

**PATERNITY AND POST DECREE: FINANCIAL DECLARATION FORM**  
**STATE OF INDIANA: CIRCUIT AND SUPERIOR COURTS OF LAKE COUNTY**

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IN RE THE MARRIAGE OF:

\_\_\_\_\_ (select: Mother, Wife, Father, Husband)

and

Cause No. \_\_\_\_\_

\_\_\_\_\_ (select: Mother, Wife, Father, Husband)

FINANCIAL DECLARATION OF: \_\_\_\_\_

*This declaration is considered mandatory discovery and must be exchanged between the parties within thirty (30) days of the filing of any paternity case or post decree matter. 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 6 of the Lake County Rules of Family Law, these include costs and attorney fees.*

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Badge/Payroll No.: \_\_\_\_\_

Badge/Payroll No.: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Date employment started: \_\_\_\_\_

Date employment started: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

List the following dates as applicable:

Date of Dissolution of Marriage: \_\_\_\_\_

Date of most recent support order: \_\_\_\_\_

Date of filing this paternity action: \_\_\_\_\_

Date of filing this post decree action: \_\_\_\_\_

List the names, dates of birth, and social security numbers of all children of this relationship, whether by birth or adoption:

Child's Name	Child's D.O.B.	Child's Soc. Sec. No.

List all the 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 such person indicate the amount of support, if any, that is received:

Child's Name	Child's D.O.B.	Child of Resp. Party (Y/N)	Support Amount

**PART I. INCOME AND EXPENSES STATEMENT**

Attach **COMPLETE** copies of your **Federal Income Tax Returns** for the last three (3) 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 eight (8) most recent pay stubs.

**A. Gross Yearly Income**

(From Salary and Wages, including commissions, bonuses, and overtime received in most recent year.)

\$
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**Average Gross Pay Per Pay Period**

(Indicate whether you are paid weekly, every two weeks or twice per month.)

\$
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**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 of this marriage. **\*Note: Some of these items may not apply to support or maintenance computations.**

Income Source	Explanation/Description of Income Source	Gross Amount (Monthly)

**C. Selected Living Expenses**

List names and relations of each member of the household of the Responding Party whose expenses are included.

Name of Household Member	Relation to Responding Party

**For each expense listed below, attach verification of payment** even if it is not specifically requested on this form. **\*Note:** 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. **However,** if you claim your expenses justify a deviation from the support guidelines, attach a detailed list of expenses together with verification of same.

Selected Living Expense	Time Period or Frequency	Amount
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 <b>all</b> Medical Insurance - attach verification of payment if not on pay stub		
Cost of <b>only</b> that medical insurance that is related to the children of this action - attach verification from employer or insurance company		
Child Care Costs <b>to permit work</b> - specify per day, week or month - attach verification		
Pre-School Costs (specify week, semester or year)		
School Tuition (Grade School or High School)	Per semester	
Book Costs (Grade School or High School)	Per semester	
<b>For Post High School, attach separate list w/explanation of loans, scholarships and grants</b>		
Child support paid for children other than those involved in this case - attach proof of payment		

**D. In 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 a 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.

<b>Arrearage Computation</b>	
<b>Date of Filing</b>	
<b>Detailed Explanation</b>	

**PART III. 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 (6) months, list the following information for each student. **Further, attach to this financial affidavit any documentation you have in support of these answers.**

Name of Student	Name of School	Cost / Year (incl. room & board, if applicable)

In addition, identify all student financial aid including grants, scholarships, and loans; and, for each indicate what type of aid it is and how much will be received.

Name of Student	Type of Financial Aid	Amount

**\*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, 401K'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 III. 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 income and expenses as asked. 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 or liabilities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Party's Signature

\_\_\_\_\_  
Printed Name

**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

\_\_\_\_\_  
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