

## DETAILED FINANCIAL DISCLOSURE FORM INSTRUCTIONS SHEET

\_\_\_\_\_ v. \_\_\_\_\_  
 Case Number \_\_\_\_\_

Pages 1 through 4, 5 through 6 and 7 through 10 are mandatory. Please fill out the number of pages used, if any, for the remaining supplemental sheets.

Page No.	Sheet Name	No. of Pages
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Page 2	Income & Expense Summary	1
Page 3	Personal Gross Income Worksheet	1
Page 4	Personal Deductions Worksheet	1
Page 5	Personal Expense Worksheet Necessities	1
Page 6	Personal Expense Worksheet Discretionary Expenses	1
Page 6(a)	Additional Real Property Worksheet (complete if you own real property not occupied by you or your spouse)	
Page 6(b)	Additional Vehicles Worksheet (complete if you own more than 2 vehicles)	
Page 6(c)	Child(ren)'s Personal Expense Worksheet (complete if you have children of this relationship)	
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TOTAL NUMBER OF PAGES ATTACHED

10

**MISC**

ATTORNEY NAME / YOUR NAME  
 Nevada State Bar No.:  
 FIRM NAME  
 ADDRESS  
 CITY, STATE ZIP  
 Tel: ( ) NUMBER  
 Attorney for / In Proper Person

In The First Judicial District Court of the State of Nevada  
 In and for Storey County

\_\_\_\_\_) Case No. \_\_\_\_\_  
 \_\_\_\_\_) Dept. No. \_\_\_\_\_  
 Plaintiff, \_\_\_\_\_)  
 vs. \_\_\_\_\_)  
 \_\_\_\_\_)  
 Defendant. \_\_\_\_\_)

**DETAILED FINANCIAL DISCLOSURE FORM**

What is your name? \_\_\_\_\_  
 First Name Middle Last Name (Maiden / Former Name)  
 How old are you? \_\_\_\_\_ What is your date of birth? \_\_\_\_\_  
 What is your occupation? \_\_\_\_\_  
 Who is your employer? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Previous employer? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 What is your highest level of education? \_\_\_\_\_  
 Level of disability? \_\_\_\_\_ Agency/Physician Certifying Disability: \_\_\_\_\_

**FAMILY RESIDENCE TABLE** - In the table below, insert the names and ages of each person currently living with you.

NAME	AGE	MINOR CHILD OF THIS MARRIAGE/RELATIONSHIP?	MINOR CHILD NOT OF THIS MARRIAGE/RELATIONSHIP?	OTHER RELATIONSHIP (SPECIFY)

**Income/Support from Others**

I am \_\_\_\_\_ am not \_\_\_\_\_ divorced from the other party in this action. I am \_\_\_\_\_ am not \_\_\_\_\_ remarried.  
 My current spouse is: \_\_\_\_\_ is not: \_\_\_\_\_ currently employed.  
 My current spouse earns: \_\_\_\_\_ per hour \_\_\_\_\_ per week \_\_\_\_\_ every two weeks \_\_\_\_\_ per month

**Attorney's Fees and Retainer(s)**

As of the date of this Disclosure, a total of: \_\_\_\_\_ has been paid by me or on my behalf to all counsel who have represented me in this matter. I have a Retainer balance of \_\_\_\_\_ remaining in my attorney's Trust Account.  
 I currently owe my attorney(s) a total of: \_\_\_\_\_.

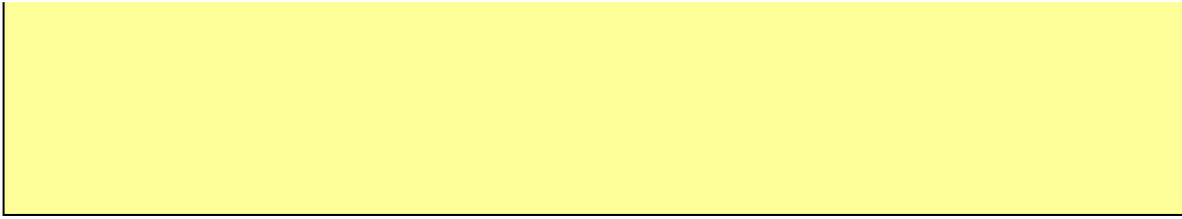
Your Name: \_\_\_\_\_  
 Case No.: \_\_\_\_\_

