

APPENDIX B

FINANCIAL DECLARATION FORM STATE OF INDIANA: CIRCUIT AND SUPERIOR COURTS

IN RE THE MARRIAGE OF:

CAUSE NO.

Petitioner

and

Respondent

The undersigned, Petitioner or Respondent, 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: _____	SSN# _____
Name _____	Age _____	DOB: _____	SSN# _____
Name _____	Age _____	DOB: _____	SSN# _____

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 overtime,

Note: If paid monthly, determine
weekly income by dividing monthly
income by 4.3

Pensions and 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: Medical ()
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): _____

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 Worksheet within ten (10) days of the exchange of this Form.

IV. MONTHLY LIVING EXPENSES:

House

- 1. Rent _____
- 2. 2nd Mortgage _____
- 3. Line of credit _____
- 4. Gas/Electric _____
- 5. Telephone _____
- 6. Water _____
- 7. Sewer _____
- 8. Sanitation (garbage) _____
- 9. 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

- 1. Food _____
- 2. Toiletries _____
- 3. Cleaning Products _____
- 4. Paper Products _____

Clothing

- 1. Clothing _____
- 2. Shoes _____
- 3. Uniform _____

Health Care

- 1. Health insurance not deducted from pay _____
- 2. Dental insurance not deducted from pay _____
- 3. Doctor Visits (non-insurance covered) _____
- 4. Dental Visits (non-insurance covered) _____
- 5. Prescription Pharmaceutical (non-insurance covered) _____
- 6. Over the counter medicine _____
- 7. Glasses/contact lenses _____
- 8. Other non-insurance covered health care* _____

Car & Travel

- 1. Car Payment _____
- 2. Gasoline _____
- 3. Oil/Maintenance _____
- 4. Insurance (Car) _____
- 5. Car Wash _____
- 6. Tolls _____
- 7. Train/Bus _____
- 8. Parking Lot Fees _____
- 9. License plates _____

Beauty Care

- 1. Hairdresser/Barber _____
- 2. Cosmetics _____

School Needs

- 1. Lunches _____
- 2. Book _____
- 3. Tuition/Registration _____
- 4. Uniforms _____
- 5. School Supplies _____
- 6. Extra curricular activities _____

Infant Care

- 1. Diapers _____
- 2. Baby Food _____

Miscellaneous

- 1. Church Donations _____
- 2. Charitable Donations _____
- 3. Life Insurance _____
- 4. Babysitter _____
- 5. Newspapers & Magazines _____
- 6. Cigarettes _____
- 7. Dry Cleaning _____
- 8. Entertainment _____
- 9. Cell phone _____
- 10. Dues/subscriptions _____
- 11. Charge Cards _____
- 12. Other _____

Sub-Total of Expenses _____

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

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 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 10 days 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.

VI. 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: _____

VII. BANK ACCOUNTS

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

VIII NON-RETIREMENT SECURITIES (stocks, bonds, mutual funds, etc.)

<u>Name</u>	<u>Type of account (Money mkt, Stocks, Bonds, Mutual Funds etc.)</u>	<u>Owner</u>	<u>Account No.</u>	<u>Value on date Of filing</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IX. LIFE INSURANCE POLICIES (whole life, variable life, annuities, term)

<u>Company</u>	<u>Owner</u>	<u>Policy#</u>	<u>Beneficiary</u>	<u>Face Value</u>	<u>Loan Amount</u>	<u>Cash Value</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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 Accounts	_____	_____	_____	_____
Non-Retirement Securities	_____	_____	_____	_____
Life Insurance Policies	_____	_____	_____	_____
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	_____	_____	_____	_____
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 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 years including irregular income in an amount greater than \$500 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,
- 7. 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 months immediately preceding the filing of the Petition for Dissolution of Marriage.
- 8. 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.
- 9. As to all Life Insurance policies identified in IX of this Financial Declaration Form attach statements as of cash value as of the date of the filing of the Petition for Dissolution of Marriage.

10. As to all Retirement Accounts identified in X of this Financial Declaration Form attach statements showing the value of the account as of the date of the filing of the Petition for Dissolution of Marriage and for the preceding five 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.
11. As to all 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 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 be 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: _____

Signature

XVI. 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: _____

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