

**FINANCIAL DECLARATION FORM
STATE OF INDIANA: CIRCUIT AND SUPERIOR COURTS
OF PORTER COUNTY
(PATERNITY SHORT FORM)**

IN RE: THE PATENITY OF:

Petitioner,

and

Cause No.: _____

Respondent.

In accordance with Local Rule 2200.1 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:

Mother*: _____ Father*: _____

Address: _____ Address: _____

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

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Birth Date: _____ Birth Date: _____

Children of this action:

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

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

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

For each child:

Attached copy of birth certificate: Yes No

Attached copy of paternity affidavit: Yes No

Date of Filing of Petition: _____

Your children not subject to this proceeding:

Name: _____ Date of Birth: _____ SSN: _____
Lives with you: Yes No Receives Support: Yes No Amount of Support: _____

Pays Support: Yes No Amount of Support: _____

Name: _____ Date of Birth: _____ SSN: _____
Lives with you: Yes No Receives Support: Yes No Amount of Support: _____

Pays Support: Yes No Amount of Support: _____

Name: _____ Date of Birth: _____ SSN: _____
Lives with you: Yes No Receives Support: Yes No Amount of Support: _____

Pays Support: Yes No Amount of Support: _____

Name: _____ Date of Birth: _____ SSN: _____
Lives with you: Yes No Receives Support: Yes No Amount of Support: _____

Pays Support: Yes No Amount of Support: _____

II. INCOME INFORMATION:

A. EMPLOYMENT HISTORY:

Current Employer: _____

Address: _____

Telephone No.: _____ Length of Employment: _____

Job Description: _____

Gross _____

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 subject to this action _____

Dividends and Interest _____

Rents received _____

Income from present spouse/relationship _____

All other sources (specify) _____

TOTAL GROSS WEEKLY INCOME _____

ATTACH COPIES OF:

Last two Federal and State Income Tax Returns

Five of your most recent payroll stubs

III. 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: _____

IV. MONTHLY BUDGET OF EXPENSES:

A. HOUSING

Yourself

Children

1. Rent

2. Mortgage-principal & Interest

3. Second Mortgage

4. Lot rent

5. Home insurance

6. Other (itemize) _____

Sub-Total:

B. UTILITIES:

1. Electricity

2. Gas/Heating Oil

3. Telephone

4. Water

5. Other (itemize) _____

Sub-Total:

C. HOUSEHOLD MAINTENANCE

- 1. Repairs (normal/on-going)
- 2. Cable TV
- 3. Child Support withheld from pay
- 4. Garnishments
- 5. Credit cards
- 6. Legal fines/costs
- 7. Other (itemize): _____

Sub-Total:

D. OTHER EXPENSES

- 1. Food
- 2. Clothing
- 3. Transportation
- 4. Health/medical/dental
- 5. Childcare/daycare
- 6. Personal/entertainment

E. ALL OTHER EXPENSES

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.

VI. 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 my assets and liabilities. Furthermore, I understand that if, in the future it is proved to this Court that I have intentionally failed to disclose any asset or liability, I may lose the asset and 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 disclosure assets or liabilities.

Date: _____

Signature

XVI. ATTORNEY'S CERTIFICATION:

I have reviewed with my client the foregoing information, including any valuations and attachments, and sign this certification with my obligation under Trial Rule Eleven (11) of the Indiana Rules of Procedure.

Date: _____
