

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

IN RE: THE MARRIAGE OF:

\_\_\_\_\_  
Wife

And CAUSE NO: \_\_\_\_\_

\_\_\_\_\_  
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:** \_\_\_\_\_

**NATURE OF PENDING CASE (CHECK ALL THAT APPLY)**

Custody/Support Modification \_\_\_\_\_ Rule to Show Cause/Contempt \_\_\_\_\_ College Expenses \_\_\_\_\_

**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 Dissolution Decree: \_\_\_\_\_

Date of Any Orders Entered After Decree: \_\_\_\_\_

Names & dates of birth of all children of ***this relationship***, whether by birth or adoption (include date of adoption): \_\_\_\_\_

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Names & dates of birth of **PRIOR BORN** or **SUBSEQUENT** children for which you have a legal obligation: \_\_\_\_\_

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## **PART I. INCOME AND EXPENSES STATEMENT**

### STATEMENT OF INCOME, EXPENSES ASSETS AND LIABILITIES

Attach copies of State and Federal Income Tax Returns for last three (3) taxable years and wage statements from your employer for last eight (8) weeks.

- 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:

Persons covered: \_\_\_\_\_

Name of Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Cost of Children's Portion only: \_\_\_\_\_

Cost for Self: \_\_\_\_\_

**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: \_\_\_\_\_

Thrift plans \_\_\_\_\_

Credit union savings \_\_\_\_\_

Bonds \_\_\_\_\_

Medical Thrift Plan \_\_\_\_\_

Other (specify) \_\_\_\_\_

Other (specify) \_\_\_\_\_

TOTAL WEEKLY DEDUCTIONS \_\_\_\_\_

**3. WEEKLY DISPOSABLE INCOME**

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

**4. IN ALL CASES INVOLVING CHILD SUPPORT AND/OR COLLEGE**

**EXPENSES:** Prepare and attach an Indiana Child Support Guideline Worksheet (with documentation verifying your income, health insurance costs attributable to the child(ren), work-related child care costs, and college expenses and financial aid awards, if applicable); or, supplement with such a Worksheet within ten 10 days of the exchange of this Form.

1. How many overnights have the child(ren) spent with you in the last twelve (12) months? \_\_\_\_\_ (Attach verification to the Guideline Worksheet).

**5. EXTRAORDINARY MONTHLY LIVING EXPENSES THAT SHOULD BE CONSIDERED IN A MODIFICATION:**

(Specify which party is the custodial parent and list name and relations of each member of the household whose expenses are included).

\_\_\_\_\_

\_\_\_\_\_

6. **BUSINESS OR PROFESSIONAL INTERESTS:**  
 (Indicate name, share, type of business, value less indebtedness)
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7. **ATTACH ALL AVAILABLE DOCUMENTATION TO VERIFY VALUES**

**PART II. ADDITIONAL INCOME PRODUCING ASSETS**

1. **CASH AND DEPOSIT ACCOUNTS:** (including banks; savings and loan associations; credit unions, thrift plans; mutual funds; certificates of deposit; savings and checking accounts; IRA's and annuities)

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

2. **OTHER ASSETS** (that is, specify coin, stamp or gun collections or other items of unusual value). Use additional sheets as needed.
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3. **UNEMPLOYED/UNDEREMPLOYED SPOUSE:** If you are unemployed or working part-time, is there any reason why you cannot be employed at a minimum wage job for forty (40) hours per week? State, with particularity, your answer and reasons why you feel a minimum wage employment figure should not be attributed (imputed) to you for purposes of calculating child support under the Indiana Child Support Guidelines.
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**PART III. ARREARAGE COMPUTATION**

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 arrearages. **(COMPLETE AND ATTACH ARREARAGE COMPUTATION WORKSHEET – APPENDIX A).**

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.

**PART IV: COLLEGE EXPENSE VERIFICATION (If Applicable)**

Name and Date of Birth of child(ren) attending college: \_\_\_\_\_

College or University scheduled to attend: \_\_\_\_\_

Date FAFSA was filed (attach FAFSA form and confirmation):

\_\_\_\_\_

Who will student live with if not residing on campus: \_\_\_\_\_

Annual amount of weeks not on campus and residing with parent: \_\_\_\_\_

Scholarships, Grants, Loans that student has applied for (attach separate sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Scholarships, Grants, Loans that student has received and/or accepted (attach separate sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you anticipate the child’s financial contribution to school costs should or will be:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*Attach a copy of the Letter of Acceptance from each school which the student was accepted.*

*\*Attach a copy of the Costs of Schooling from each school which the student was accepted.*

*\*Attach a copy of the Financial Aid Award from each school which the student was accepted.*

## **PART V. 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 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

## **PART VI. 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  
                    Schererville, IN 46375

Phone No.:     (219) 865-7400

## **PART VII. MANDATORY EXHIBITS TO BE INCLUDED FOR POST-DISSOLUTION DECREE CASES**

1.     Income information requested in introduction to Part 1 (Page 2).
2.     Indiana Child Support Guideline Worksheet with documentation verifying your income, health insurance costs attributable to the child(ren), work-related child care costs (Part 1, Sub-part 4 – Page 3)
3.     Information requested in Part I, Sub-parts 5, 6, and 7, if applicable (Page 3 and 4).
4.     Arrearage Computation Worksheet (attached Appendix A), with Child Support Clerk's Payment Docket, if applicable (Page 5).
5.     Indiana Post Secondary Education Worksheet with verification of Letters of Acceptance, anticipated or actual/incurred college expenses, FAFSA application and scholarship and financial aid applications and awards, if applicable.

**APPENDIX A – PAGE 8 OF 8  
POST-DISSOLUTION DECREE  
FINANCIAL DECLARATION FORM**

**CHILD SUPPORT ARREARAGE COMPUTATION**

IN RE: THE MARRIAGE OF:

\_\_\_\_\_ Mother

And CAUSE NO: \_\_\_\_\_

\_\_\_\_\_ Father

**COMPUTATION OF ARREARAGE CLAIMED BY:** \_\_\_\_\_

Date of Order: \_\_\_\_\_ Commencement Date of Payments: \_\_\_\_\_

Amount & Frequency of Payments: \_\_\_\_\_

Date of Order: \_\_\_\_\_ Commencement Date of Payments: \_\_\_\_\_

Amount & Frequency of Payments: \_\_\_\_\_

Date of Order: \_\_\_\_\_ Commencement Date of Payments: \_\_\_\_\_

Amount & Frequency of Payments: \_\_\_\_\_

Date & Amount of Last Court Determined Arrearage: \_\_\_\_\_

**\*\*\*WHEN CALCULATING NUMBER OF WEEKS, THE COURT WILL ACCEPT A CALCULATION FROM <http://timeanddate.com/date/duration.html>. ATTACH A COPY OF THE "NUMBER OF WEEKS CALCULATION" TO THIS APPENDIX.\*\*\***

<u>Year</u>	<u># of Weeks</u>	<u>X</u>	<u>Order</u>	=	<u>Sum Due</u>	=	<u>Sum Paid</u>	=	<u>Arrearage</u>
_____	_____	X	_____		_____		_____		_____
_____	_____	X	_____		_____		_____		_____
_____	_____	X	_____		_____		_____		_____
_____	_____	X	_____		_____		_____		_____
_____	_____	X	_____		_____		_____		_____
_____	_____	X	_____		_____		_____		_____

PREVIOUSLY DETERMINED ARREARAGE (FROM ABOVE, IF ANY) + \_\_\_\_\_

TOTAL ARREARAGE AS OF: \_\_\_\_\_

COMPUTATION PREPARED BY: \_\_\_\_\_