<b>INCOME / EXPENSE SUMMARY</b>	
<b>INCOME SUMMARY</b>	
<b>Gross Monthly Income From All Sources</b>	
<b>Mandatory Deductions</b>	
<b>Gross Monthly Income Less Mandatory Deductions</b>	
<b>Voluntary Deductions</b>	
<b>Net Monthly Income</b>	
<b>EXPENSE SUMMARY</b>	
<b>Necessities that I pay for myself</b>	
<b>Necessities that I pay for the other party</b>	
<b>Expenses that I pay for my child(ren) (of this relationship)</b>	
<b>Mandatory support (child &amp; spousal) to the Other Party</b>	
<b>Mandatory support of others (including children NOT of this relationship)</b>	
<b>Total Necessities for which I pay</b>	
<b>Discretionary Expenses that I pay for myself</b>	
<b>Discretionary Expenses that I pay for the other party</b>	
<b>Discretionary support of others</b>	
<b>Total Discretionary Expenses that I pay for</b>	
<b>Total Expenses that I pay for</b>	
<b>INCOME / EXPENSE SUMMARY</b>	
<b>Monthly Deficit / Surplus</b>	

If you have a monthly deficit, provide an explanation below of how you meet that deficit each month:

Your Name: \_\_\_\_\_

Case No.: \_\_\_\_\_



Your Name: \_\_\_\_\_  
 Case Number: \_\_\_\_\_

## PERSONAL INCOME WORKSHEET

YOUR INCOME :							AMOUNT
1	<b>Gross Monthly Income from Employment</b>						
2	<b>Fill out ALL of the following that apply to you (Enter the number (1, 2, 3, or 4) in the box that describes your pay frequency):</b>						
	<b>PAY FREQUENCY</b>	1=one time	2= two times per month	3=every two weeks	4=every week	Per Paycheck	Monthly
	PAY FREQUENCY-1,2,3,or 4						
1	I get paid base salary/hourly wage					in the amount of	
2	I receive overtime pay every					in the amount of	
3	I receive bonus pay every					in the amount of	
4	I receive commission every					in the amount of	
5	I receive tips every					in the amount of	
6	I receive a car allowance every					in the amount of	
7	I receive a gas allowance every					in the amount of	
8	I receive a housing allowance every					in the amount of	
9	I receive other allowance(s) every					in the amount of	
10	Business Income (sole proprietorship, partnership, LLC, S Corp, etc.) Attach Schedule C from last year's tax return and enter the following information:				Enter amount from line 29 of schedule C:		
					Enter amount from line 13 of schedule C:		
11	<b>Gross Monthly Income from All Other Sources</b>						
12	I receive spousal support/alimony _____ (voluntary) _____ (Court ordered) from the other party in this matter, a <b>total every month</b> in the amount of						
13	I receive child support _____ (voluntary) _____ (Court ordered) from the other party in this matter, a <b>total every month</b> in the amount of						
14	I receive support from others (not the other party in this case), a <b>total every month</b> in the amount of						
15	I receive Social Security, a <b>total every month</b> in the amount of						
16	I receive Social Security Disability/Military Disability income a <b>total every month</b> in the amount of						
17	I receive Supplemental Security Income, a <b>total every month</b> in the amount of						
18	I receive Worker's Compensation Benefits, a <b>total every month</b> in the amount of						
19	I receive Unemployment Benefits, a <b>total every month</b> in the amount of						
20	I receive Pension/Retirement income, a <b>total every month</b> in the amount of						
21	I receive interest income, a <b>total every month</b> in the amount of						
22	I receive dividend and/or royalty income, a <b>total every month</b> of						
23	I receive payments from a partnership, S Corp, LLC, Trust, or other entity, a <b>total every month</b> of						
24	I receive net rental income each month in the amount of:						
25	I receive other income (roommates, parents, gifts, other), a <b>total every month</b> of						
	Describe the source and amount of any "other" income referenced above:						
	Describe any benefits or perks paid by your employer (including but not limited to the use of any vehicle, club membership, etc.) and your estimated value of such benefits or perks:						
26	<b>TOTAL GROSS MONTHLY INCOME</b>						

