

**FINANCIAL DECLARATION FORM  
STATE OF INDIANA: CIRCUIT AND SUPERIOR COURTS  
OF PORTER COUNTY  
(PATERNITY SHORT FORM)**

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IN RE THE MARRIAGE OF:

\_\_\_\_\_  
Petitioner,

and

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

\_\_\_\_\_  
Respondent

In accordance with Local Rule 2200.1 of the Porter Superior Court and Indiana Trial Rules 26, 33, 34, 35 and 37, the undersigned, Petitioner or Respondent, hereby submits the following VERIFIED FINANCIAL DISCLOSURE STATEMENT:

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

**I. PRELIMINARY INFORMATION**

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

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

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

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

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

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

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

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

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

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

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

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

**Children of this action:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**For each child:**

Copy of birth certificate is attached: YES \_\_\_\_ NO \_\_\_\_

Copy of paternity affidavit is attached: YES \_\_\_\_ NO \_\_\_\_

**Date of Filing of Petition:** \_\_\_\_\_

**Please provide the following information for the children NOT subject to this proceeding:**

<b>Name:</b>	<b>Date of Birth:</b>	<b>SSN:</b>
<b>Does the child live with you?</b> Y or N	<b>Receives support? Y or N</b>	<b>Amount: \$</b> _____
	<b>Pays support? Y or N</b>	<b>Amount: \$</b> _____
<b>Name:</b>	<b>Date of Birth:</b>	<b>SSN:</b>
<b>Does the child live with you?</b> Y or N	<b>Receives support? Y or N</b>	<b>Amount: \$</b> _____
	<b>Pays support? Y or N</b>	<b>Amount: \$</b> _____
<b>Name:</b>	<b>Date of Birth:</b>	<b>SSN:</b>
<b>Does the child live with you?</b> Y or N	<b>Receives support? Y or N</b>	<b>Amount: \$</b> _____
	<b>Pays support? Y or N</b>	<b>Amount: \$</b> _____
<b>Name:</b>	<b>Date of Birth:</b>	<b>SSN:</b>
<b>Does the child live with you?</b> Y or N	<b>Receives support? Y or N</b>	<b>Amount: \$</b> _____
	<b>Pays support? Y or N</b>	<b>Amount: \$</b> _____

(Remainder of this page intentionally left blank. It may be used to list additional information.)

## II. INCOME INFORMATION

### A. Employment History

Please provide the following information for your **current employment**.

<b>Employer's Name</b>				
<b>Employer's Address</b>				
<b>Employer's Telephone #</b>				
<b>Length of Employment</b>				
<b>Job Description</b>				
<b>Gross Income</b>	<u>          </u> <b>Per week</b>	<u>          </u> <b>Bi-weekly</b>	<u>          </u> <b>Per month</b>	<u>          </u> <b>Yearly</b>
<b>Net Income</b>	<u>          </u> <b>Per week</b>	<u>          </u> <b>Bi-weekly</b>	<u>          </u> <b>Per month</b>	<u>          </u> <b>Yearly</b>

### B. Employment History For Last Five (5) Years

<b>Employer's Name</b>	<b>Dates of Employment</b>	<b>Compensation (per wk/mo/yr)</b>

(Remainder of this page intentionally left blank. It may be used to list additional information.)

**C. Income Summary**

**1. Gross Weekly Income from Salary and Wages**

Include commissions, bonuses, allowances and overtime. \*Note: If paid monthly, determine weekly income by dividing monthly income by 4.3.

\$

**Pensions & Retirement**

\$

**Social Security**

\$

**Disability & Unemployment Insurance**

\$

**Public Assistance**

(Welfare, AFDC Payments, etc.)

