

FINANCIAL DECLARATION FORM

STATE OF INDIANA: CIRCUIT AND SUPERIOR COURTS OF PORTER COUNTY

IN RE THE MARRIAGE OF:

CAUSE NO.

_____,
Petitioner,
and

_____,
Respondent.

FINANCIAL DECLARATION OF

I. PERSONAL INFORMATION

	HUSBAND*	WIFE*
Name		
Address		
Social Security No.		
Date of Birth		

Date of Marriage

Date of Physical Separation

Date of Filing

II. CHILDREN

NAME	DOB	SS#	SCHOOL/GRADE

NAME	DOB	SS#	SCHOOL/GRADE

1

III. EMPLOYMENT AND INCOME

A. EMPLOYMENT HISTORY

List information for current or most recent employer first, and previous employers for last five (5) years

NAME AND ADDRESS OF EMPLOYER	DATE OF EMPLOYMENT	TITLES/POSITIONS/EMPLOYEE NO.	COMPENSATION (PER WK/MO/YR)

B. INCOME SUMMARY

	HUSBAND	WIFE
GROSS WEEKLY INCOME from salary and wages, including overtime, commissions and bonuses		

2

	HUSBAND	WIFE
Pensions & Retirement		
Social Security payments		
Unemployment and/or Disability Benefits		
Public Assistance (i.e., AFDC, welfare, food stamps)		
Child Support received for any child(ren) not of this marriage or relationship		
Dividends and Interest		
Rental Income		
All Other sources (Specify)		

TOTAL GROSS WEEKLY \$ _____ \$ _____

C. ITEMIZED WEEKLY DEDUCTIONS (From gross income):

HUSBAND

WIFE

State and Federal Income Taxes

Number of exemptions taken
 Husband: _____ Wife: _____

Social Security

Medical Insurance
 (list all persons covered):

Coverage:

- Medical ()
- Dental ()
- Eye Care ()
- Psychiatric ()

Union or other dues

Retirement or pension fund:

- Mandatory ()
- Optional ()

Child support withheld from pay
(not including this case)

Garnishments
(itemize on separate sheet)

Credit Union loans

Savings:

Thrift Plans ()

Credit Union savings ()

Bonds ()

Other (specify) ()

Other (specify)

TOTAL WEEKLY DEDUCTIONS \$ _____ \$

D. WEEKLY DISPOSABLE INCOME

(A minus B: Subtract Total
Weekly Deductions from Total
Weekly Gross Income)

\$ _____ \$

IV. MONTHLY EXPENSES AND DEBTS

A. MONTHLY EXPENSES

	HUSBAND	WIFE
Rent or Mortgage Payment(s) on Principal Residence		
Real estate taxes (if not included in Mortgage Payment		
Homeowners Insurance (if not included in Mortgage Payment)		
Utilities (Including electricity, gas, heat, water,		

	HUSBAND	WIFE
sewer, garbage		
Telephone (Including Cell Phones)		
Internet Service, Cable or Satellite Television		
Medical/Dental/Optometric/ Prescription Drug Expenses not covered by Insurance		
Life Insurance Premiums		
Health Insurance Premiums not deducted from payroll		
Other Insurance, excluding auto insurance (life, disability)		
Auto Payments		
Auto Insurance		
Child Support payments not withheld from payroll (not including this case)		
Education Expenses		
Child Care and Pre-School		
Transportation (Other than automobile)		
Food and Personal Care items		
Monthly Credit/Debt Payments (List total from Debts and Obligations Below)		
Other (Specify)		
TOTAL MONTHLY EXPENSES		
TOTAL WEEKLY		

List all property owned, either individually or jointly. Indicate in whose name the title is held. WHERE SPACE IS INSUFFICIENT FOR COMPLETE INFORMATION OR LISTING, PLEASE ATTACH A SEPARATE SCHEDULE.