Your Name: \_\_\_\_\_  
 Case Number: \_\_\_\_\_

PERSONAL DEDUCTIONS WORKSHEET			
FOR EMPLOYEES OR ARE SELF EMPLOYED, GO TO THE BUSINESS INCOME PAGE)			AMOUNT
<b>Mandatory Monthly Paycheck Deductions</b>			
Fill out ALL of the applicable items:			
1	I have Federal Income Tax withheld <b>every paycheck</b> in the amount of		
2	I have Social Security Taxes withheld <b>every paycheck</b> in the amount of		
3	I have Medicare <u>withheld</u> <b>every paycheck</b> in the amount of		
4	I have Union Dues <u>withheld</u> <b>every paycheck</b> in the amount of		
5	I have Court-ordered Child Support <u>withheld</u> <b>every paycheck</b> in the amount of		
6	I have other Court-ordered garnishments <u>withheld</u> <b>every paycheck</b> in the amount of		
7	I have health insurance premiums <u>withheld</u> <b>every paycheck</b> in the amount of		
8	List all other mandatory deductions, including amounts, <u>withheld</u> <b>every paycheck</b> :		
<b>Total MANDATORY Deductions Per Month</b>			
<b>Voluntary Monthly Paycheck Deductions</b>			
Fill out ALL of the applicable items:			
9	I have Life, Disability, &/or other insurance premiums withheld <b>every paycheck</b> in the amount of		
10	I have Federal Health Savings Plan <b>every paycheck</b> withheld in the amount of		
11	I have Retirement/Pension/IRA/401(k) withheld <b>every paycheck</b> in the amount of		
12	I have Savings withheld <b>every paycheck</b> in the amount of		
13	I have other (specify below) voluntary sums withheld <b>every paycheck</b> in the amount of		
14	List all other mandatory deductions, including amounts, withheld every paycheck:		
<b>Total VOLUNTARY Deductions Per Month</b>			
<b>TOTAL DEDUCTIONS PER MONTH</b>			

Your Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

## PERSONAL EXPENSE WORKSHEET: NECESSITIES

TOTAL  
AMOUNT I  
PAY  
DIRECTLY  
FOR  
MYSELF

TOTAL  
AMOUNT I  
PAY  
DIRECTLY  
FOR THE  
OTHER  
PARTY

**DO NOT REPORT ANY CHILD-RELATED EXPENSES ON THIS PAGE.  
A SEPARATE PAGE FOR CHILD-RELATED EXPENSES IS ATTACHED.**

<b>1</b>	I own my home		rent / lease my home		share a home or apartment with someone else					
	I pay a monthly mortgage/rent/lease payment (for the home I live in and/or home the other party lives in) in the amount of									
	I pay a monthly second mortgage (for the home I live in and/or home the other party lives in) in the amount of									
	I pay a monthly Home Equity Line of Credit ("HELOC") (for the home I live in and/or home other party lives in) in the amount of									
	*	If not included in my mortgage payment(s), I pay property taxes (for the home I live in and/or home the other party lives in) in the amount of								
	*	If not included in my mortgage/rent payment(s), I pay a monthly home owners/renters insurance premium (for the home I live in and/or home the other party lives in) in the amount of								
	I pay monthly Home Owner's Association dues (for the home I live in and/or the home the other party lives in) in the amount of									
	*	I pay a Special Assessment Fee (for the home I live in and/or the home the other party lives in) in the amount of								
<b>2</b>	I pay the following utilities and telephone expenses (for the home I live in and/or the home the other party lives in) each month:									
		Gas/Heating Oil								
		Electricity								
		Water								
	*	Garbage and sewer								
		Landline (if part of a "bundled" service, indicate the total amount here)								
		Cellular service (if not included in the Landline/bundled service above)								
		Internet service (if not included in the landline/bundled service above)								
<b>3</b>	I spend the following each month for healthcare related expenses for myself and/or the other party (Not paid from a Health Savings PI									
		Medical insurance (including hospitalization, dental, vision, etc.) for myself and/or the other party (Not already deducted from my paycheck)								
		Out-of-pocket/unreimbursed cost of medical, dental, optical, and prescription expenses for myself and/or other party								
		Out-of-pocket/unreimbursed cost of therapy or counseling (for myself and/or other party)								
<b>4</b>	I spend the following for groceries, household goods and incidentals, <b>not including entertainment or dining out</b> , each month:									
<b>5</b>	I/we own or lease		my car.	I/we own or lease		the other party's car.				
	<b>ADDITIONAL VEHICLES SHOULD BE LISTED ON THE SUPPLEMENT PAGE</b>									
	Monthly loan / lease payment (for my car and/or the other party's car)									
	Gasoline and oil (for my car and/or the other party's car)									
	Automobile Insurance (if you have policy covering more than one car, separate the amount for your car and/or for other party's)									
	Parking, public transportation, other									
<b>6</b>	I pay the following monthly mandatory amounts for the support of others:									
		Court-ordered child support (if paid to the other party in this case for a child of this relationship, include amount in the "Total Amount I Pay Directly For The Other Party" (first) column. If for a child of another relationship, include amount in the "Total Amount I Pay Directly For Myself" (left) column)								
		Court-ordered spousal support (if paid to the other party in this case, include amount in the "Total Amount I Pay Directly For The Other Party (first) column. If paid to someone else from a prior relationship, include amount in the "Total Amount I pay Directly For Myself" (left) column)								
<b>7</b>	I spend the following each month on education, uniforms, dues, memberships, subscriptions, or other <b>mandatory requirements to maintain employment. I DO NOT receive reimbursement from the employer for any of these expenses</b>									
<b>TOTAL NECESSITIES:</b>										
<b>* Divide by 3 if paid quarterly; Divide by 6 if paid semi-annually; Divide by 12 if paid annually</b>										

