

VERIFIED FINANCIAL DECLARATION

STATE OF INDIANA)
) SS: IN THE HAMILTON COUNTY CIRCUIT/SUPERIOR COURT
 COUNTY OF HAMILTON) CAUSE NO.

 Petitioner

vs.

 Respondent

HUSBAND:		WIFE:	
Name:	_____	Name:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____
Employer:	_____	Employer:	_____
Attorney for Husband:	_____	Attorney for Wife:	_____
Address:	_____	Address:	_____
	_____		_____
Telephone No:	_____	Telephone No:	_____

VERIFIED FINANCIAL DECLARATION OF

GROSS WEEKLY INCOME - Attach last 3 payroll stubs	AMOUNTS
1. SALARY AND WAGES	
2. PENSIONS/RETIREMENT/SOCIAL SECURITY/DISABILITY/UNEMPLOYMENT/WORKER'S COMP	
3. CHILD SUPPORT (received from prior marriage)	
4. DIVIDENDS AND INTEREST	
5. RENTS/ROYALTIES (less ordinary/necessary expenses)	
6. BUSINESS/SELF-EMPLOYMENT INCOME (not after expenses)	
7. COMMISSIONS/BONUSES/TIPS	
8. ALL OTHER SOURCES (explain source)	
9. TOTAL GROSS WEEKLY INCOME (Total of Lines 1-8)	\$ 0.00
WEEKLY DEDUCTIONS	
10. Weekly COURT ORDERED CHILD SUPPORT (for prior children)	
11. Weekly LEGAL DUTY CHILD SUPPORT (for prior children)	
12. Weekly HEALTH INSURANCE PREMIUMS (children of marriage only)	
13. Weekly ALIMONY/SUPPORT/MAINTENANCE (paid to prior spouses – amounts actually paid weekly)	
14. SELF EMPLOYED TAX (½ of weekly self-employment taxes)	
15. WEEKLY AVAILABLE INCOME (Line 9 less Lines 10 through 13)	\$ 0.00
16. WORK RELATED CHILD CARE COSTS of custodial parent	
17. EXTRAORDINARY HEALTHCARE EXPENSES – uninsured only	
18. EXTRAORDINARY EDUCATIONAL EXPENSES	
19. TOTAL GROSS WEEKLY DEDUCTIONS FROM GROSS INCOME	\$ 0.00
NET WEEKLY INCOME (Total line 9 minus total line 19)	\$ 0.00

