

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

IN RE: THE PATERNITY OF:

CAUSE NO. \_\_\_\_\_

\_\_\_\_\_

By Next Friend,

\_\_\_\_\_

Father

vs.

\_\_\_\_\_

Mother

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

**FINANCIAL DECLARATION OF \_\_\_\_\_**

**I. PRELIMINARY INFORMATION**

Mother's Address:

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

Father's Address:

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

Social Security No.:

\_\_\_\_\_

Social Security No.:

\_\_\_\_\_

Occupation:

\_\_\_\_\_

Occupation:

\_\_\_\_\_

Employer:

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

Employer:

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

Birth Date:

\_\_\_\_\_

Birth Date:

\_\_\_\_\_

Children of this action:

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

For each child:

Attached copy of birth certificate:  No  Yes

Attached copy of signed paternity affidavit:  No  Yes

Date of filing Petition: \_\_\_\_\_

Your other children not subject to this proceeding:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Lives with you:  No  Yes

Receives support:  No  Yes - Amount: \$ \_\_\_\_\_

Pays support:  No  Yes - Amount: \$ \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Lives with you:  No  Yes

Receives support:  No  Yes - Amount: \$ \_\_\_\_\_

Pays support:  No  Yes - Amount: \$ \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Lives with you:  No  Yes

Receives support:  No  Yes - Amount: \$ \_\_\_\_\_

Pays support:  No  Yes - Amount: \$ \_\_\_\_\_

**II. INCOME INFORMATION**

**A. EMPLOYMENT HISTORY**

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Job Description: \_\_\_\_\_

Gross Income: \_\_\_\_\_  
Per week                      Bi-weekly                      Per month                      Yearly

**B. EMPLOYMENT HISTORY FOR LAST 5 YEARS**

(Attach addition sheet, if necessary)

<u>Employer</u>	<u>Dates of Employment</u>	<u>Compensation</u> (per wk/mo/yr)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**C. INCOME SUMMARY**

**GROSS WEEKLY INCOME FROM:**

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

Salary and wages, including commissions, bonuses,  
allowances and overtime: \$ \_\_\_\_\_

Pension and Retirement: \$ \_\_\_\_\_

Social Security: \$ \_\_\_\_\_

Disability and unemployment insurance: \$ \_\_\_\_\_

Public Assistance (welfare, AFDC payments, etc.): \$ \_\_\_\_\_

Food stamps: \$ \_\_\_\_\_

Child support received for any child(ren) not subject to this action: \$ \_\_\_\_\_

Dividends and Interest: \$ \_\_\_\_\_

Rents received: \$ \_\_\_\_\_

Income from present spouse/relationship: \$ \_\_\_\_\_

All other sources (specify): \$ \_\_\_\_\_

TOTAL GROSS WEEKLY INCOME: \$ \_\_\_\_\_

**ATTACH COPIES OF:**

Last two (2) Federal and State Income Tax Returns:  No  Yes

Five (5) of your most recent payroll stubs:  No  Yes

**III. HEALTH INSURANCE INFORMATION**

Health Insurance Company: \_\_\_\_\_

Name all persons covered under Plan(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Weekly cost of total health insurance premiums: \$ \_\_\_\_\_

Weekly cost of health insurance premium for children only: \$ \_\_\_\_\_

**IV. MONTHLY BUDGET OF EXPENSES**

**A. HOUSING**

	<u>YOURSELF</u>	<u>CHILDREN</u>
1) Rent	\$ _____	\$ _____
2) Mortgage: Principal & Interest	\$ _____	\$ _____
3) Second Mortgage	\$ _____	\$ _____
4) Lot Rent	\$ _____	\$ _____
5) Home Insurance	\$ _____	\$ _____
6) Other (itemize)	\$ _____	\$ _____
6.1	\$ _____	
6.2	\$ _____	
6.3	\$ _____	
6.4	\$ _____	

**B. UTILITIES**

1) Electricity	\$ _____	\$ _____
2) Gas/Heating	\$ _____	\$ _____
3) Telephone/Mobile Phone	\$ _____	\$ _____
4) Water	\$ _____	\$ _____
5) Other (itemize)	\$ _____	\$ _____
5.1	\$ _____	
5.2	\$ _____	
5.3	\$ _____	
5.4	\$ _____	

**C. HOUSEHOLD MAINTENANCE**

1) Repairs (normal/on-going)		\$ _____	\$ _____
2) Cable/Internet		\$ _____	\$ _____
3) Child Support Withheld from Pay		\$ _____	\$ _____
4) Garnishments		\$ _____	\$ _____
5) Credit Cards		\$ _____	\$ _____
6) Legal Fines/Costs		\$ _____	\$ _____
7) Other (itemize)		\$ _____	\$ _____
7.1	\$ _____		
7.2	\$ _____		
7.3	\$ _____		
7.4	\$ _____		

**D. OTHER EXPENSES**

1) Food		\$ _____	\$ _____
2) Clothing		\$ _____	\$ _____
3) Transportation		\$ _____	\$ _____
4) Health/Medical/Dental		\$ _____	\$ _____
5) Childcare/Daycare		\$ _____	\$ _____
6) Personal Entertainment		\$ _____	\$ _____

**E. ALL OTHER EXPENSES**

1)		\$ _____	\$ _____
2)		\$ _____	\$ _____
3)		\$ _____	\$ _____
4)		\$ _____	\$ _____

**V. PROVISIONAL ARREARAGE COMPUTATIONS**

If you allege the existence of child support, birthing expenses, past medical bills, daycare expenses, 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.

**VI. VERIFICATION**

I declare, under the penalties 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 my assets and liabilities. Furthermore, I understand that if, in the future, it is proved to this Court that I have intentionally failed to disclose any asset or liability, I may lose the asset and be required to pay the liability. Finally, I acknowledge that sanctions may be imposed against me, including reasonable attorney's fees and expenses incurred in the investigation, preparation and prosecution of any claim or action that proves my failure to disclose assets or liabilities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
PARTY'S SIGNATURE

**VII. ATTORNEY 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.:  
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Scherville, IN 46375  
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