**USE THE SPACE BELOW FOR ANY NOTES/COMMENTS/EXPLANATION YOU WISH TO PROVIDE REGARDING YOUR NECESSITIES**

Your Name: \_\_\_\_\_  
 Case Number: \_\_\_\_\_

<b>PERSONAL EXPENSE WORKSHEET: DISCRETIONARY EXPENSES</b>				<b>TOTAL AMOUNT I PAY DIRECTLY FOR MYSELF</b>	<b>TOTAL AMOUNT I PAY DIRECTLY FOR THE OTHER PARTY</b>
<b>DO NOT REPORT ANY CHILD-RELATED EXPENSES ON THIS PAGE. A SEPARATE PAGE FOR CHILD-RELATED EXPENSES IS ATTACHED.</b>					
8	I spend the following monthly amounts for House Maintenance (for the house I live in and/or the house the other party lives in) each month:				
	Garden/lawn care				
	Pool/spa service				
	Pest Control				
	Security / Alarm Service				
9	I spend the following monthly amounts for my pet's expenses (food, grooming, healthcare, boarding):				
10	Each month I pay the following minimum credit card and other consumer installment payments on my and/or the other party's credit cards: (List name of Issuing Bank or Lender, last four digits of account number and total outstanding balance)				
	Credit Card or entity to whom installment payment is made #1		Total balance due is		
	Credit Card or entity to whom installment payment is made #2		Total balance due is		
	Credit Card or entity to whom installment payment is made #3		Total balance due is		
	Credit Card or entity to whom installment payment is made #4		Total balance due is		
	Credit Card or entity to whom installment payment is made #5		Total balance due is		
	Credit Card or entity to whom installment payment is made #6		Total balance due is		
	Credit Card or entity to whom installment payment is made #7		Total balance due is		
	Credit Card or entity to whom installment payment is made #8		Total balance due is		
11	I spend the following amounts each month for clothing and related expenses:				
	Clothing, shoes and accessories				
	Dry cleaning and/or laundry service				
12	I spend the following each month on appearance (hair, manicures/pedicures, facials, massages, cosmetics, other):				
13	I spend the following amounts for Entertainment each month (dining out, movies, shows, books, magazines, etc.):				
14	I pay the following amounts for non-mandatory dues and/or membership fees (professional, fraternal organizations, country club, etc.):				
15	I pay the following monthly Health/Exercise-related expenses (health club membership fee(s), personal training, etc.):				
16	I spend the following monthly average amount for vacation expenses (total vacation cost per year divided by 12)				
17	I pay the following monthly premiums for discretionary/non-mandatory insurance (life, disability, other) <b>(NOT already deducted from my paycheck)</b>				
18	I spend the following amount each month on church tithes and/or charitable donations (pro-rate quarterly, semi-annual or annual payments)				
19	I spend the following amount each month in voluntary support of others:				
	Expenses for an adult non-dependent child (i.e., college, living or other expenses) SPECIFY:				
	Eldercare (specify the parent or parents for whom you pay eldercare expenses)				
20	Each month I pay the following other miscellaneous expenses:				
	PO Box Rental				
	Safety Deposit Box Rental (where located)				
	Storage				
	Other:				
<b>TOTAL DISCRETIONARY EXPENSES</b>					
<b>SUBTOTAL FROM ADDITIONAL REAL PROPERTY WORKSHEET</b>					
<b>SUBTOTAL FROM ADDITIONAL VEHICLES WORKSHEET</b>					
<b>TOTAL MONTHLY DISCRETIONARY EXPENSES</b>					

