

STATE OF INDIANA)
) SS:
COUNTY OF TIPPECANOE)

IN THE _____ COURT
OF TIPPECANOE COUNTY

IN RE THE MARRIAGE OF:

CASE NO. 79 _____ - _____ -DR- _____

Mother / Father / Wife / Husband
AND

Mother / Father / Wife / Husband

DISSOLUTION OF MARRIAGE: FINANCIAL DECLARATION FORM

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 17 of the Tippecanoe 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.

Husband: _____

Wife: _____

Address: _____

Address: _____

Soc. Sec. No.: _____

Soc. Sec. No.: _____

Badge/Payroll No.: _____

Badge/Payroll No.: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Date started this employment: _____

Date started this employment: _____

Birth Date: _____

Birth Date: _____

Date of Marriage: _____

Date of Physical Separation: _____

Date of Filing: _____

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

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 indicate the amount of support, if any, that is received:

Part I. INCOME AND EXPENSES STATEMENT

A. Income from Employment: 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 8 most recent pay stubs.

\$ _____ **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 Sources: 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.

\$ _____

\$ _____

\$ _____

(Some 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 the Responding party whose expenses are included.

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. **NOTE:** However if you claim your expenses justify a deviation from the support guidelines attach a detailed list of expenses together with verification of same.

\$ _____ Rent or Mortgage payments (residence)

\$ _____ Real Property Taxes (residence) if not included in mortgage payment

\$ _____ 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

\$ _____ Child care costs - **to permit work** - specify time period (per day, week, month)
Attach verification

\$ _____ Pre-School Costs (specify time period week, semester or 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 and scholarships and grants

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

D. 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 such 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, 401 K'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 union) 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 or number of payments in arrears.

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

\$ _____	Current Balance	Creditor's Name: _____
\$ _____	Monthly Payment	Persons on Account: _____
\$ _____	Current Balance	Creditor's Name: _____
\$ _____	Monthly Payment	Persons on Account: _____
\$ _____	Current Balance	Creditor's Name: _____
\$ _____	Monthly Payment	Persons on Account: _____

\$ _____	Current Balance	Creditor's Name: _____
\$ _____	Monthly Payment	Persons on Account: _____
\$ _____	Current Balance	Creditor's Name: _____
\$ _____	Monthly Payment	Persons on Account: _____

PART II. NET WORTH: attach all available documentation to verify values

List all property owned either individually or jointly. Indicate who holds or how the title is held:

(H) Husband, (W) Wife, or (J) Jointly or other appropriate indication.

Where space is insufficient for complete information or listing, please attach a separate page.

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.:

\$ _____	Present Value	Make: _____
\$ _____	Balance Owed	Titled Owner(s): _____
\$ _____	Present Value	Make: _____
\$ _____	Balance Owed	Titled Owner(s): _____
\$ _____	Present Value	Make: _____
\$ _____	Balance Owed	Titled Owner(s): _____

C. Cash and Deposit Accounts: (including ALL banks, savings and loan associations, credit unions, thrift plans, mutual funds, certificate of deposit, savings/checking accounts, IRA's and annuities).

This also includes listing the contents of any safety deposit boxes. Use additional page if necessary.

\$ _____	Balance	Institution Name: _____
		Type of Account: _____ Number: _____
		Owner(s): _____
\$ _____	Balance	Institution Name: _____
		Type of Account: _____ Number: _____
		Owner(s): _____
\$ _____	Balance	Institution Name: _____
		Type of Account: _____ Number: _____
		Owner(s): _____

D. Securities: (Stocks, Bonds, Etc) - use additional page if necessary

\$ _____	Value	Company: _____
Shares Owned: _____		Owner(s): _____
\$ _____	Value	Company: _____
Shares Owned: _____		Owner(s): _____

E. Real Estate: (attach separate sheet with the following information for each piece of real estate).

\$ _____ Original Cost Address: _____

\$ _____ Present Value Type of Property: _____

Basis for valuation: _____ Date of Acquisition: _____

(Attach appraisal if obtained)

\$ _____ 1st mortgage balance as of date of answer

\$ _____ Monthly Payment Company: _____

\$ _____ 2nd mortgage balance as of date of answer

\$ _____ Monthly Payment Company: _____

\$ _____ Taxes (if not included in mortgage payment)

\$ _____ Insurance (if not included in mortgage payment)

\$ _____ Special Assessments (including utility or condo assessments)

\$ _____ Other liens (type): _____

\$ _____ Other liens (type): _____

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

F. Retirement Plans: (attach documents from each plan verifying information. If not yet received, attach a copy of your written request to each plan)

List monthly amount you would be entitled to at earliest retirement date (indicating 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:

\$ _____ Monthly Amount Earliest Retirement Date _____

Plan Administrator: _____

Date of Valuation: _____ Vested: Y / N (if no, when) _____

\$ _____ Monthly Amount Earliest Retirement Date _____

Plan Administrator: _____

Date of Valuation: _____ Vested: Y / N (if no, when) _____

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:

\$ _____ Face Value Issuing Company _____

\$ _____ Cash Value Insured Name _____

\$ _____ Loans Beneficiary _____

Type: Term Whole Life Group

\$ _____ Face Value Issuing Company _____

\$ _____ Cash Value Insured Name _____

\$ _____ Loans Beneficiary _____

Type: Term Whole Life Group

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). Use additional pages as needed: _____

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's 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 _____

Signature of Declaring Party

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 Name: _____

Indiana Attorney No.: _____

Attorney for Mother / Father