

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

IN RE: THE MARRIAGE OF:

CAUSE NO: _____

Wife

and

Husband

In accordance with Local Rule 2200.1 of the Porter Superior Court and Indiana Trial Rules 26,33,34,35 and 37, the undersigned, *Mother* or *Father*, hereby submits the following VERIFIED FINANCIAL DISCLOSURE STATEMENT:

FINANCIAL DECLARATION OF: _____

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: _____ SS#: _____

Name: _____ Age _____ DOB: _____ SS#: _____

Name: _____ Age _____ DOB: _____ SS#: _____

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

Employer	Dates of employment	Compensation (per wk/mo/yr)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 support received for any child(ren) not born 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

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 ()

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 Deductions 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

01. Rent (Mortgage)	_____
02. 2 nd Mortgage	_____
03. Line of credit	_____
04. Gas/Electric	_____
05. Telephone	_____
06. Water	_____
07. Sewer	_____
08. Sanitation (garbage)	_____
09. Cable	_____
10. Satellite	_____
11. Internet	_____
12. Taxes (Real Estate) (if not part of mortgage payment)	_____
13. Insurance (House) (if not part of mortgage payment)	_____
14. Lawn Care/Snow Removal	_____

Groceries

01. Food	_____
02. Toiletries	_____

03. Cleaning Products

04. Paper Products

Clothing

01. Clothes

02. Shoes

03. Uniforms

Health Care

01. Health insurance not deducted from pay

02. Dental insurance not deducted from pay

03. Doctor Visits (non insurance covered)

04. Dental Visits (non insurance covered)

05. Prescription Pharmaceutical (non insurance covered)

06. Over the counter medicine

07. Glasses/contact lenses

08. Other non-insurance covered health care*

Car & Travel

01. Car Payment

02. Gasoline

03. Oil/Maintenance

04. Insurance (car)

05. Car Wash

06. Tolls

07. Trains/Bus

08. Parking Lot Fees

09. License Plates

Beauty Care

01. Hair Dresser/Barber

02. Cosmetics

School Supplies

- 01. Lunches _____
- 02. Books _____
- 03. Tuition/Registration _____
- 04. Uniforms _____
- 05. School Supplies _____
- 06. Extracurricular Activities _____

Infant Care

- 01. Diapers _____
- 02. Baby Food _____

Miscellaneous

- 01. Church Donations _____
- 02. Charitable Donations _____
- 03. Life Insurance _____
- 04. Babysitter _____
- 05. Newspapers & Magazines _____
- 06. Cigarettes _____
- 07. Dry Cleaning _____
- 08. Entertainment _____
- 09. Cell phone _____
- 10. Dues/subscriptions _____
- 11. Charge Cards _____
- 12. Other* _____

Sub-Total of Expenses _____

*** Itemize at bottom of page**

Average Weekly Expenses (multiply monthly expenses by 12
and divide by 52) _____

VIII. PROVISIONAL ARREARAGE COMPUTATIONS

If you allege the existence of child support, maintenance, or other arrearage, attach all records or other exhibits regarding the payment history and compute the child support arrearages.

You must attach a Child Support Guideline Worksheet to your Financial Declaration Form or one must be exchanged with the opposing party/counsel within ten (10) day 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 or if property you own is being held for you in the name of a third party.

IX. PROPERTY

A. MARITAL RESIDENCE

Description _____

Location: _____

Date Acquired: _____

Purchase Price: _____ Down Payment: _____

Source of Down Payment: _____

Current Indebtedness: _____

Monthly Payment: _____

Current Fair 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: _____

Purchase Price: _____ Down Payment: _____

Source of Down Payment: _____

Current Indebtedness: _____

Monthly Payment: _____

Current Fair Market Value: _____

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 Account	_____	_____	_____	_____
Non-Retirement Security	_____	_____	_____	_____
Life Insurance Policy	_____	_____	_____	_____
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 Liabilities	_____	_____	_____	_____
ASSETS MINUS LIABILITIES	_____	_____	_____	_____

XIV. PERSONAL STATEMENT REGARDING DIVISION OF PROPERTY

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

XV. MANDATORY EXHIBITS

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

- A. The last three (3) years of Individual State and Federal income tax returns together with all W-2 forms, 1099 forms, and K-1 forms.
- B. The immediate preceding six paycheck stubs showing year-to-date earnings.
- C. Documents showing the amount of income received from any other source in the past three (3) years including irregular income in an amount greater than \$500.00 per year plus any expenses relating thereto.
- D. Child support worksheet, if applicable.
- E. Arrearage calculation, if applicable under V of this Financial Declaration Form.
- F. 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,
- G. 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, and
 - b. Copies of the bank statements for the five (5) months immediately preceding the filing of the Petition for Dissolution of Marriage.
- H. 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.
- I. As to all Life Insurance policies identified in IX of this Financial Declaration Form attach statements as of the cash value as of the date of the filing of the Petition for Dissolution of Marriage.
- J. As to all Retirement Accounts identified in X of this Financial Declaration Form attach Statements showing the value of the account as of to the date of the filing of the Petition for Dissolution of Marriage and for the preceding five (5) months, if such statements are available, except for pension accounts and other defined benefit plans, in which event attach a statement from the employer describing the benefits.
- K. As to the marital bills, debts and obligations identified in XII of this 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 (5) months.

XV. VERIFICATION

I declare, under the pains and 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

PARTY'S SIGNATURE

XVI. ATTORNEY'S CERTIFICATION

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

Date

ATTORNEY'S SIGNATURE

Name:

Attorney No.:

Address: Sterba & Swope, LLP
425 W. Lincoln Highway
Scherville, IN 46375

Phone No.: (219) 865-7400