Your Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_

<b>PERSONAL EXPENSE WORKSHEET: DISCRETIONARY EXPENSES</b>	<b>TOTAL AMOUNT I PAY DIRECTLY FOR MYSELF</b>	<b>TOTAL AMOUNT I PAY DIRECTLY FOR THE OTHER PARTY</b>

<b>ADDITIONAL REAL PROPERTY WORKSHEET</b>		<b>TOTAL AMOUNT I PAY DIRECTLY</b>	<b>TOTAL AMOUNT OTHER PARTY PAYS DIRECTLY</b>
Use this Supplemental Worksheet to provide information for any additional real property as needed.			
<b>ADDITIONAL REAL PROPERTY (HOUSE, CONDO, VACANT LAND, ETC.)</b>			
1	I own this additional property (insert address):		
	I / the other party receives rental income <b>each month</b> for this property in the amount of:		
	I pay a monthly mortgage on the rental property payment in the amount of		
	I pay a monthly second mortgage in the amount of		
	I pay a monthly Home Equity Line of Credit ("HELOC") in the amount of		
	If not included in my mortgage payment(s), I pay property taxes in the amount of (divide payment to reach a monthly amount)		
	If not included in my mortgage payment(s), I pay a monthly home owners/renters insurance premium in the amount of (divide payment to reach a monthly amount)		
	I pay monthly Home Owner's Association dues in the amount of		
	I pay a monthly Special Assessment Fee in the amount of (to calculate a monthly amount divide: quarterly payment by 3; semi-annual payment by 6 or annual payment by 12)		
	I pay the following utilities for this property each month (gas, electricity, water, garbage, sewer, etc.)		
	I pay the following maintenance expenses for this property each month (landscape maintenance, pool, pest control, etc.)		
	I pay other expenses related to the ownership/rental/lease of this home in the amount of (Specify each "other" expense, to whom paid, and the amount below. Insert the TOTAL "Other Expenses" in the appropriate column.)		
	Total expenses for this property:		
	<b>NET INCOME/ LOSS FROM THIS PROPERTY:</b>		
2	I own this additional property (insert address):		
	I / the other party receives rental income <b>each month</b> for this property in the amount of:		
	I pay a monthly mortgage on the rental property payment in the amount of		
	I pay a monthly second mortgage in the amount of		
	I pay a monthly Home Equity Line of Credit ("HELOC") in the amount of		
	If not included in my mortgage payment(s), I pay property taxes in the amount of (divide payment to reach a monthly amount)		
	If not included in my mortgage payment(s), I pay a monthly home owners/renters insurance premium in the amount of (divide payment to reach a monthly amount)		
	I pay monthly Home Owner's Association dues in the amount of		
	I pay a monthly Special Assessment Fee in the amount of (to calculate a monthly amount divide: quarterly payment by 3; semi-annual payment by 6 or annual payment by 12)		
	I pay the following utilities for this property each month (gas, electricity, water, garbage, sewer, etc.)		
	I pay the following maintenance expenses for this property each month (landscape maintenance, pool, pest control, etc.)		
	I pay other expenses related to the ownership/rental/lease of this home in the amount of (Specify each "other" expense, to whom paid, and the amount below. Insert the TOTAL "Other Expenses" in the appropriate column.)		
	Total expenses for this property:		
	<b>NET INCOME/ LOSS FROM THIS PROPERTY:</b>		
	<b>TOTAL NET INCOME / LOSS FROM INVESTMENT PROPERTIES:</b>		

Case No. \_\_\_\_\_

Dept. No. \_\_\_\_\_

<b>ADDITIONAL REAL PROPERTY WORKSHEET</b>		<b>TOTAL AMOUNT I PAY DIRECTLY</b>	<b>TOTAL AMOUNT OTHER PARTY PAYS DIRECTLY</b>
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USE THE SPACE BELOW FOR ANY NOTES/COMMENTS/EXPLANATION YOU WISH TO PROVIDE REGARDING YOUR ADDITIONAL REAL PROPERTY

ADDITIONAL VEHICLES WORKSHEET	TOTAL AMOUNT I PAY DIRECTLY	TOTAL AMOUNT OTHER PARTY PAYS DIRECTLY
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Use this Supplemental Worksheet to provide information for any additional motor vehicles as needed.

