

FAMILY RELATIONS DIVISION
PRETRIAL FINANCIAL DECLARATION

<div style="display: flex; justify-content: space-between;"> Plaintiff, Case No. _____ </div>		
vs.	}	
<div style="display: flex; justify-content: space-between;"> Defendant. Dated: _____ </div>		

Husband: _____	Wife: _____
Address: _____	Address: _____
Soc. Sec. No.: _____	Soc. Sec. No.: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Birthdate: _____	Birthdate: _____

NOTE: THIS DECLARATION MUST BE FILED IN TYPEWRITTEN FORM WITH THE FAMILY RELATIONS DIVISION AT THE TIME OF THE PRE-TRIAL HEARING AND CONFERENCE, AND/OR TRIAL SETTING.

THIS DECLARATION IS REQUIRED TO BE VERIFIED AND ANY FALSE STATEMENT MADE HEREON SHALL SUBJECT YOU TO THE PENALTY FOR PERJURY.

STATEMENT OF INCOME, EXPENSES, ASSETS AND LIABILITIES
Attach copies of State and Federal Income Tax Returns for last two taxable years and wage statements from your employer for last 4 pay periods.

	HUSBAND	WIFE
1 Gross monthly income from:	\$	\$
Salary and wages, including commissions, bonuses, allowances and overtime, payable _____ (pay period) _____		
(NOTE: To arrive at monthly income figure if paid weekly, multiply weekly income by 4.3; if paid bi-weekly, multiply bi-weekly income by 2.15)		
Pensions and retirement _____		
Social security _____		
Disability and unemployment insurance _____		
Public assistance (welfare, AFDC payments, etc.) _____		
Child support from any prior marriage _____		
Rents _____		
All other sources: (Specify) _____		
TOTAL MONTHLY INCOME	\$	\$
2 Itemize monthly deductions from gross income:	\$	\$
State and federal income taxes _____		
Number of exemptions taken _____		
Social security _____		
Medical or other insurance (describe fully) _____		

Union or other dues _____		
Retirement or pension fund _____		
Savings plan _____		
Credit union _____		
Other: (Specify) _____		
TOTAL MONTHLY DEDUCTIONS	\$	\$
3 Net monthly income – take home pay _____	\$	\$

4 Debts and obligations:

CREDITOR'S NAME	FOR	DATE PAYABLE	BALANCE	MONTHLY PAYMENT
TOTAL			\$	\$

(If insufficient space, insert total and attach schedule)

5 All property of the parties known to me owned individually or jointly (indicate who holds or how title held: (H) Husband, (W) Wife, or (J) Jointly). WHERE SPACE IS INSUFFICIENT FOR COMPLETE INFORMATION OR LISTING PLEASE ATTACH SEPARATE SCHEDULE

	VALUE	OWED THEREON
	\$	\$
(a) Household furnishings, furniture, appliances, and equipment _____		
(b) Automobile (Year-Make) _____		

(c) Securities – stocks, bonds _____		

(d) Cash and Deposit Accounts (banks, savings & loans, credit unions – savings and checking) _____		

(e) Life Insurance:

NAME OF COMPANY	POLICY NO.	FACE AMOUNT	CASH VALUE, ACCUMULATED DIV. OR LOAN AMOUNT
		\$	\$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(f) Profit Sharing or Retirement Accounts

VALUE OF INTEREST AND AMOUNT PRESENTLY VESTED

Name _____

Name _____

(g) Other Personal Property and Assets (Specify)

(h) Real Estate (Where more than one parcel of real estate owned, attach sheet with identical information for all additional property)

Address _____ Type of Property _____

Date of Acquisition _____

Original Cost \$ _____ Total Present Value \$ _____

Cost of Additions \$ _____ Basis of Valuation _____

Total Cost \$ _____

Mtg. Balance \$ _____

Other Liens \$ _____

Equity \$ _____

Monthly Amortization \$ _____ And To Whom _____

Taxes \$ _____

Individual Contributions _____

(i) Business Interest (Indicate name, share, type of business, value less indebtedness) _____

(j) Other Assets (Specify)

6 Total *monthly* expenses: (Specify which party is the custodial parent and list name and relationship of all members of the household whose expense are included

	HUSBAND	WIFE
	\$	\$
Rent or mortgage payments (residence) _____		
Real property taxes (residence) _____		
Real property insurance (residence) _____		
Maintenance (residence) _____		
Food and household supplies _____		
Utilities including water, electricity, gas and heat _____		
Telephone _____		
Laundry and cleaning _____		
Clothing _____		
Medical _____		
Dental _____		
Insurance (life, health, accident, comprehensive, liability, disability) Exclude Payroll Deducted _____		
Child care _____		
Payment of child/spousal support re prior marriage _____		
School _____		
Entertainment (includes clubs, social obligations, travel, recreation) _____		
Incidentals (grooming, tobacco, alcohol, gifts, and donations) _____		
Transportation (other than automobile) _____		
Auto expense (gas, oil, repair, insurance) _____		
Auto payments _____		
Installment payment(s). (Insert total and attach itemized schedule if not fully set forth in (d) on the first page hereof) _____		
Other expenses (Insert total and specify on attached schedule) _____		
TOTAL EXPENSES _____	\$	\$

_____, of lawful age, being first duly sworn, upon _____ oath
(His or Her)
 states: that ___ he is the _____ named in the above three page financial
(Plaintiff or Defendant)
 declaration; that ___ he has read the same and knows the contents of the same; that all of the averments, matters and things,
 as therein set forth are true and correct as ___ he verily believes.

 Party's Signature

Subscribed and sworn to before me, a notary public within and for said County and State, on this ____ day of

My Commission Expires:

 Notary Public

FIRM NAME: _____

 Attorney's Signature

Address: _____

: _____

Telephone No.: _____