\$

**Food Stamps**

\$

**Child Supports Received**

(For any child or children not subject to this action)

\$

**Dividends and Interest**

\$

**Rents Received**

\$

**Income from present spouse/relationship**

\$

**All Other Sources**

(Specify: \_\_\_\_\_)

\$

**Total Gross Weekly Income**

\$

**ATTACH COPIES OF THE FOLLOWING:**

- Last two (2) Federal and State Income Tax Returns
- Five (5) of your most recent payroll stubs

**III. HEALTH INSURANCE INFORMATION**

<b>Health Insurance Company Name &amp; Address</b>	
<b>Names of persons covered under plan(s)</b>	
<b>Weekly cost of <u>total</u> health insurance premium</b>	
<b>Weekly cost of health insurance premium - <u>children only</u></b>	
<b>Names of Children's Health Care Providers</b>	
<b>List any extraordinary health care concerns of any family member.</b>	

**IV. MONTHLY BUDGET OF EXPENSES**

**A. Housing**

	<b>Yourself</b>	<b>Children</b>
<b>Rent</b>	\$	\$
<b>Mortgage Payment (Principal &amp; Interest)</b>	\$	\$
<b>Second Mortgage Pmt.</b>	\$	\$
<b>Lot Rent</b>	\$	\$
<b>Home Insurance</b>	\$	\$
<b>Other (please itemize):</b>		
<b>1.</b>	\$	\$
<b>2.</b>	\$	\$
<b>3.</b>	\$	\$
<b>Subtotal - Housing</b>	<b>\$</b>	<b>\$</b>

**B. Utilities**

	<b>Yourself</b>	<b>Children</b>
<b>Electricity</b>	\$	\$
<b>Gas/Heating Oil</b>	\$	\$
<b>Telephone</b>	\$	\$
<b>Water</b>	\$	\$
<b>Other (please itemize):</b>		
<b>1.</b>	\$	\$
<b>2.</b>	\$	\$
<b>3.</b>	\$	\$
<b>Subtotal - Utilities</b>	<b>\$</b>	<b>\$</b>

**C. Household Maintenance**

	<b>Yourself</b>	<b>Children</b>
<b>Repairs (normal/on-going)</b>	\$	\$
<b>Cable TV</b>	\$	\$
<b>Child Support (withheld from pay)</b>	\$	\$
<b>Garnishments</b>	\$	\$
<b>Credit Cards</b>	\$	\$
<b>Legal fines/costs</b>	\$	\$
<b>Other (please itemize):</b>		
<b>1.</b>	\$	\$
<b>2.</b>	\$	\$
<b>3.</b>	\$	\$
<b>Subtotal - Household Maintenance</b>	<b>\$</b>	<b>\$</b>

**D. Other Expenses**

	<b>Yourself</b>	<b>Children</b>
<b>Food</b>	\$	\$
<b>Clothing</b>	\$	\$
<b>Transportation</b>	\$	\$
<b>Health/Medical/Dental</b>	\$	\$
<b>Childcare/Daycare</b>	\$	\$
<b>Personal/Entertainment</b>	\$	\$
<b>Miscellaneous (please specify):</b>		
<b>1.</b>	\$	\$
<b>2.</b>	\$	\$
<b>3.</b>	\$	\$
<b>Subtotal - Other Expenses</b>	\$	\$

**E. Total Expenses**

	<b>Yourself</b>	<b>Children</b>
<b>Add subtotals from sections A through D</b>	\$	\$

**V. PROVISIONAL ARREARAGE COMPUTATIONS**

If you allege the existence of a child support, maintenance or other arrearage, attach all records or other exhibits regarding the payment history and complete the child support arrearage.

You must attach a Child Support Guideline Worksheet to your Financial Declaration Form or one must be exchanged with the opposing party/counsel within ten (10) days of receipt of the other parties' Financial Declaration Form.

**VI. VERIFICATION**

I declare, under 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 my assets and liabilities. Furthermore, I understand that if, in the future it is proved to this Court that I have intentionally failed to disclose any asset or liability, I may lose the asset and be required to pay the liability. Finally, 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 any assets or liabilities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

**VII. ATTORNEY'S VERIFICATION**

I have reviewed with my client the foregoing information, including any valuations and attachments, and sign this certification with my obligation under Trial Rule 11 of the Indiana Rules of Procedure.

\_\_\_\_\_  
Date

\_\_\_\_\_  
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