IN THE COURT OF COMMON PLEAS **DOMESTIC RELATIONS DIVISION PORTAGE COUNTY, OHIO**

PETITIONER 1

vs.

Г

PETITIONER 2

JUDGE PAULA C. GIULITTO

CASE NO.

LOCAL AFFIDAVIT OF FINANCIAL DISCLOSURE FOR DISSOLUTION ONLY (Local Rule of Court 9)

Date of marriage:		Date of separation:		
PETITIONER 1		PETITIONER 2		
Name:		Name:		
Street:		Street:		
City, State, Zip:		City, S	tate, Zip:	
Birth Date:		Birth D	Date:	
Telephone No.:				
Email Address:				
Active Member of the U.S. Military		Active Member of the U.S. Military		
Yes No		Yes Yes	No 🗌 No	
Interpreter/Translator Required		Interpro	eter/Translator Re	quired
Yes No			No No	
Language:		Langua	ıge:	
MINOR CHILDREN OF THIS MARRI	AGE: (Atta	ach adde	ndum if more that	n 5 children)
FULL LEGAL NAME	BIRTH	DATE	<u>SEX</u>	LIVING WITH

In addition to the above child(ren):

Petitioner 1 hasother minor biological or adopted child(ren).Petitioner 2 hasother minor biological or adopted child(ren).

adult(s) in your household. There is/are

-

INCOME OF PETITI	ONER 1		INCOME OF PETIT	TIONER 2	
Employer:			Employer:		
Address:			Address:		
Scheduled Paychecks	12 24 🗌	26 🗌 52	Scheduled Paychecks	12 24	26 🗌 52
TYPE OF INCOME		ANNUAL	TYPE OF INCOME		ANNUAL
Base Pay		\$	Base Pay		\$
Ave. Overtime, Commis Bonuses over last 3 y		\$	Ave. Overtime, Comm Bonuses over last 3		\$
Unemployment		\$	Unemployment		\$
Disability Benefits:		\$	Disability Benefits:		\$
Workers Compensation	on	\$	Workers Compensat	ion	\$
Social Security		\$	Social Security		\$
Other:		\$	Other:		\$
Retirement Benefits:		\$	Retirement Benefits:		\$
Social Security		\$	Social Security		\$
Other:		\$	Other:		\$
Spousal Support Receiv	ed	\$	Spousal Support Rece		\$
Interest/Dividend Incom	ne	\$	Interest/Dividend Inco	ome	\$
Other:		\$	Other:		\$
TOTAL GROSS INCO		\$	TOTAL GROSS INC	COME:	\$
Supplemental Security I Public Assistance	ncome or	\$	Supplemental Security Public Assistance	Income or	\$
Social Security or Veter received for child(ren)	an's benefit	\$	Social Security or Vet received for child(ren)		\$
Based on parent's dis Based on child's disa	-	\$	Based on parent's c Based on child's di	-	\$
Child Support receive and/or dependent child(marriage or relationship	ren) not of the	\$	Child Support rece and/or dependent chi marriage or relationsh		
EARNINGS HISTOR	Y OF PETITIO	NER 1	EARNINGS HISTO	RY OF PETITIO	NER 2
	Base Yearly Income	Yearly Overtime, Commissions and/or Bonus		Base Yearly Income	Yearly Overtime, Commissions and/or Bonus
3 years ago, 20	\$	\$	3 years ago, 20	\$	\$
2 years ago, 20		\$	2 years ago, 20	\$\$	\$
Last year, 20	\$	\$	Last year, 20	\$	\$

