

**STATE OF INDIANA - COUNTY OF WAYNE**

\_\_\_\_\_  
 Father/Husband

\_\_\_\_\_  
 Mother/Wife

Cause No. \_\_\_\_\_  
 Dated: \_\_\_\_\_  
 FINANCIAL DECLARATION OF: \_\_\_\_\_

**HUSBAND/FATHER:**  
 Name:  
 Address:  
 SSN:  
 Occupation:  
 Employer:  
 Date of Birth:

**MOTHER/WIFE:**  
 Name:  
 Address:  
 SSN:  
 Occupation:  
 Employer:  
 Date of Birth:

**ATTORNEY FOR HUSBAND/FATHER:**  
 Name/Atty ID:  
 Address:  
 Phone/Fax:  
 E-mail:

**ATTORNEY FOR WIFE/MOTHER:**  
 Name/Atty ID:  
 Address:  
 Phone/Fax:  
 E-mail:

Date of Marriage:

Date of Filing:

Children of this relationship:

Name	Date of Birth	SSN	Lives With

<b>GROSS WEEKLY INCOME - ATTACH LAST THREE PAYROLL STUBS AND LAST THREE YEARS' TAX RETURNS</b>	<b>AMOUNTS</b>
1. Gross Weekly SALARY, WAGES, and COMMISSIONS	
2. Gross Weekly - PENSION, RETIREMENT, SOCIAL SECURITY PAYMENTS	
3. Gross Weekly CHILD SUPPORT received from any prior marriage (not this marriage)	
4. Gross Weekly DIVIDENDS and INTEREST	
5. Gross Weekly RENTS/ROYALTIES less ordinary and necessary expenses (attach calculation)	
6. Gross Weekly BUSINESS/SELF-EMPLOYMENT INCOME less ordinary and necessary expenses (attach calculation)	
7. ALL OTHER SOURCES (Specify) *Includes: bonuses; alimony/maintenance received from prior marriages; capital gains; trust income; gifts; prizes; in-kind benefits from employment such as company car, free housing, reimbursed meals. DOES NOT INCLUDE government benefits.	
<b>8. TOTAL GROSS WEEKLY INCOME (Total of Lines 1 through 7)</b>	
9. Minus Weekly COURT ORDERED CHILD SUPPORT for prior children - amounts actually paid	
10. Minus Weekly LEGAL DUTY CHILD SUPPORT for prior children	
11. Minus Weekly HEALTH INSURANCE PREMIUMS for children of this marriage only	
12. Minus Weekly ALIMONY/SUPPORT/MAINTENANCE paid to prior spouses - amounts actually paid	
<b>13. WEEKLY AVAILABLE INCOME (Line 8 less Lines 9 through 12)</b>	
14. Weekly WORK RELATED CHILD CARE COSTS for custodial parent to work for children of this marriage only	
15. Weekly EXTRAORDINARY HEALTH CARE EXPENSES (children of this marriage only - uninsured only)	
16. Weekly EXTRAORDINARY EDUCATIONAL EXPENSES (children of this marriage only)	

Names and relationship of all members of household whose expenses are included:

**STOP if this is a post-decree modification or paternity action.**

**MONTHLY EXPENSES AND DEDUCTIONS FROM INCOME**

1. FEDERAL INCOME TAXES	
2. STATE INCOME TAXES	
3. LOCAL INCOME TAXES	
4. SOCIAL SECURITY TAXES	
5. MEDICARE TAXES	
6. RETIREMENT/PENSION FUND (designate Mandatory/Optional)	
7. RENT/MORTGAGE PAYMENTS (Residence)	
8. RESIDENCE/PROPERTY TAXES/INSURANCE - If not included in mortgage payment	
9. MAINTENANCE ON RESIDENCE	
10. FOOD/HOUSEHOLD SUPPLIES/LAUNDRY/CLEANING	
11. ELECTRICITY	
12. GAS	
13. WATER/SEWER/SOLID WASTE/TRASH COLLECTION	
14. TELEPHONE (including long distance charges)	
15. CLOTHING	
16. MEDICAL/DENTAL EXPENSES (not reimbursed by insurance)	
17. AUTOMOBILE - LOAN PAYMENT	
18. AUTOMOBILE - GAS/OIL	
19. AUTOMOBILE - REPAIRS	
20. AUTOMOBILE - INSURANCE	
21. LIFE INSURANCE	
22. HEALTH INSURANCE (designate who is covered and exclude amount for children shown on page 1, line 11)	
23. DISABILITY/ACCIDENT/OTHER INSURANCE (specify)	
24. ENTERTAINMENT (clubs, social obligations, travel, recreation, cable television)	
25. CHARITABLE/CHURCH CONTRIBUTIONS	
26. PERSONAL EXPENSES (haircuts, cosmetics, grooming, tobacco, alcohol, etc.)	
27. BOOKS/MAGAZINES/NEWSPAPERS	
28. EDUCATION/SCHOOL EXPENSES (self and children of whom you have custody)	
29. DAY CARE/WORK RELATED CHILD CARE COSTS	
30. OTHER EXPENSES (specify)	

UNSECURED MONTHLY LOAN/CHARGE CARD EXPENSES (Do not include monthly payments shown above)	FOR	BALANCE	PAYMENT
31			
32			
33			
34			
35			
36			
37			
38			
39			

<b>40. Total Monthly Expenses and Deductions from Income (Total of Lines 1 through 39)</b>	
<b>41. Average Weekly Expenses and Deductions (Total monthly expenses divided by 4.3)</b>	

**ASSETS**

Disclose all assets known to you, even if you do not know the value. Under ownership, H = Husband; W = Wife; J = Joint. Lien amount includes only those debts secured by an item, such as a mortgage against a house, debts shown on title to vehicle, loans against life insurance policies or loans where an item is pledged as collateral. Value assets as of the date the Petition for Dissolution of Marriage was filed.

DESCRIPTION	GROSS VALUE	LESS: LIENS/MORTGAGES	NET VALUE	TITLE		
				H	W	J
<b>A. HOUSEHOLD FURNISHINGS/FURNITURE/APPLIANCES</b>						
In possession of Husband						
In possession of Wife						
<b>B. AUTOMOBILES, TRUCKS, RECREATIONAL VEHICLES</b> Include Make, Model, and Year						
<b>C. SECURITIES - STOCKS, BONDS, AND STOCK OPTIONS</b>						
<b>D. CASH, CHECKING, SAVINGS, DEPOSIT ACCTS, CDS</b> (Include name of bank/credit union and type of account)						
<b>E. REAL ESTATE (including sales contracts)</b>						
Marital residence (show address)						
Basis of Valuation: Name of lender first mortgage: Name of lender second mortgage:						
Other (show address)						
Basis of Valuation: Name of lender first mortgage: Name of lender second mortgage:						
Other (show address)						
Basis of Valuation: Name of lender first mortgage: Name of lender second mortgage:						



**ASSETS ACQUIRED BY YOU PRIOR TO THE MARRIAGE OR THROUGH INHERITANCE OR GIFT**

(Whether now owned or not)

DESCRIPTION	GROSS VALUE	LESS: LIENS/MORTGAGES	NET VALUE	VALUATION DATE
<b>ASSETS OWNED BY YOU PRIOR TO MARRIAGE</b> (value as of date of marriage)				
<b>THROUGH INHERITANCE OR GIFTS</b> (value as of date of acquisition)				
Description: Acquired from whom:				
Description: Acquired from whom:				
Description: Acquired from whom:				

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT, THAT THIS DECLARATION WAS EXECUTED ON \_\_\_\_\_.**

\_\_\_\_\_  
Party

**YOU MUST ATTACH DOCUMENTATION VERIFYING ALL DATA. YOU ARE UNDER A DUTY TO SUPPLEMENT OR AMEND THIS FINANCIAL DECLARATION FORM PRIOR TO TRIAL IF YOU LEARN THE INFORMATION PROVIDED IS INCORRECT OR NO LONGER TRUE.**

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the foregoing was provided to the following by U.S. mail, postage prepaid, on \_\_\_\_\_:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Attorney/Pro Se Party