

**DISSOLUTION OF MARRIAGE: FINANCIAL DECLARATION FORM
STATE OF INDIANA: CIRCUIT AND SUPERIOR COURTS OF LAKE COUNTY**

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 sixty (60) days of the initial filing of the Dissolution of Marriage. 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. If appraisals or verifications are not available within sixty (60) days, the form must be exchanged within sixty (60) days with a notation that appraisals or verifications are being obtained and then the Declaration shall be supplemented within thirty (30) days thereafter.

Husband: _____

Wife: _____

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: _____

Date of Marriage: _____

Date of Physical
Separation: _____

Date of Filing: _____

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.)

\$

Average Gross Pay Per Pay Period

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

\$

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 all Medical Insurance - attach verification of payment if not on pay stub		
Cost of only that medical insurance that is related to the children of this action - attach verification from employer or insurance company		
Child Care Costs to permit work - 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	
For Post High School, attach separate list w/explanation of loans, scholarships and grants		
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 _____.**

E. 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)).

F. Debts and Obligations (Include Credit Union)

Attach additional sheets as needed. Indicate any special circumstances, i.e., premarital debts, debts in arrears on the date of physical separation or date of filing, and the amount or number of payments in arrears. **ATTACH A COPY OF THE MOST RECENT STATEMENT FOR EACH LISTED DEBT.**

Creditor's Name & Persons on Account	Balance	Monthly Payment

PART II. NET WORTH - ATTACH ALL AVAILABLE DOCUMENTATION TO VERIFY VALUES

List all property owned either individually or jointly. Indicate who holds the title or how the title is held: (H) Husband, (W) Wife, or (J) Jointly or other appropriate indication. WHERE SPACE IS INSUFFICIENT FOR COMPLETE INFORMATION OR LISTING, PLEASE ATTACH SEPARATE PAGE.

A. Household Furnishings

State below the value of furniture, appliances, and equipment as a whole. You need NOT itemize. Indicate whether you used replacement or "garage sale" value.

\$

Circle one: Replacement or Garage Sale Value

B. Automobiles, Boats, Snowmobiles, Motorcycles, Etc.

Year - Make	Present Value	Titled Owner	Balance Owed

C. Cash and Deposit Accounts

Include ALL banks, savings and loan associations, credit unions, thrift plans, mutual funds, certificate of deposit, savings and/or checking accounts, IRA's and annuities. **This also includes listing the contents of any safety deposit boxes.** Use additional page if necessary.

Institution	Account Type	"Owners"	Account No.	Balance

D. Securities

Include **ALL** stocks, bonds, etc.; use additional page if necessary.

Company Name	"Owner"	Shares	Value

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

E. Real Estate

Complete a separate sheet with the following information for each separate piece of real estate.

STREET ADDRESS	
CITY, STATE, ZIP CODE	
TYPE OF PROPERTY	
DATE OF ACQUISITION	
ORIGINAL COST	
PRESENT VALUE	
BASIS OF VALUATION (Attach appraisal if obtained)	
1st MORTGAGE BALANCE AS OF DATE OF ANSWER	
OTHER LEINS (Amount & Type)	
MONTHLY PAYMENT ON EACH MORTGAGE	1st: 2nd:
TO WHOM PAID	
TAXES (if not incl. in mortgage pmt.)	
INSURANCE (if not incl. in mortgage pmt.)	
SPECIAL ASSESSMENTS (incl. utility or condo assessments)	
IDENTIFY INDIVIDUAL CONTRIBUTIONS TO REAL ESTATE (For example: inheritance, pre- marital assets, personal loans, etc.)	

F. Retirement Plans

List monthly amount you would be entitled to at earliest retirement date (indicating that date) if you stopped work today. Your response should indicate date of valuation. Further, if it is a defined interest plan, list present amount in plan and date of valuation. Also, identify whose plan it is, and list the name and address of the plan administrator. Indicate whether or not the plan is vested - if not vested, indicate when it will vest.

Attach documents from each plan verifying information. If not yet received, attach a copy of your written request to the plan(s).

Name of Retirement Plan	
Plan Participant's Name	
Plan Administrator's Name and Address	
Earliest Date of Retirement	
Entitled Monthly Amt. (as of date above)	
Defined Interest Plan? Y or N - If Y, what is present amount in plan?	
Date of Valuation	
Vested? Y or N - If N, when will it?	

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

G. Life Insurance

Give name of insured, beneficiary, company issuing, policy #, type of insurance (term, whole life, group), face value, cash value and any loans against - include plans provided by employer. Attach extra pages if necessary.

Name of Insured	
Name of Beneficiary	
Issuing Company	
Policy Number	
Type of Insurance	
Face Value	
Cash Value	
Any Loans Against	

H. Business or Professional Interests

Indicate name, share, type of business, value less indebtedness, etc.

Name of Business	Type of Business	Share in Business	Value Less Indebtedness

I. Other Assets

These assets include coin, stamp or gun collections or other items of unusual value. Use additional pages as needed.

Type of Asset	Description of Asset	Value of Asset

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 assets and liabilities. Furthermore, I understand that if, in the future, it is proven to this court that I have intentionally failed to disclose any asset or liability, I may lose the asset and may 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 income, assets 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

Shana D. Levinson
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Attorney for _____