

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

IN RE THE MARRIAGE OF: Cause No. _____

Mother

and

Father

FINANCIAL DECLARATION OF: _____

This declaration is considered mandatory discovery and must be exchanged between the parties within 60 days of the initial filing of the Dissolution of Marriage. 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. If appraisals or verifications are not available within 60 days, the form must be exchanged within 60 days with a notation that appraisals or verifications are being obtained and then the declaration shall be supplemented within 30 days thereafter.

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 Marriage: _____

Date of Physical Separation: _____

Date of Filing: _____

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>	<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)).

- F. DEBTS AND OBLIGATIONS:** (Include credit unions) Attach additional sheets as needed. Indicate any special circumstances, i.e. premarital debts, debts in arrears on the date of physical separation, or date of filing and the amount of number of payments in arrears.

ATTACH A COPY OF THE MOST RECENT STATEMENT FOR EACH LISTED DEBT:

<u>Creditor's Name</u>	<u>Persons on Account</u>	<u>Balance</u>	<u>Monthly Payment</u>

PART II. NET WORTH – ATTACH ALL AVAILABLE DOCUMENTATION TO VERIFY VALUES.

List all property owned, either individually or jointly. Indicate whom holds or how the title is held: (H) Husband, (W) Wife, (J) Jointly, or other appropriate indication. **PLEASE ATTACH SEPARATE PAGE IF SPACE IS INSUFFICIENT FOR COMPLETE INFORMATION.**

A. Household Furnishings: (Value of furniture, appliances and equipment, **as a whole – you need not itemize** – indicate whether you use replacement cost or “garage sale” value.)

\$ _____

B. Automobiles, Boats, Snowmobiles, Motorcycles, etc.:

<u>Year – Make</u>	<u>Titled Owner</u>	<u>Present Value</u>	<u>Balance Owed</u>

C. Cash and Deposit Accounts: (Include **ALL** banks, savings and loan associations, credit unions, thrift plans, mutual funds, certificate of deposit, savings and/or checking accounts, IRA’s and annuities). **This also includes listing the contents of any safety deposit boxes.** Please attach separate page if space is insufficient for complete information.

<u>Name of Institution & Type of Account</u>	<u>Name(s) on Account</u>	<u>Account No.</u>	<u>Balance</u>

D. Securities (Stocks, bonds, etc.) - Please attach separate page if space is insufficient for complete information.

<u>Company Name</u>	<u>Owner</u>	<u>Shares</u>	<u>Value</u>

E. Real Estate: Attach a separate sheet with the following information for each separate piece of real estate owned.

Address: _____ Type of Property: _____

_____ Date of Acquisition: _____

Original Cost: _____ Present Value: _____

Basis for Valuation: _____
(Attach appraisal if obtained)

1st MORTGAGE BALANCE AS OF DATE OF ANSWER: _____

Other liens (amount and type): _____

Monthly payment on each mortgage: 1st _____ 2nd _____

To whom paid: _____

Taxes (if not included in mortgage payment): _____

Insurance (if not included in mortgage payment): _____

Special assessments (including utility or condo assessments): _____

Identify individual contributions to the real estate (for example, inheritance, pre-marital assets, personal loans, etc.):

F. Retirement Plans: List monthly amount you would be entitled to at earliest retirement date (indicate that date) if you stopped work today. Your response should indicate date of valuation. Further, if it is a defined interest plan, list present amount in plan and date of valuation.

Also identify whose plan it is and list both the name and the address of administrator of plan - indicate whether plan is vested - if not vested, indicate when it will vest:

Attach documents from each plan verifying information. If not yet received, attach a copy of your written request to the plan(s)

G. Life Insurance: Give name of insured, beneficiary, company issuing, policy #, type of insurance (term, whole life, group), face value, cash value, and any loans against - include plans provided by employer:

H. Business or Professional Interests: Indicate name, share, type of business, value less indebtedness, etc.:

I. Other Assets: This includes coin, stamp or gun collections, or other items of unusual value. Please attach separate page if space is insufficient for complete information.

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