ADDITIONAL VEHICLES				
I/we own or lease	<input type="text"/> an additional vehicle.	Explain: <input type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
<b>Total expenses for this additional vehicle:</b>				

ADDITIONAL VEHICLES				
I/we own or lease	<input type="text"/> an additional vehicle.	Explain: <input type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
<b>Total expenses for this additional vehicle:</b>				

ADDITIONAL VEHICLES				
I/we own or lease	<input type="text"/> an additional vehicle.	Explain: <input type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
<b>Total expenses for this additional vehicle:</b>				

ADDITIONAL VEHICLES				
I/we own or lease	<input type="text"/> an additional vehicle.	Explain: <input type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
<b>Total expenses for this additional vehicle:</b>				

ADDITIONAL VEHICLES				
I/we own or lease	<input type="text"/> an additional vehicle.	Explain: <input type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
<b>Total expenses for this additional vehicle:</b>				

ADDITIONAL VEHICLES				
I/we own or lease	<input type="text"/> an additional vehicle.	Explain: <input type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
<b>Total expenses for this additional vehicle:</b>				

ADDITIONAL VEHICLES				
I/we own or lease	<input type="text"/> an additional vehicle.	Explain: <input type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
<b>Total expenses for this additional vehicle:</b>				

ADDITIONAL VEHICLES				
I/we own or lease	<input type="text"/> an additional vehicle.	Explain: <input type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
<b>Total expenses for this additional vehicle:</b>				

ADDITIONAL VEHICLES				
I/we own or lease	<input type="text"/> an additional vehicle.	Explain: <input type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
<b>Total expenses for this additional vehicle:</b>				

ADDITIONAL VEHICLES				
I/we own or lease	<input type="text"/> an additional vehicle.	Explain: <input type="text"/>		

I/we own or lease		an additional vehicle.	Explain:			
		Monthly loan / lease payment for this additional vehicle				
		Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)				
<b>Total expenses for this additional vehicle:</b>						

<b>TOTAL NET INCOME / LOSS FROM VEHICLES:</b>		
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CHILD(REN)'S PERSONAL EXPENSE WORKSHEET (ENTER EXPENSES FOR CHILD(REN) OF THIS RELATIONSHIP ONLY)		TOTAL AMOUNT I PAY FOR MINOR CHILD(REN)	TOTAL AMOUNT OTHER PARTY PAYS FOR MINOR CHILD(REN)	TOTAL AMOUNT PAID BY ANOTHER FOR MINOR CHILD(REN)
1	Child(ren)'s monthly expenses for clothes, shoes & accessories:			
2	Child(ren)'s monthly unreimbursed medical expenses: <span style="float: right;">Per Paycheck</span>			
	medical co-pays			
	medication (prescription & over-the-counter)			
	optometry			
	dental and orthodontic			
	physical therapy, counseling, other			
3	Child(ren)'s monthly expenses for telephone, cellular telephone, internet			
4	Child(ren)'s monthly expenses for entertainment, dining out, movies, music, other			
5	Child(ren)'s monthly expenses for appearance (hair, manicure/pedicure; facials/massage, cosmetics, other):			
6	Children's monthly expenses for insurance (other than health insurance):			
7	Child(ren)'s monthly education-related expenses (if paid quarterly, divide by 3; semi-annually, divide by 6; annually, divide by 12):			
	Tuition, books & fees			
	Tutoring			
	Special Needs (specify)			
	Uniforms			
	Meals (if not included in tuition)			
	Extracurricular (sports, music, art, etc.)			
	Other: List specific "other" education expenses incurred and amount(s) paid, the insert the total in the appropriate column at right.			
8	Childcare expenses (daycare, before and after school care, Nanny, etc.)			
9	Summer programs / summer camp			
10	Child(ren)'s vehicle (lease/payment, insurance, gas)			
11	Transportation related to visitation - if the child(ren) live in another city/state (pro-rate expenses over the year for a monthly amount, if necessary):			
	Airfare			
	Car Rental			
	Hotel/Motel			
	Parking (at airport or other)			
	Public Transportation			
	Other: List specific "other" transportation expenses incurred and amount(s) paid, the insert the total in the appropriate column at right.			
12	Child(ren)'s Total Monthly Expenses			
USE THE SPACE BELOW FOR ANY NOTES/COMMENTS/EXPLANATION YOU WISH TO PROVIDE REGARDING YOUR CHILDREN'S PERSONAL EXPENSES				