EXPENSES	Monthly	Payment
Monthly Housing Expenses	Petitioner 1	Petitioner 2
Mortgage/Rent (including taxes and insurance)	\$	\$
Second Mortgage/Line of Credit	\$	\$
Real Estate Taxes (if not included in mortgage)	\$	\$
Homeowner's/Renter's Insurance (if not included in mortgage)	\$	\$
Utilities:	\$	\$
Electric	\$	\$
Gas, Fuel Oil, Propane	\$	\$
Water and Sewer	\$	\$
Telephone and/or Cell Phone	\$	\$
Trash	\$	\$
Cable/Satellite Television/Streaming Service	\$	\$
Internet (if not included elsewhere)	\$	\$
Cleaning/Maintenance/Repair	\$	\$
Lawn Service/Snow Removal	\$	\$
Other:	\$	\$
TOTAL HOUSING EXPENSES	- \$	\$
Other Monthly Living Expenses	÷	÷
Food:	\$	\$
Groceries (including food, paper, cleaning products, toiletries, etc.)	\$	\$
Restaurants	\$	\$
Transportation:	\$	\$
Vehicle Loans/Leases	\$	\$
Vehicle Loans/Leases Vehicle Maintenance (oil, repair, license)	\$	\$
Gasoline	\$	\$
	\$	\$
Parking/Public Transportation/Other Transportation	\$	\$ \$
Clothing:	\$	\$ \$
Clothes (other than child(ren)'s)	\$	\$ \$
Dry Cleaning/Laundry	¢	\$ \$
Personal Grooming:	\$	\$ \$
Hair/Nail Care	\$	
Other:	- ^{\$}	\$
	_ \$	\$
TOTAL OTHER LIVING EXPENSES	<u>\$</u>	\$
Monthly Child-Related Expenses (for child(ren) of the marriage or relationshi		¢
Work/Education Related Childcare	\$	\$
Other Childcare	\$	\$
Extraordinary parenting time travel cost	\$	\$
Clothing	\$	\$
School Tuition	\$	\$
School Supplies	\$	\$
School Lunches	\$	\$
Child(ren)'s Allowance(s)	\$	\$
Extracurricular Activities/Lessons	\$	\$
Special/Unusual Needs of Child (not included elsewhere)	\$	\$
Other:	\$	\$
TOTAL CHILD-RELATED EXPENSES	\$	\$

