

VERIFIED FINANCIAL DISCLOSURE STATEMENT

This form is required, even if your case is believed to be uncontested, and must be completed, signed and returned to our office within seven (7) days after your initial consultation. Please fill it out accurately and completely whenever applicable. If you do not know the information requested, please state so on the form. Do not attempt to guess since you are answering under oath. Naturally, some items may not apply to you and if so, please make notations on the form to that effect. Upon completing and returning this form to our office, you should make an appointment with us so we can review and discuss your responses. Local rules require that this form be exchanged with the opposing.

VERIFIED FINANCIAL DISCLOSURE STATEMENT

I. **PRELIMINARY INFORMATION**

Full Name _____

Address _____

Date of Birth _____

Social Security No. _____

Date of Marriage _____

Spouse's Name _____

Spouse Social Security No. _____

Spouse's Date of Birth _____

Children:

Name _____ Age _____ DOB _____

Name _____ Age _____ DOB _____

Name _____ Age _____ DOB _____

Name _____ Age _____ DOB _____

Name of Health Care Provider(s): _____ Weekly Cost: _____

Name of Health Insurance Company: _____

Weekly Cost: Single Plan _____ ; Family Plan _____

Extraordinary Medical Expenses: _____

Extraordinary Educational Expenses: _____

II INCOME INFORMATION

EMPLOYMENT

Current Employer _____

Address _____

Telephone No. _____ Length of Employment _____

Job Description _____

Gross Income _____
 Per Week Bi-Weekly Per Month Yearly

Net Income _____
 Per Week Bi-Weekly Per Month Yearly

EMPLOYMENT HISTORY FOR LAST 5 YEARS

Employer	Dates of Employment	Compensation (Per/Wk/Mo/Yr)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER INCOME

List other sources of income; including but not limited to Dividends, Earned Interest, Rents, Public Assistance (AFDC), Social Security, Worker’s Compensation, Child Support from prior marriage, Military or Other Retirement, Unemployment Compensation, etc.

Source	Amounts Received	Reason for Entitlement
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fringe Benefits; including but not limited to Company Automobile, Health Insurance, Club Memberships, Cafeteria Plan, etc.

Type of Benefits	Annual Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

II REQUIRED INCOME VERIFICATION

You are required by the Trial Court to attach the following:

1. You three most recent paycheck stubs.
2. A full and complete copy including schedules of your last Federal Income Tax Return.
3. The first page of your last State Income Tax Return.

III. PROPERTY

A. MARITAL RESIDENCE

Description _____

Location _____

Date Acquired _____

Purchase Price _____ Down Payment _____

Source of Down Payment _____

Current Indebtedness _____

Monthly Payment _____

Current Fair Market _____

B. OTHER REAL PROPERTY

Description _____

Location _____

Date Acquired _____

Purchase Price _____ Down Payment _____

Source of Down Payment _____

Current Indebtedness _____

Monthly Payment _____

Current Fair Market _____

C. PERSONAL PROPERTY (Automobiles, Boats, Furnishings, Household Goods,

Jewelry, Motorcycles, Tractors, Trucks, etc. [Attach additional pages if necessary])

Description	Date Acquired	Purchase Price	Indebtedness	Payment	Current Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

BANK ACCOUNTS TO WHICH THE PETITIONER/RESPONDENT HAS HAD A DIRECT OR INDIRECT INTEREST WITHIN THE LAST 3 YEARS (This includes any bank account to which the Petitioner or Respondent has deposited money)

Name	Description	Account No.	Date Opened	Balance Date Separated	Current Balance

IV. **STOCKS, BONDS AND CD'S**

Name of Depository	Description & No.	Date Opened	Balance Date Separated	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

V. **INSURANCE POLICIES**

Company	Owner	Policy No.	Beneficiary	Cash Value	Face Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

VI **RETIREMENT BENEFITS, IRA, KEOGH, PENSION, ETC.**

Company	Type of Plan	Account Number	Value
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VII INTEREST IN BUSINESS

Name of Business	Type (Corp.,Part., Sole Owner)	% Owned	Estimated Value

DEBTS (Including but not limited to Mortgages, Charge Cards, Loans, Credit Union, Etc. [attach separate list if necessary])

