN: _____

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

Name: _____ Age: _____ DOB: _____ 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:

<u>Employer</u>	<u>Dates of Employment</u>	<u>Compensation (per wk/mo/yr)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. INCOME SUMMARY:

1. GROSS WEEKLY INCOME from: Salary and wages, including commissions, bonuses, allowances, and over-time _____

Note: If paid monthly, determine weekly income by dividing monthly income by 4.3

Pensions & Retirement _____

Social Security _____

Disability and unemployment insurance _____

Public Assistance (welfare, AFDC payments, etc.) _____

Food Stamps _____

Child supports received for any child(ren) not both 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 & Medicare Taxes: _____

Medical Insurance

Coverage: Health () _____

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 ()

403 B: 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)

Other (specify)

TOTAL WEEKLY DEDUCTIONS:

3. WEEKLY DISPOSABLE INCOME:

(A minus B: Subtract Total Weekly Deduction 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 a Worksheet within ten (10) days of the exchange of this Form.

IV. MONTHLY LIVING EXPENSES:

House

1. Rent (Mortgage)

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 included in mortgage payment)
- 13. Insurance (house – if not included in mortgage payment)
- 14. Lawn Care/Snow Removal

Groceries

- 1. Food
- 2. Toiletries
- 3. Cleaning Products
- 4. Paper Products

Clothing

- 1. Clothes
- 2. Shoes
- 3. Uniforms

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. Glass/contact lenses
8. Other non-insurance covered health care (itemize)

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 Dress/Barber
2. Cosmetics

School Needs

1. Lunches
2. Books
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 (specify) _____

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 complete the child support arrearage.

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 of if the property you own is being held for you in the name of a third party.

VI. PROPERTY:

A. MARITAL RESIDENCE:

Description: _____

Location: _____

Date Acquired: _____ Titled: _____

Purchase Price: _____ Down Payment: _____

Source of down payment: _____

Current Indebtedness: _____

Monthly Payment: _____

Current 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: _____ Titled: _____

Purchase Price: _____ Down Payment: _____

Source of down payment: _____

Current Indebtedness: _____

Monthly Payment: _____

Current Market Value: _____

C. PERSONAL PROPERTY: (motor vehicles, boats, motorcycles, furnishings, household goods, jewelry, firearms, etc. 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>

VII. BANK ACCOUNTS:

<u>Name</u>	<u>Type of Account</u> (Checking, Savings, CD's, etc.)	<u>Owner</u>	<u>Account No.</u>	<u>Balance on Date of Filing</u>

VIII. NON-RETIREMENT SECURITIES: (stocks, bonds, mutual funds, etc.)

<u>Name</u>	<u>Type of Account</u> (Money Mkt, Stocks, Bonds, Mutual Funds)	<u>Owner</u>	<u>Account No.</u>	<u>Value on date of filing</u>

IX. LIFE INSURANCE POLICIES (whole life, variable life, annuities, term)

<u>Company</u>	<u>Owner</u>	<u>Policy #.</u>	<u>Beneficiary</u>	<u>Face Value</u>	<u>Loan Amount</u>	<u>Cash Value</u>

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</u>

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>

XII. MARITAL BILLS, DEBTS, AND OBLIGATIONS: (list every single bill, debt and obligation regardless of whether the bill is title 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 as of Date of Filing</u>	<u>Current Balance</u>

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				
Other liabilities				
Total of Liabilities:				
ASSETS MINUS LIABILITIES:				

XIV. PERSONAL STATEMENT REGARDING DIVISION OF PROPERTY:

Indiana law presumes that the marital property be split in 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 or divide on anything other than a 50/50 basis.

XV. MANDATORY EXHIBITS:

The following exhibits must be attached to your Financial Declaration Form:

1. The last three years of Individual State and Federal income tax returns together with all W-2 forms, 1099 forms, and K-1 forms.
2. The immediate preceding six paycheck stubs showing year-to-date earnings.
3. 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.
4. Child support worksheet, if applicable.
5. Arrearage calculation, if application under V of this Financial Declaration Form.
6. 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.
 - 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 accounts as of the filing of the Petition for Dissolution of Marriage and for the preceding five months, if such statements 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 the 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 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 the 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: _____
