

STATE OF INDIANA : CIRCUIT COURT : SUPERIOR COURT : MARION COUNTY

CAUSE NO. _____

Petitioner

-VS-

DATED: _____

Respondent

**VERIFIED FINANCIAL DECLARATION OF
[HUSBAND/FATHER] [WIFE/MOTHER]**

<p>HUSBAND/FATHER:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Occupation: _____</p> <p>Employer: _____</p> <p>Date of Birth: _____</p>	<p>WIFE/MOTHER:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Occupation: _____</p> <p>Employer: _____</p> <p>Date of Birth: _____</p>
<p>ATTORNEYS Name, Address, and Telephone Number</p>	<p>SPACE BELOW FOR USE OF COURT CLERK ONLY</p>

GROSS WEEKLY INCOME – ATTACH LAST THREE (3) PAYROLL STUBS	AMOUNTS
1. Gross Weekly SALARY, WAGES and COMMISSIONS	
2. Gross Weekly PENSIONS/RETIRMENT/SOCIAL SECURITY/DISABILITY/UNEMPLOYMENT/WORKMAN'S COMP	
3. Gross Weekly CHILD SUPPORT received from any prior marriage (not this marriage)	
4. Gross Weekly DIVIDENDS and INTEREST	
5. Gross Weekly RENTS/ROYALTIES less ordinary and necessary expenses (Attach calculations)	
6. Gross Weekly BUSINESS/SELF-EMPLOYMENT INCOME less ordinary and necessary expenses (Attach calculations)	
7. ALL OTHER SOURCES (Specify)*	
8. TOTAL GROSS WEEKLY INCOME (Total of Lines 1 through 7)	

9. Minus Weekly COURT ORDERED CHILD SUPPORT for Prior Children – amounts actually paid	
10. Minus Weekly LEGAL DUTY CHILD SUPPORT for Prior Children	
11. Minus Weekly HEALTH INSURANCE PREMIUMS for Children of This Marriage Only	
12. Minus Weekly ALIMONY/SUPPORT/MAINTENANCE Paid to Prior Spouses – amounts actually paid	
13. WEEKLY AVAILABLE INCOME (Line 8 less Lines 9 through 12)	

14. Weekly WORK RELATED CHILD CARE COSTS for Custodial Parent to work for Children of This Marriage Only	
15. Weekly EXTRAORDINARY HEALTHCARE EXPENSES (Children of This Marriage Only – Uninsured Only)	
16. Weekly EXTRAORDINARY EDUCATION EXPENSES (Children of This Marriage Only)	

* Includes Bonuses; Alimony and Maintenance Received from Prior Marriages; Capital Gains; Trust Income; Gifts; Prizes; In-Kind Benefits from Employment such as Company Car; Free Housing; Reimbursed Meals. DO NOT INCLUDE ADC, SSI, General Assistance, Food Stamps.

Names and relationship of all members of household whose expenses are included:

Monthly Expenses And Deductions From Income			
1.	FEDERAL INCOME TAXES (weekly deductions times 4.3)		
2.	STATE INCOME TAXES (weekly deductions times 4.3)		
3.	LOCAL INCOME TAXES (weekly deductions times 4.3)		
4.	SOCIAL SECURITY TAXES (weekly deductions times 4.3)		
5.	RETIREMENT/PENSION FUND [<input type="checkbox"/> Mandatory] [<input type="checkbox"/> Optional] (weekly deductions times 4.3)		
6.	RENT/MORTGAGE PAYMENTS (Residence)		
7.	RESIDENCE/PROPERTY TAXES/INSURANCE-if not included in Mortgage Payment (Total for year ÷ 12)		
8.	MAINTENANCE ON RESIDENCE		
9.	FOOD/HOUSEHOLD SUPPLIES/LAUNDRY/CLEANING		
10.	ELECTRICITY (Total for year ÷ 12)		
11.	GAS (Total for year ÷ 12 or Monthly Budget Amount)		
12.	WATER/SEWER/SOLID WASTE/TRASH COLLECTION (Total for year ÷ 12)		
13.	TELEPHONE (including Long Distance Charges)		
14.	CLOTHING		
15.	MEDICAL/DENTAL EXPENSES (Not reimbursed by Insurance)		
16.	AUTOMOBILE – LOAN PAYMENT		
17.	AUTOMOBILE – GAS/OIL		
18.	AUTOMOBILE – REPAIRS		
19.	AUTOMOBILE – INSURANCE (Total for year ÷ 12)		
20.	LIFE INSURANCE		
21.	HEALTH INSURANCE (exclude payments for children shown on Page 1, line 11)		
22.	DISABILITY/ACCIDENT/OTHER INSURANCE (Please specify)		
23.	ENTERTAINMENT (Clubs, Social Obligations, Travel, Recreation, Cable Television)		
24.	CHARITABLE/CHURCH CONTRIBUTIONS		
25.	PERSONAL EXPENSES (Haircuts, cosmetics, grooming, tobacco, alcohol, etc.)		
26.	BOOKS/MAGAZINES/NEWSPAPERS		
27.	EDUCATION/SCHOOL EXPENSES (Self and children you have custody of)		
28.	DAYCARE/WORK RELATED CHILD CARE COSTS (weekly amount times 4.3)		
29.	OTHER EXPENSES (Please specify)		
30.			
31.			
	MONTHLY LOAN/CHARGE CARD EXPENSES (Do not include monthly payments shown above)	FOR	BALANCE
32.			
33.			
34.			
35.			
36.			
37.			
38.			
39.	Total Monthly Expenses And Deductions From Income (Total of Lines 1 through 38)		
40.	Average Weekly Expenses And Deductions (Total monthly expenses year ÷ 4.3)		