Petitioner 1 Petitioner 2 Bental S S Vision S S Life S S Auto S S Disability S S Other: S S TOTAL INSURANCE EXPENSES S S Mandatory work expenses (union dues, uniforms, or other) S S Tuition S S S Books/Fees S S S College Loan Repayment S S S Other: S S S TOTAL WORK AND EDUCATION EXPENSES S S Other: S S S Chore: S S S </th <th>Monthly Insurance Premiums (not listed previously)</th> <th>Monthly</th> <th>Payment</th>	Monthly Insurance Premiums (not listed previously)	Monthly	Payment
DentalSSVisionSSLifeSSAutoSSDisabilitySSOther:SSTOTAL INSURANCE EXPENSESSSMandatory work expenses (union dues, uniforms, or other)SSTuitionSSSBooks/FeesSSSOther:SSSCollege Loan RepaymentSSSOther:SSSOther:SSSOther:SSSOther:SSSOptometrists/OpticiansSSSGlasses/Contact LensesSSSOther:SSSSOther:SSSSOther:SSSSOther:SSSSOther:SSSSOther:SSSSTOTAL HEALTHCARE EXPENSESSSSMiscellaneous Monthly ExpensesSSSTOTAL HEALTHCARE EXPENSESSSSOther:SSSSTOTAL HEALTHCARE EXPENSESSSSMiscellaneous Monthly ExpensesSSSCharitable ContributionsSSSSNemerships (associations/clubs)SSSSSubscriptions/floks <td></td> <td>Petitioner 1</td> <td>Petitioner 2</td>		Petitioner 1	Petitioner 2
VisionSSLifeSSAutoSSDisabilitySSOther:SSTOTAL INSURANCE EXPENSESSSMandatory work expenses (union dues, uniforms, or other)SSTuitionSSSBooks/FeesSSSCollege Loan RepaymentSSSOther:SSSTOTAL WORK AND EDUCATION EXPENSESSSMonthly Healthcare ExpensesSSSPhysiciansSSSDentists/OpticiansSSSOther:SSSTOTAL HEALTHCARE EXPENSESSSSOther:SSSToral HEALTHCARE EXPENSESSSSOther:SSSSTOTAL HEALTHCARE EXPENSESSSSOther:SSSSToral HEALTHCARE EXPENSESSSSChild support for child(ren) who were not born of this marriage or relationship and were not adopted by the parties.SSSpousal support paid to former spouseSSSSubscriptions/BooksSSSSChariable ContributionsSSSSMisellanceusion (clubs)SSSSCharlable ContributionsSSSSMemberships (associations/clubs)SS <td< td=""><td>Health</td><td>\$</td><td>\$</td></td<>	Health	\$	\$
Life S S Auto S S Disability S S Other: S S TOTAL INSURANCE EXPENSES S S Monthly Work and Education Expenses S S Monthly Work expenses (union dues, uniforms, or other) S S Tuition S S S Books/Fees S S S College Loan Repayment S S S Other: S S S TOTAL WORK AND EDUCATION EXPENSES S S Othor: S S S Othorits: S S S Optimetristo/Opticians S S S Glasses/Contact Lenses S S S Prescriptions S S S Other: S S S TOTAL HEALTHICARE EXPENSES S S Other: S S Child support for child(ren) who were not born of this marriage or relationship and were not adopted by the parties. S Expenses paid for adult child(ren) and other dependent(s) S S Spousal support paid to former spouse S S Su	Dental	\$	\$
Auto\$\$\$Disability\$\$\$Other:\$\$\$TOTAL INSURANCE EXPENSES\$\$Mandatory work expenses (union dues, uniforms, or other)\$\$Tuition\$\$\$Books/Fees\$\$\$College Loan Repayment\$\$\$Other:\$\$\$\$TOTAL WORK AND EDUCATION EXPENSES\$\$\$Monthly Healthcare Expenses\$\$\$\$Physicians\$\$\$\$\$Optionetrists/Orthodontists\$\$\$\$\$Optionetrists/Orthodontists\$\$\$\$\$Optionetrists/Orthodontists\$\$\$\$\$Optionetrists/Opticians\$\$\$\$\$Other:\$\$\$\$\$\$TOTAL HEALTHCARE EXPENSES\$\$\$\$\$Miscellancous Monthly Expenses\$\$\$\$\$Extraordinary obligations for other mior child(ren) or child(ren) with disabilities (for child(ren) who were not born of this marriage or relationship and were not adopted by the parties.)\$\$\$\$Child support for child(ren) and other dependent(s)\$\$\$\$\$\$Spousal support paid to former spouse\$\$\$\$\$\$\$\$\$\$\$\$\$\$ <td< td=""><td>Vision</td><td>\$</td><td>\$</td></td<>	Vision	\$	\$
Disability \$ \$ \$ Other: \$ \$ \$ TOTAL INSURANCE EXPENSES \$ \$ \$ Monthly Work and Education Expenses \$ \$ \$ Mandatory work expenses (union dues, uniforms, or other) \$ \$ \$ Tuition \$ \$ \$ Books/Fees \$ \$ \$ College Loan Repayment \$ \$ \$ Other: \$ \$ \$ TOTAL WORK AND EDUCATION EXPENSES \$ \$ \$ Monthly Healthcare Expenses \$ \$ \$ Physicians \$ \$ \$ \$ Optometrists/Opticians \$ \$ \$ \$ Glasses/Contact Lenses \$ \$ \$ \$ Orther: \$ \$ \$ \$ Orther: \$ \$ \$ \$ Other: \$ \$ \$ \$ Orther: \$ \$ \$ \$ Colldeaneous Monthly Expenses \$ \$ \$ Extraordinary obligations for other minor child(ren) or child(ren) with disabilities \$ \$ (for child(ren) who were not	Life	\$	\$
