

STATE OF INDIANA)
) SS:
COUNTY OF TIPPECANOE)
IN THE MATTER OF THE)
PATERNITY OF)
By Next Friend,)
) Petitioner,)
vs.)
) Respondent)

IN THE TIPPECANOE CIRCUIT COURT
TO THE 2016 TERM
CAUSE NO.

PATERNITY & POST DECREE 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.

Father: _____	Mother: _____
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 Last Support Order: _____
Date of Filing Post-Decree: _____	Date of Paternity 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 (or 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)

\$ _____ 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 _____

PART II: ARREARAGE COMPUTATION

If case involves a claim of 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. _____

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)).

PART IV. 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