ASSETS

Disclose all assets known to you, even if you do not know the value. Under ownership, H = Husband; W = Wife; J = Joint. Lien amount includes only those debts secured by an item, such as a mortgage against a house, debts shown on title to vehicle, loans against life insurance policies or loans where an item is pledged as collateral. Value assets as of date Petition for Dissolution of Marriage was filed.

Show valuation date here: _____

DESCRIPTION	GROSS VALUE	LESS: LIENS/ MORTGAGE	NET VALUE	TITLE		
				H	W	J
A. HOUSEHOLD FURNISHINGS, FURNITURE, APPLIANCES						
1. In possession of Husband:						
2.. In possession of Wife:						
B. . AUTOMOBILES, TRUCKS, RECREATIONAL VEHICLES (Include Make, Model and Year)						
3.						
4.						
5.						
6.						
C. SECURITIES – STOCKS, BONDS, AND STOCK OPTIONS						
7.						
8.						
9.						
10.						
D. CASH, CHECKING, SAVINGS, DEPOSIT ACCOUNTS, CDs (Include name of Bank/Credit Union and type of account)						
11.						
12.						
13.						
14.						
15.						
E. REAL ESTATE (including Land Sales Contracts)						
16. Marital Residence (Show Address)						
Basis of Valuation: _____ Name of lender first Mortgage: _____ Name of lender second Mortgage: _____						
17. Other (Show Address)						
Basis of Valuation: _____ Name of lender first Mortgage: _____ Name of lender second Mortgage: _____						
18. Other (Show Address)						
Basis of Valuation: _____ Name of lender first Mortgage: _____ Name of lender second Mortgage: _____						

DESCRIPTION	GROSS VALUE	LESS: LIENS/ MORTGAGE	NET VALUE	TITLE		
				H	W	J
F. CASH RETIREMENT ACCOUNTS (IRAs, SEPS, KEOUGHS, 401K (Employee savings plans, stock ownership/profit sharing plans, etc.))						
19.						
20.						
21.						
22.						
23.						
G. RETIREMENT BENEFITS, DEFERRED COMPENSATION PLANS AND PENSIONS (Include information available on benefits, whether benefits are vested or in pay status)						
24.						
25.						
H. BUSINESS INTERESTS						
26.						
27.						
28.						
I. LIFE INSURANCE (Show Company and Death Benefits)						
Term and Group						
29. Named Beneficiary: _____	0	0	0			
30. Named Beneficiary: _____	0	0	0			
31. Named Beneficiary: _____	0	0	0			
Whole Life and Others (Show Cash Value under Gross Value)						
32. Named Beneficiary: _____						
33. Named Beneficiary: _____						
34. Named Beneficiary: _____						
J. OTHER ASSETS Include any type of assets having value, including jewelry, personal property, assets located in safety deposit boxes, accrued bonuses, etc.						
35.						
36.						
37.						
38.						
39.						
40.						
41.						

ASSETS ACQUIRED BY YOU PRIOR TO THE MARRIAGE OR THROUGH INHERITANCE OF GIFT
(Whether now owned or not)

SHOW SIGNIFICANT ASSETS ONLY	GROSS VALUE	LESS: LEINS/ MORTGAGES	NET VALUE	VALUATION DATE
A. ASSETS OWNED BY YOU PRIOR TO MARRIAGE (value as of date of marriage)				
1.				
2.				
3.				
4.				
5.				
B. ASSETS ACQUIRED BY YOU DURING MARRIAGE THROUGH INHERITANCE OR GIFTS (value as of date of acquisition)				
6. Acquired from whom: _____				
7. Acquired from whom: _____				
8. Acquired from whom: _____				

I declare under penalty of perjury that the foregoing, including any attachments, is true and correct, that this declaration was executed on the _____ day of _____, 20__.

Signature: _____

Printed Name: _____

You are under a duty to supplement or amend this Financial Declaration prior to trial if you learn the information provided is incorrect or the information provided is no longer true.

CERTIFICATE OF SERVICE

I hereby certify that a true, exact and authentic copy of the foregoing has been served upon the following, [_____ by United States mail, first class postage prepaid], [_____ hand delivery] this _____ day of _____, 20__:

Attorney for [Husband/Father] [Wife/Mother]

Attorney's Address/Phone Number