Other: S S TOTAL INSURANCE EXPENSES S Mandatory work expenses (union dues, uniforms, or other) S S Tuition S S Books/Fees S S College Loan Repayment S S Other: S S Optiometrists/Orthodontists S S Optiometrists/Orthodontists S S Optiontrists/Orthodontists S S Other: S S TOTAI. IFEALTHCARE EXPENSES S S Miscellaneous Monthly Expenses S S Miscellaneous Monthly Expenses S S Extraordinary obligations for other minor child(ren) or child(ren) with disabilities (for child(ren) who were not born of this marriage or relationship and were not adopted by the parties.) S Child support for child(ren) and other dependent(s) S S	Auto	\$	\$
Other: S S TOTAL INSURANCE EXPENSES S Mandatory work expenses (union dues, uniforms, or other) S S Tuition S S Books/Fees S S College Loan Repayment S S Other: S S Optiometrists/Orthodontists S S Optiometrists/Orthodontists S S Optiontrists/Orthodontists S S Other: S S TOTAI. IFEALTHCARE EXPENSES S S Miscellaneous Monthly Expenses S S Miscellaneous Monthly Expenses S S Extraordinary obligations for other minor child(ren) or child(ren) with disabilities (for child(ren) who were not born of this marriage or relationship and were not adopted by the parties.) S Child support for child(ren) and other dependent(s) S S	Disability	\$	\$
Monthly Work and Education Expenses		\$	\$
Mandatory work expenses (union dues, uniforms, or other)\$\$\$Tuition\$\$\$\$Books/Fees\$\$\$\$College Loan Repayment\$\$\$\$Other:\$\$\$\$\$Other:\$\$\$\$\$Other:\$\$\$\$\$Onthy Healthcare Expenses\$\$\$\$Physicians\$\$\$\$\$Dentists/Orthodontists\$\$\$\$\$Optimetrists/Opticians\$\$\$\$\$Other:\$\$\$\$\$\$Prescriptions\$\$\$\$\$\$Other:\$\$\$\$\$\$Idiacelaneous Monthly Expenses\$\$\$\$\$Extraordinary obligations for other minor child(ren) or child(ren) with disabilities (for child(ren) who were not born of this marriage or relationship and were not adopted by the parties.\$\$\$Child support for child(ren) and other dependent(s)\$\$\$\$\$Spousal support paid to former spouse\$\$\$\$\$Subscriptions/Books\$\$\$\$\$\$Entrainment\$\$\$\$\$\$\$Charitable Contributions\$\$\$\$\$\$\$\$\$\$	TOTAL INSURANCE EXPENSES	\$	\$
Mandatory work expenses (union dues, uniforms, or other)\$\$\$Tuition\$\$\$\$Books/Fees\$\$\$\$College Loan Repayment\$\$\$\$Other:\$\$\$\$\$Other:\$\$\$\$\$Other:\$\$\$\$\$Onthy Healthcare Expenses\$\$\$\$Physicians\$\$\$\$\$Dentists/Orthodontists\$\$\$\$\$Optimetrists/Opticians\$\$\$\$\$Other:\$\$\$\$\$\$Prescriptions\$\$\$\$\$\$Other:\$\$\$\$\$\$Idiacelaneous Monthly Expenses\$\$\$\$\$Extraordinary obligations for other minor child(ren) or child(ren) with disabilities (for child(ren) who were not born of this marriage or relationship and were not adopted by the parties.\$\$\$Child support for child(ren) and other dependent(s)\$\$\$\$\$Spousal support paid to former spouse\$\$\$\$\$Subscriptions/Books\$\$\$\$\$\$Entrainment\$\$\$\$\$\$\$Charitable Contributions\$\$\$\$\$\$\$\$\$\$	Monthly Work and Education Expenses		
Tuition\$\$\$Books/Fees\$\$\$College Loan Repayment\$\$\$Other:\$\$\$TOTAL WORK AND EDUCATION EXPENSES\$\$Monthly Healthcare Expenses\$\$Physicians\$\$Dentists/Orthodontists\$\$Optometrists/Opticians\$\$Glasses/Contact Lenses\$\$Prescriptions\$\$Other:\$\$Colter:\$\$TOTAL HEALTHCARE EXPENSES\$Miscellaneous Monthly Expenses\$Extraordinary obligations for other minor child(ren) or child(ren) with disabilities (for child(ren) who were not born of this marriage or relationship and were not adopted by the parties.\$Child support for child(ren) and other dependent(s)\$\$Spousal support paid to former spouse\$\$Subscriptions/Books\$\$Entertainment\$\$Charitable Contributions\$\$Memberships (associations/clubs)\$\$Travel/Vacation\$\$Pets\$\$Gifts\$\$Bankruptcy Payments\$\$Additional taxes (not deducted from wages)\$\$Other:\$\$\$Child taxes (not deducted from wages)\$\$Other:\$\$\$Childsonal taxes (not deducted from wages)\$\$Childsonal t		\$	\$