Creditor	Account No.	Monthly Payment	Current Balance	Balance Date of Filing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Monthly Payment-----\$ _____

Total Debts Owed-----\$ _____

VIII MONTHLY EXPENSES

Housing	_____	Toiletries	_____
(Rent/Mortgage)	_____	School Supplies	_____
2nd Mortgage	_____	School Lunch	_____
Gas/Electric	_____	School Tuition	_____
Water/Sewer	_____	Newspaper	_____
Telephone	_____	Cable	_____
Garbage Pickup	_____	Other: _____	_____
Food	_____	Other: _____	_____
Medical (self)	_____	Other: _____	_____
Medical (Children)	_____		
Dental (self)	_____		
Dental (Children)	_____		
Med/Dental Insurance	_____		
Cleaning/Laundry	_____		
Hair Care	_____		
Transportation	_____		
Gas/Oil	_____		
Car Repairs	_____		
Car Payment	_____		
Home Ins.	_____		
Property Tax	_____		

CHARGE ACCOUNTS

Name _____
 Balance _____
 Monthly Pmt _____

Name _____
 Balance _____
 Monthly Pmt _____

Name _____
 Balance _____
 Monthly Pmt _____

Name _____
 Balance _____
 Monthly Pmt _____

Name _____
 Balance _____
 Monthly Pmt _____

IX ASSETS ACQUIRED PRIOR TO OR DURING THE MARRIAGE OR THOROUGH INHERITANCE OR GIFT (Whether now owned or not)
 (Show significant assets only)

A. ASSETS OWNED BY YOU PRIOR TO THE MARRIAGE
 (Value as of the date of marriage)

Asset	Gross Value	Less: Lien/Mortgage	Net Value	Valuation Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. ASSETS ACQUIRED BY YOU DURING THE MARRIAGE
 (Value as of the date of acquisition)

Asset	Gross Value	Less: Lien/Mortgage	Net Value	Valuation Date
_____	_____	_____	_____	_____
Acquired from _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Acquired from _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Acquired from _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Acquired from _____	_____	_____	_____	_____

X SUMMARY OF ASSETS AND LIABILITIES AS OF DATE OF FINAL SEPARATION

Asset	In Name of Husband	In Name of Wife	Jointly Held	Total
Family Dwelling	_____	_____	_____	_____
Other Real Property	_____	_____	_____	_____
Bank or Savings Accts.	_____	_____	_____	_____
Stocks/Bonds/Securities	_____	_____	_____	_____
Notes & Accts Receivable	_____	_____	_____	_____
Furniture/Motor Vehicles	_____	_____	_____	_____
Life Ins-Cash Surrender Value	_____	_____	_____	_____
Retirement Funds - Vested	_____	_____	_____	_____
Business Interests	_____	_____	_____	_____
Other Assets	_____	_____	_____	_____
Total Assets	\$ _____	\$ _____	\$ _____	\$ _____
Liabilities	_____	_____	_____	_____
General Creditors	_____	_____	_____	_____
Mortgage on Family Dwelling	_____	_____	_____	_____
Mortgages on Other Real Estate	_____	_____	_____	_____
Notes to Banks and Others	_____	_____	_____	_____

Loans on Insurance Policies _____

Other Liabilities _____

Total Liabilities \$ _____ \$ _____ \$ _____ \$ _____

**ASSETS MINUS
LIABILITIES** \$ _____ \$ _____ \$ _____ \$ _____

XI PERSONAL STATEMENT REGARDING DIVISION OF PROPERTY

Indiana law presumes that the marital property be split on a 50/50 basis. However, the Judge may order a division which may differ from an exact 50/50 division of your property. Please provide a brief statement as to your reasons, if there be any, why the Court should divide your property on anything other than a 50/50 basis.

XII VERIFICATION & DUTY TO SUPPLEMENT OR AMEND

I affirm, under the penalties of perjury, that the foregoing representations are true to the best of knowledge and belief. Further, I understand that I am under a duty to supplement or amend this VERIFIED FINANCIAL DISCLOSURE STATEMENT prior to trial if I learn that the information which has been provided is either incorrect or that the information provided is no longer true.

SO DECLARED this _____ day of _____, 20_____.

Signature