**PLAINTIFF V. DEFENDANT**  
**ASSET & DEBT CHART**

ITEM	LAST 4 DIGITS OF ACCOUNT NUMBER	WHOSE NAME IS ON ACCOUNT	ENTER "S" FOR ANY SEPARATE PROPERTY	GROSS VALUE	Amount you owe on this asset NO. 1	Amount you owe on this asset NO. 2	NET VALUE
<b>ASSETS:</b>							
<b>BANK ACCOUNTS</b>							
1							
2							
3							
4							
5							
6							
7	Subtotal						
<b>INVESTMENTS / SECURITIES</b>							
8							
9							
10							
11							
12							
13							
14	Subtotal						
<b>RETIREMENT ACCOUNTS</b>							
15							
16							
17	Subtotal						
<b>LIFE INSURANCE POLICIES</b>							
18							
19							
20							
21	Subtotal						
<b>BUSINESS INTERESTS</b>							
22							
23							
24							
25							
26							
27	Subtotal						

**PLAINTIFF V. DEFENDANT**  
**ASSET & DEBT CHART**

ITEM	LAST 4 DIGITS OF ACCOUNT NUMBER	WHOSE NAME IS ON ACCOUNT	ENTER "S" FOR ANY SEPARATE PROPERTY	GROSS VALUE	Amount you owe on this asset NO. 1	Amount you owe on this asset NO. 2	NET VALUE
------	---------------------------------	--------------------------	-------------------------------------	-------------	---------------------------------------	---------------------------------------	-----------

**RECEIVABLES / DEPOSITS**

28							
29							
30							
31							
32							
33	Subtotal						

**REAL PROPERTY**

34							
35							
36							
37							
38	Subtotal						

**AUTOMOBILES**

39							
40							
41							
42							
43	Subtotal						

**PERSONAL PROPERTY**

44							
45							
46							
47	Subtotal						

**LIABILITIES:**  
**LONG TERM DEBT NOT LISTED ABOVE**

48							
49							
50							
51							
52							
53	Subtotal						

**PLAINTIFF V. DEFENDANT  
ASSET & DEBT CHART**

ITEM	LAST 4 DIGITS OF ACCOUNT NUMBER	WHOSE NAME IS ON ACCOUNT	ENTER "S" FOR ANY SEPARATE PROPERTY	GROSS VALUE	Amount you owe on this asset NO. 1	Amount you owe on this asset NO. 2	NET VALUE
------	---------------------------------	--------------------------	-------------------------------------	-------------	---------------------------------------	---------------------------------------	-----------

**OTHER LIABILITIES NOT LISTED ABOVE**

54							
55							
56							
57							
58							
59							
60							
61							
62							
63	Subtotal						

TOTAL UNSECURED LIABILITIES

NET VALUE OF ASSETS (NET EQUITY)