College Loan Repayment\$\$\$Other:\$\$\$\$Other:\$\$\$\$TOTAL WORK AND EDUCATION EXPENSES\$\$\$Monthly Healthcare Expenses\$\$\$Physicians\$\$\$\$Dentists/Orthodontists\$\$\$\$Optometrists/Opticians\$\$\$\$Glasses/Contact Lenses\$\$\$\$Prescriptions\$\$\$\$Other:\$\$\$\$TOTAL HEALTHCARE EXPENSES\$\$\$Miscellaneous Monthly Expenses\$\$\$Extraordinary obligations for other minor child(ren) or child(ren) with disabilities (for child(ren) who were not born of this marriage or relationship and were not adopted by the parties.\$\$Expenses paid for adult child(ren) and other dependent(s)\$\$\$\$Spousal support paid to former spouse\$\$\$\$Subscriptions/Books\$\$\$\$\$Charitable Contributions\$\$\$\$\$Memberships (associations/clubs)\$\$\$\$Travel/Vacation\$\$\$\$\$Pets\$\$\$\$\$\$Gifts\$\$\$\$\$\$Bankruptcy Payments\$\$\$\$\$\$Additional taxes (not de		\$	\$
College Loan Repayment\$\$\$Other:\$\$\$TOTAL WORK AND EDUCATION EXPENSES\$\$Monthly Healthcare Expenses\$\$Physicians\$\$Dentists/Orthodontists\$\$Optimetrists/Opticians\$\$Glasses/Contact Lenses\$\$Prescriptions\$\$Other:\$\$Image: Contract Lenses\$\$Other:\$\$Cotild(ren) who were not born of this marriage or relationship and were not adopted by the parties.\$Child support for child(ren) and other dependent(s)\$\$Spousal support paid to former spouse\$\$Subscriptions/Books\$\$Charitable Contributions\$\$Charitable Contributions\$\$Memerships (associations/clubs)\$\$Travel/Vacation\$\$Pets\$\$Gifts\$\$Bankruptcy Payments\$\$Attorney Fees\$\$Additional taxes (not deducted from wages)\$\$Other:\$\$\$TOTAL MISCELLANEOUS EXPENSES\$\$Other:\$\$\$Charitable Contributions\$\$Sociations/clubs)\$\$Sociations/clubs)\$\$Sociations/clubs)\$\$Charitable Contributions\$\$Subscriptions	Books/Fees	\$	\$
Other: \$		\$	\$
TOTAL WORK AND EDUCATION EXPENSES \$ \$ Monthly Healthcare Expenses \$ \$ Physicians \$ \$ \$ Dentists/Orthodontists \$ \$ \$ Optometrists/Opticians \$ \$ \$ Glasses/Contact Lenses \$ \$ \$ Prescriptions \$ \$ \$ Other: \$ \$ \$ TOTAL HEALTHCARE EXPENSES \$ \$ \$ Miscellaneous Monthly Expenses \$ \$ \$ Extraordinary obligations for other minor child(ren) or child(ren) with disabilities (for child(ren) who were not born of this marriage or relationship and were not adopted by the parties.) \$ \$ Child support for child(ren) who were not born of this marriage or relationship and were not adopted by the parties. \$ \$ Spousal support paid to former spouse \$ \$ \$ \$ Subscriptions/Books \$ <td></td> <td>\$</td> <td>\$</td>		\$	\$
Monthly Healthcare Expenses			
Physicians\$SSSSS		· ·	·
Dentists/Orthodontists\$SS		\$	\$
Definition of the second sec	•	\$	
Glasses/Contact Lenses\$\$\$Prescriptions\$\$\$Other:\$\$\$TOTAL HEALTHCARE EXPENSES\$\$\$Miscellaneous Monthly Expenses\$\$\$Extraordinary obligations for other minor child(ren) or child(ren) with disabilities (for child(ren) who were not born of this marriage or relationship and were not adopted by the parties.)\$\$Child support for child(ren) who were not born of this marriage or relationship and were not adopted by the parties.\$\$Expenses paid for adult child(ren) and other dependent(s)\$\$\$Spousal support paid to former spouse\$\$\$Subscriptions/Books\$\$\$Entertainment\$\$\$Charitable Contributions\$\$\$Memberships (associations/clubs)\$\$\$Travel/Vacation\$\$\$Pets\$\$\$Bankruptcy Payments\$\$\$Attorney Fees\$\$\$Additional taxes (not deducted from wages)\$\$\$Other:\$\$\$\$TOTAL MISCELLANEOUS EXPENSES\$\$\$Other:\$\$\$\$Other:\$\$\$\$Other:\$\$\$\$Other:\$\$\$\$Other:\$\$\$\$Other:\$\$\$ </td <td></td> <td>\$</td> <td></td>		\$	
Prescriptions \$		\$	\$