MONTHLY EXPENSES AND DEDUCTIONS FROM INCOME (weekly expenses x 4.3/annual expenses divided by 12)					AMOUNT
1. FEDERAL INCOME TAXES					
2. STATE INCOME TAXES					
3. LOCAL INCOME TAXES					
4. SOCIAL SECURITY TAXES					
5. RETIREMENT/PENSION FUND (Mandatory) (Optional)					
6. RENT/MORTGAGE PAYMENTS (Primary residence)					
7. RESIDENCE/PROPERTY TAXES/INSURANCE					
8. MAINTENANCE ON RESIDENCE (lawn care/maid/cleaning/pool)					
9. FOOD AND SUPPLIES (at home/eating out with friends/children)					
10. ELECTRICITY					
11. GAS/OIL/WOOD HEAT					
12. WATER/SEWER/SOLID WASTE/TRASH COLLECTION					
13. TELEPHONE (Monthly base charges)					
14. TELEPHONE (Long distance charges only)					
15. PERSONAL CLOTHING (shoes/shoe repair/alterations)					
16. PERSONAL EXPENSES (hair/cosmetics/tobacco/film/cards/postage)					
17. SPECIAL WORK EXPENSES (uniform/safety shoes/dues/parking)					
18. LAUNDRY/DRY CLEANING					
19. AUTOMOBILE (loan payment)					
20. AUTOMOBILE (gas/oil/car wash)					
21. AUTOMOBILE (repairs)					
22. AUTOMOBILE (license plates/excise taxes/auto club)					
23. AUTOMOBILE (insurance)					
24. CABLE TELEVISION charges					
25. MEDICAL/DENTAL EXPENSES (non-prescription/unreimbursed expenses)					
26. LIFE INSURANCE					
27. HEALTH INSURANCE					
28. DISABILITY/ACCIDENT/OTHER INSURANCE					
29. ENTERTAINMENT(clubs/travel/recreation/hobbies)					
30. CHARITABLE/CHURCH CONTRIBUTIONS					
31. BOOKS/MAGAZINES/NEWSPAPERS					
32. HOME TAX PREPARATION/nonreimbursable business expenses					
33. CHILDREN (clothing/shoes)					
34. CHILDREN (allowance/memberships in scouts/uniforms/fees)					
35. CHILDREN (school lunches)					
36. CHILDREN (book rental/tuition)					
37. CHILDREN (lessons/extracurricular activities/tutors)					
38. CHILDREN (summer school/drivers education)					
39. CHILDREN (special babysitting)					
40. OTHER EXPENSES					
INSTALLMENT PAYMENTS	Owner			CURRENT	MONTHLY
	H	W	J	BALANCE	PAYMENT
41.					
42.					
43.					
44.					
45.					
46.					
47.					
48.					
49.					
50.					
TOTAL MONTHLY EXPENSES AND DEDUCTIONS FROM GROSS INCOME					\$ 0.00
AVERAGED WEEKLY EXPENSES AND DEDUCTIONS (Total divided by 4.3)					\$ 0.00

A. HOUSEHOLD FURNISHINGS, FURNITURE, ELECTRONICS EQUIPMENT, APPLIANCES	GROSS VALUE	DEBT	NET VALUE	Owner		
				H	W	J
1. In Husband's Possession						
2. In Wife's Possession						
B. VEHICLES (Make/Model/Year) including boats, RV's, motorcycles						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
C. CASH/ACCOUNTS/CDs (Name of bank account/last four digits of account number/account type						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
D. SECURITIES/STOCKS/BONDS						
18.						
19.						
20.						
21.						
E. REAL ESTATE (Including mobile homes)						
22. Marital Residence (address):	FMV	MORTGAGE	NET FMV			
First Mortgagor:						
Second Mortgagor:						
23. Other real property:						
First Mortgagor:						
Second Mortgagor:						
F. DEFERRED COMPENSATION (profit sharing/pension plans/Keoghs/IRA's/401k/SEP)						
		% VESTED	Vested FMV	H	W	J
24.						
25.						
26.						
27.						
28.						
29.						
30.						
G. BUSINESS INTERESTS						
		% interest	Interest's FMV	H	W	J
31.						
32.						
H. LIFE INSURANCE (TERM and GROUP)						
Company Name:	Face Amount	Policy No.	Beneficiary	H	W	J
33.						

I. LIFE INSURANCE (WHOLE) Company Name/Policy No.:	Cash Value	Loan	Net Value	H	W	J
34.						
35.						
36.						
J. OTHER ASSETS (Jewelry/collections/antiques/silver/china/art/cameras)						
37.						
38.						
39.						
40.						
41.						
42.						
43.						

List names, ages and relationships of persons living in your household:

Are other persons in your household working? _____

If so, who? _____

Occupation: _____ Employer: _____

I declare under penalties for perjury that the foregoing, including any attachments, is true and correct, to the best of my knowledge and belief.

Signature: _____
 Printed Name: _____
 Dated: _____

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

Prepared by:

**
 AVERY & CHEERVA LLP
 Indiana Bar Center
 230 East Ohio Street, 6th Floor
 Indianapolis, IN 46204
 (317) 637-7575

CERTIFICATE OF SERVICE

I certify that a copy of the foregoing was served upon the following by first-class U.S. mail, postage prepaid, on the _____ day of _____, 20____.

**

Attorney for **

** (**)
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(317) 685-1106 (Facsimile)