	Ownership	<u>Value</u>	<u>Balance(s) Owed</u> <u>(Identify Creditors)</u>
A. HOUSEHOLD FURNISHINGS (Value of furniture, appliances and equipment, as a whole; that is, you need not itemize)	_____	_____	

B. AUTOMOBILES (Year and Make) Indicate regular driver	Ownership	<u>Value</u>	<u>Balance(s) Owed</u> <u>(Identify Creditors)</u>
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	_____

C. SECURITIES (stocks, bonds, etc.)	Ownership	<u>Value</u>	<u>No. of Shares</u>
<u>Company</u> _____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	_____

D. CASH AND DEPOSIT ACCOUNTS (including banks; savings and loan associations; credit unions; thrift plans; mutual funds; certificates of deposit; savings and checking accounts; IRAs; and annuities):

Institution	Ownership	Value	Account No.
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

E. LIFE INSURANCE

Company/ Policy No.	Ownership	Beneficiary	Face Amount	Type: Term; Whole Life; Or Group	Cash Value/ Loan Amount

F. RETIREMENT PLANS

Name of Plan	Ownership	Vested Monthly Benefit Yes/No	Present at Earliest Retirement Date	Value (if known)

Attach documents from each plan verifying information. If not yet received, attach a copy of your written request to the Plan(s).

G. REAL ESTATE (Attach a separate sheet with the following information for each parcel):

Address _____	Type of property
_____	Date of acquisition
Original cost \$ _____	Present value \$
Cost of additions \$ _____	Basis for valuation (attach appraisal if obtained)
Total cost \$	
Mortgage balance \$	
Other liens \$	
Equity \$	
Monthly payment \$ _____	To whom paid
Taxes (if not included in payment) \$ _____	Insurance (if not included in payment) \$
Special Assessments	

Individual contributions to the real estate (for example, inheritance; pre-marital assets; or personal loans):

H. BUSINESS OR PROFESSIONAL INTERESTS

(Indicate name, share, type of business, and value less indebtedness):

I. OTHER ASSETS (that is, specify coin, stamp or gun collections, or other items of unusual value). Use additional sheets as needed:

Attach all available documentation to verify values.

VI. ARREARAGE COMPUTATION

If there is alleged the existence of a support or other arrearage, attach all records or other evidence regarding payment history and compute the arrearage as of the date of the filing of the petition or motion which raises that issue.

VII. 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 disclose 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 assets or liabilities.

Date: _____

PARTY'S SIGNATURE

VIII. 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: _____

ATTORNEY'S SIGNATURE

Name: JOHN M. RHAME, III

Address: RHAME & ELWOOD

3200 Willowcreek Road, Suite A

Portage, IN 46368

Phone: (219) 762-0494

Indiana Attorney No: 23064-64

GENERAL INSTRUCTIONS **AND LIST OF MANDATORY EXHIBITS** **AND ATTACHMENTS**

Financial Declaration Form Requirement

Completion of this Financial Declaration Form is considered by the Court to be Mandatory Discovery, and must be exchanged between the parties within the time proscribed by the Local Rules of Court.

Parties who are not represented by an attorney must nevertheless comply with this requirement.

The Failure of either party to complete and exchange this form as required may result in the imposition of sanctions by the Court.

Terms Used

The terms, “Husband” and “Wife” are used for convenience generally in this form. The term, “Husband” shall include the Ex-Husband in a Post-Dissolution Matter, and shall also include the Father, Putative, or Alleged Father in a Paternity Proceeding. The term, “Wife” shall include the Ex-Wife in a Post-Dissolution Matter, and shall also include the Mother in a Paternity Proceeding.

Mandatory Exhibits and Attachments

- ! You must attach copies of all Federal and State Income Tax Returns, including all W-2 Forms, Schedules, Worksheets and other documents attached, for the last three (3) taxable years.
- ! You must attach copies of paycheck stubs or wage statements from your employer for the last eight (8) weeks.
- ! IN ALL CASES INVOLVING CHILD SUPPORT: Prepare and attach proposed Indiana Child Support Guidelines Worksheets (CSOW) within ten (10) days following the exchange of Financial Declaration Forms.

! A copy of the Support Clerk Docket reflecting child support payments made
(Where support arrearage in alleged)