Other: \$\$ \$\$ TOTAL HEALTHCARE EXPENSES \$\$ \$\$ Miscellaneous Monthly Expenses \$\$ \$\$ Extraordinary obligations for other minor child(ren) or child(ren) with disabilities (for child(ren) who were not born of this marriage or relationship and were not adopted by the parties.) \$\$ \$\$ Child support for child(ren) who were not born of this marriage or relationship and were not adopted by the parties. \$\$ \$\$ Expenses paid for adult child(ren) and other dependent(s) \$\$ \$\$ \$\$ Spousal support paid to former spouse \$\$ \$\$ \$\$ Subscriptions/Books \$\$ \$\$ \$\$ Entertainment \$\$ \$\$ \$\$ Memberships (associations/clubs) \$\$ \$\$ \$\$ Travel/Vacation \$\$ \$\$ \$\$ Pets \$\$ \$\$ \$		\$	\$
TOTAL HEALTHCARE EXPENSES\$\$Miscellaneous Monthly Expenses Extraordinary obligations for other minor child(ren) or child(ren) with disabilities (for child(ren) who were not born of this marriage or relationship and were not adopted by the parties.)\$\$Child support for child(ren) who were not born of this marriage or relationship and were not adopted by the parties.\$\$Expenses paid for adult child(ren) and other dependent(s)\$\$\$Spousal support paid to former spouse\$\$\$Subscriptions/Books\$\$\$Entertainment\$\$\$Charitable Contributions\$\$\$Memberships (associations/clubs)\$\$\$Travel/Vacation\$\$\$Pets\$\$\$Gifts\$\$\$Bankruptcy Payments\$\$\$Attorney Fees\$\$\$Additional taxes (not deducted from wages)\$\$\$Other:\$\$\$\$TOTAL MISCELLANEOUS EXPENSES\$\$\$		\$	\$
Miscellaneous Monthly Expenses Extraordinary obligations for other minor child(ren) or child(ren) with disabilities (for child(ren) who were not born of this marriage or relationship and were not adopted by the parties.) Child support for child(ren) who were not born of this marriage or relationship and were not adopted by the parties. Expenses paid for adult child(ren) and other dependent(s) Spousal support paid to former spouse Subscriptions/Books Entertainment Charitable Contributions Memberships (associations/clubs) Travel/Vacation Pets Gifts Bankruptcy Payments Attorney Fees Additional taxes (not deducted from wages) Other: TOTAL MISCELLANEOUS EXPENSES		\$	
Extraordinary obligations for other minor child(ren) or child(ren) with disabilities (for child(ren) who were not born of this marriage or relationship and were not adopted by the parties.)\$			
(for child(ren) who were not born of this marriage or relationship and were not adopted by the parties.)\$		\$	\$
adopted by the parties.)\$\$Child support for child(ren) who were not born of this marriage or relationship and were not adopted by the parties.\$\$Expenses paid for adult child(ren) and other dependent(s)\$\$\$\$Spousal support paid to former spouse\$\$\$\$Subscriptions/Books\$\$\$\$Entertainment\$\$\$\$Charitable Contributions\$\$\$\$Memberships (associations/clubs)\$\$\$\$Travel/Vacation\$\$\$\$Pets\$\$\$\$Gifts\$\$\$\$Bankruptcy Payments\$\$\$\$Attorney Fees\$\$\$\$Additional taxes (not deducted from wages)\$\$\$\$Other:\$\$\$\$TOTAL MISCELLANEOUS EXPENSES\$\$\$\$		*	*
Child support for child(ren) who were not born of this marriage or relationship and were not adopted by the parties.\$			
Expenses paid for adult child(ren) and other dependent(s) \$		\$	\$
Spousal support paid to former spouse\$	were not adopted by the parties.		
Subscriptions/Books\$	Expenses paid for adult child(ren) and other dependent(s)	\$	\$
Entertainment\$	Spousal support paid to former spouse	\$	\$
Charitable Contributions\$	Subscriptions/Books	\$	\$
Memberships (associations/clubs) \$	Entertainment	\$	\$
Travel/Vacation \$	Charitable Contributions	\$	\$
Pets \$	Memberships (associations/clubs)	\$	\$
Gifts \$	Travel/Vacation	\$	\$
Bankruptcy Payments\$\$Attorney Fees\$\$Additional taxes (not deducted from wages)\$\$Other:\$\$\$TOTAL MISCELLANEOUS EXPENSES\$\$	Pets	\$	\$
Attorney Fees \$	Gifts	\$	\$
Attorney Fees \$\$ Additional taxes (not deducted from wages) \$\$ Other: \$\$ TOTAL MISCELLANEOUS EXPENSES \$\$	Bankruptcy Payments	\$	\$
Additional taxes (not deducted from wages) \$\$ \$\$ Other: \$\$ \$\$ TOTAL MISCELLANEOUS EXPENSES \$\$ \$\$		\$	\$
Other: \$ \$ TOTAL MISCELLANEOUS EXPENSES \$ \$	•	\$	\$
TOTAL MISCELLANEOUS EXPENSES \$		\$	\$
		\$	\$
	TOTAL MONTHLY EXPENSES:	\$	\$

