

**POST-PATERNITY: FINANCIAL DECLARATION FORM
STATE OF INDIANA: CIRCUIT AND SUPERIOR COURTS OF LAKE COUNTY**

IN RE THE PATERNITY OF: _____ Cause No. _____

FINANCIAL DECLARATION OF: _____

This declaration is considered mandatory discovery and must be exchanged between the parties within 30 days of the filing of any paternity case. Parties not represented by counsel are required to comply with these practices. Failure by either party to complete and exchange this form as required will authorize the Court to impose sanctions set forth in Rule 6 of the Lake County Rules of Family Law.

Father: _____

Mother: _____

Address: _____

Address: _____

Soc. Sec. No.: _____

Soc. Sec. No.: _____

Badge/Payroll No.: _____

Badge/Payroll No.: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Employment start date: _____

Employment start date: _____

Birth Date: _____

Birth Date: _____

Date of most recent support order: _____

Date of filing this paternity action: _____

List names, dates of birth, and social security numbers of all children of this relationship, whether by birth or adoption:

<u>Name</u>	<u>Birth Date</u>	<u>Social Security No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List names and dates of birth of any other children living at the residence of the person responding (identify if these are children of the responding party) and for each such person indicate the amount of support, if any, that is received:

<u>Name</u>	<u>Birth Date</u>	<u>Child of Responding Party?</u>	<u>Support Received</u>

Part I. INCOME AND EXPENSES STATEMENT

Attach COMPLETE copies of your Federal Income Tax Returns for the last three taxable years, including all W2's and 1099's. Also attach proof of all wages earned in the present year up to the date of your response. If current wage statement shows year to date wages and itemized deductions, this is sufficient. If current wage statement does not indicate year to date earnings and deductions, attach the eight (8) most recent pay stubs.

Person Responding

A. **Gross yearly** income from salary and wages, including commissions, bonuses, allowances and overtime received in most recent year.

Average gross pay per pay period (indicate whether you are paid weekly each 2 weeks or twice per month)

B. **Gross Monthly Income from Other Sources¹:** List and explain in detail any Rents received, Dividend income, or Pension, Retirement, Social Security, Disability and/or Unemployment Insurance Benefits - or any other source including Public Assistance, food stamps, and child support received for any child not born of the parties of this marriage.

¹Some of these items may not apply to support or maintenance computations.

C. **SELECTED LIVING EXPENSES:** List names and relations of each member of the household of responding party whose expenses are included:

<u>Name</u>	<u>Relation</u>

For each expense attach verification of payment even if it is not specifically requested on this form; please note that Indiana uses an Income Shares model for determining support and thus in most cases the expenses that a party has or does not have are not relevant in determining support under the Indiana Support Guidelines. **However, if you claim your expenses, justify a deviation from the support guidelines and attach a detailed list of expenses together with verification of same.**

Person Responding

Rent or mortgage payments (residence):

Real Property Taxes (residence), if not included:

Real Property Insurance (residence), if not included in mortgage payment:

Cost of **all** medical insurance (specify time period). Attach verification of payment if not on pay stub:

Cost of **only** that medical insurance that is related to the children of this action (specify time period). Attach verification from employer or insurance company:

Childcare costs – **to permit work** (specify time period: day, week, month). Attach verification:

Pre-school Costs (specify time period: week, semester, year):

School tuition – per semester (Grade or High School):

Book costs – per semester (Grade or High School):

For Post-High School – Attach separate list with explanation of loans, scholarships and grants.

Child support paid for children other than those involved in this case. Attach proof of payment.

D. IN ALL CASES INVOLVING CHILD SUPPORT: Prepare and attach any 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.

Further, if there exists a parenting plan or pattern, then state the number of overnights the non-custodial parent will have the child during the year.

The yearly number of overnights is: _____

E. POST-HIGH SCHOOL EDUCATION EXPENSE

If any of the children subject to this case are attending post-high school classes, or will attend within the next six months, list the following information for each student. **Further attach to this financial affidavit any documentation you have in support of these answers.**

Name of student: _____

Name of school: _____

Cost of school per year – if applicable, include room and board: _____

Identify all student financial aid, including grants, scholarships, and loans, and for each indicate what it is and how much will be received: _____

Note: In those cases where it is appropriate, parties may want to engage in additional discovery concerning assets that might be applied to education such as IRA's, 401K's, etc. Note further that withdrawals from IRA's for educational expenses do not suffer a 10% penalty (IRC code sec 72 (t) 2 (e)).

PART II. ARREARAGE COMPUTATION

If case involves a claim of a support or other arrearage, attach all records or other exhibits regarding payment history and compute the arrearage as of the date of the filing of the petition or motion which raises that issue. Explain in detail how arrearage is calculated.

PART III. 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 fees and expenses incurred in the investigation, preparation and prosecution of any claim or action that proves my failure to disclose income, assets or liabilities.

DATE

PARTY'S SIGNATURE

PART IV. 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:

Attorney No.:

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

Phone No.: (219) 865-7400