**USE THE SPACE BELOW FOR ANY NOTES/COMMENTS/EXPLANATION YOU WISH TO PROVIDE REGARDING YOUR ASSET AND DEBT CHART**

Case No: \_\_\_\_\_

Dept. No. \_\_\_\_\_

YES NO

	YES	NO
1. Are you contributing to anyone's expenses except your current spouse (if any), the other party and/or children as reported herein?		
2. Is anyone contributing to your expenses other than your current spouse (if any) or the other party as reported herein?		
3. Are you providing any voluntary unpaid services to any entity, group or person?		
4. Have you canceled any monthly services (housecleaning, cable, lawn care, etc.) in the past twelve (12) months?		
5. Have you removed money from any retirement or deferred compensation account in the past twelve (12) months?		
6. Have you traveled with anyone other than your current spouse (if any) or alone in the past twelve (12) months?		
7. Have you transferred assets totaling \$500 or more in the past twelve (12) months?		
8. Have you deferred receiving any money that you are entitled to receive?		
9. Is anyone holding money for you?		
10. Have you accrued sick/vacation days that you can cash out through your employer?		
11. Do you have money on deposit anywhere? i.e. purchase of a home or car, country club membership, landlord		
12. Have you prepaid any expenses?		
13. Have you loaned money totaling over \$300 to anyone in the past twelve (12) months?		
14. Have you made charitable contributions totaling over \$500 in the past twelve (12) months?		
15. Does anyone owe you money?		
16. Are you owed back child support or spousal support?		
17. Have you modified your payroll deductions in the past twelve (12) months?		
18. Are you in Bankruptcy?		
19. Is your current gross monthly income significantly different (20% or more) from the average for the past 12 months?		

I am the \_\_\_\_\_ Plaintiff/Petitioner \_\_\_\_\_ Defendant/Respondent in the above action. I swear or affirm under penalty of perjury that I read and followed all instructions in completing this Financial Disclosure Form and that the contents of this Financial Disclosure Form are true and correct to the best of my knowledge as of this date. I understand that, by my signature, I verify the material accuracy of the contents of this Form. I also understand that any willful misstatements may be contemptuous and could result in my punishment by the Court.

I understand that I have a duty to supplement the information on this form within ten (10) calendar days of discovering additional assets or debts or upon discovering any incorrectly reported information or upon any changed circumstances.

Executed: \_\_\_\_\_

Signature: \_\_\_\_\_

**SIGNATURE OF ATTORNEY (if represented by counsel):**

By signing this form, the attorney of record certifies that he or she has read the factual statements made by the Declarant, and there exists reasonable basis to believe that this financial disclosure is likely to have evidentiary support after further investigation or discovery.

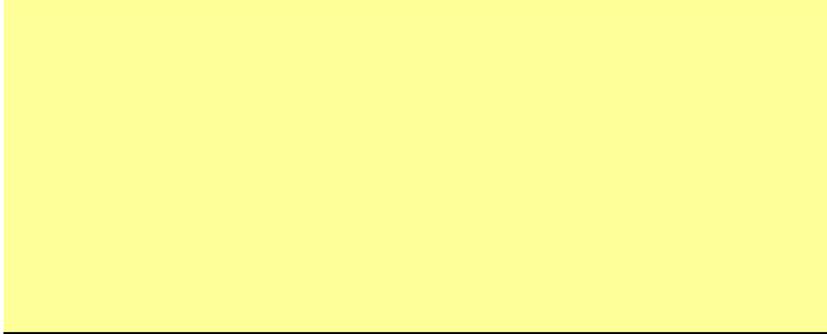
Executed: \_\_\_\_\_

Signature: \_\_\_\_\_

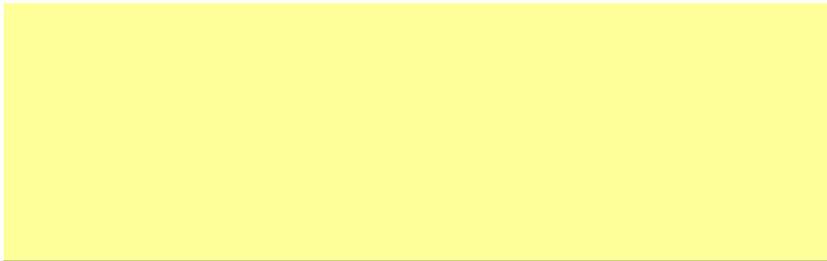
**CERTIFICATE OF SERVICE**

I hereby certify that on \_\_\_\_\_,  
service of the **FINANCIAL DISCLOSURE FORM** was made to the  
following interested parties in the manner set forth below:

Via 1st Class U.S. Mail, postage fully prepaid, to



Via Facsimile and/or Email pursuant to the Consent to Service By Electronic  
Means on file herein to:



And, via 1st Class U.S. Mail, postage full prepaid, addressed to:



Plaintiff/Defendant

Respectfully Submitted,



(Signature) \_\_\_\_\_  
(Printed Name) \_\_\_\_\_