REAL ESTATE INTERESTS (attach addendum if more space is needed)				
Address	Present Fair <u>Market Value</u>	<u>Titled To</u>	Mortgage <u>Balance</u>	<u>Equity</u>
	\$		\$	\$
2	\$		\$	\$
3	\$		\$	\$
TOTAL REAL ESTATE EQUITY: \$				

OTHER ASSETS (attach	addendum if more space is needed)		
Vehicles & Other Certificate of Title <u>Property</u>	<u>Description</u> (Include year, make and model of automobiles, trucks, motors, motorcycles, boats, motors, motor homes, trailers, ATVs, snowmobiles, jet skis, etc.)	<u>Titled To</u>	<u>Value</u>
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
<u>Financial Accounts</u>	<u>Description</u> (Include checking, savings, CDs, POD accounts, money market accounts, etc.)	<u>Titled To</u>	<u>Value</u>
1			\$
2		<u> </u>	\$
3			\$
4		<u> </u>	\$
5		<u> </u>	\$
6			\$
Pensions & <u>Retirement Plans</u> 1	<u>Description</u> (Include profit sharing, IRAs, ESOPs, 401(k) Plans, etc.)	<u>Titled to</u>	<u>Value</u> \$
2			\$
3			\$
4			\$

Publicly Held Stocks, Bonds, Securities & <u>Mutual Funds</u> 1.	Description (Name of company and number of shares)	<u>Titled to</u>	<u>Value</u> \$ \$ \$
Closely Held Stocks & Other Business Interests and Name of <u>Company</u> 1 2 3 4		<u>Titled to</u>	<u>Value</u> \$ \$ \$
Life Insurance (Company Name) 1. 2. 3. 4.	<u>Description</u> (Term/Whole Life and Insured Life)	<u>Titled to</u>	Value (cash surrender value and loan balance, if any) \$
Furniture and Household Goods, Furnishings & <u>Appliances</u> 1.	Description (Property valued in excess of \$1,000)	<u>Titled to</u>	<u>Value</u> \$ \$ \$
Safe Deposit Box 1. 2.	Description (Location and description of contents)	Titled to	\$ \$ \$

Transfer of Assets (Exceeding \$300 in value in the past 12 months) 1. 2.	<u>Explanation</u> (List the name and address of any person who received money or property and the reason for the transfer.)	<u>Titled to</u>	<u>Value</u> \$ \$
Any Other Assets Not Listed Above	Description (Include jewelry, art, tools, firearms, other collectibles, etc.)	<u>Titled to</u>	<u>Value</u> \$ \$

DEBT

List ALL OF YOUR DEBTS, the debts of your spouse, and any joint debts. Do not leave any category blank. For each item, if none, put "NONE." If you do not know exact figures for any item, give your best estimate and put "EST." If more space is needed to explain, please attach an additional page for the explanation and identify which question your answering.

<u>Secured Debt</u> (Mortgage, Car, etc.)	<u>Name of Creditor</u>	Name(s) on Account	Balance <u>Due</u>	Monthly <u>Payment</u>
1			\$	\$
2			\$	\$
3			\$	\$
4			\$	\$
5			\$	\$
6			\$	\$
<u>Unsecured Debt</u> (Credit cards, medical bills, loans, etc.)	Name of Creditor	<u>Name(s) on Account</u>	Balance <u>Due</u>	Monthly <u>Payment</u>
1			\$	\$
2			\$	\$
3			\$	\$
			\$	\$
5			\$	\$
6			\$	\$
		TOTAL DEBTS	\$	\$

SEPARATE PROPERTY CLAIMS

Separate property includes, but is not limited to, property owned before marriage and gifts or inheritances to only one spouse.

<u>Category</u> (Pre-marital, Gift, Inheritance, etc.)	Description of Property	Titled to	<u>Value</u> \$	
2			\$	
3			\$	
4			\$	
TOTAL SEPARATE PROPERTY CLAIMS: \$				

BANKRUPTCY				
Filed by	Date of Filing and <u>Case Number</u>	Date of Discharge or Relief from <u>Stay</u>	<u>Type of</u> <u>Case</u> (Ch. 7, 11, 12, 13)	Current Monthly Payment, if any
				\$ \$
				\$

QUESTIONS: (Attach explanations as necessary)

- 1. Has a tax analysis statement been considered and prepared for real estate, business, pension and spousal support evaluations? Yes No
- 2. Has bankruptcy been considered? Yes No
- 3. Do you intend to file for bankruptcy protection? \Box Yes \Box No
- 4. Has any property been sold or transferred without consent or knowledge of spouse within 12 months of filing original package? Yes No
- 5. Have any financial statements been prepared for any financial institutions within 12 months of filing original pleadings? Yes No (If so, please attach copy.)

OATH OR AFFIRMATION

(Do not sign until Notary Public is present.)

I, (print name), swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and	I, (print name), swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and		
information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.	information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.		
Your Signature	Your Signature		
STATE OF	STATE OF		
COUNTY OF)	COUNTY OF)		
Sworn to or affirmed before me bythis,	this		
Signature of Notary Public	Signature of Notary Public		
Printed Name of Notary Public	Printed Name of Notary Public		
Commission Expiration Date:	Commission Expiration Date:		
(Affix seal here)	(Affix seal here)		