

In Re the Paternity of:

and	Petitioner,	Case No.
	Respondent.	

FINANCIAL DISCLOSURE STATEMENT

FATHER: _____
 Address _____

 Social Security Number _____
 Birthdate _____
 Employer _____
 Occupation _____

MOTHER: _____
 Address _____

 Social Security Number _____
 Birthdate _____
 Employer _____
 Occupation _____

CHILDREN

Name	Birthdate
_____	_____
_____	_____

Name	Birthdate
_____	_____
_____	_____

1. STATEMENT OF INCOME

	<u>Father</u>	<u>Mother</u>
Last Year's Income Tax Refunds:		
F M Joint		
Gross Current Monthly Income from:		
Salary and wages, including commissions, allowances, and overtime payable monthly:	_____	_____
Pension and Retirement	_____	_____
Social Security:	_____	_____
Disability and unemployment insurance:	_____	_____
Public assistance (i.e., welfare, Maintenan AFDC payments):	_____	_____
Child support from any prior marriage:	_____	_____
Dividends and interest:	_____	_____
Estates, trusts, royalties:	_____	_____
Rents:	_____	_____
Bonuses (annual, semiannual, quarterly):	_____	_____
All other sources (specify)	_____	_____
Total Gross Monthly Income:	<u><u>\$0.00</u></u>	<u><u>\$0.00</u></u>
Itemize monthly deductions from gross income:		
Number of tax exemptions claimed for payroll deductions:		
By father () By mother ()		
Federal income taxes:	_____	_____
State income taxes:	_____	_____
Social Security:	_____	_____
Medicare:	_____	_____
Medical or other insurance	_____	_____
Union or other dues	_____	_____
Retirement or pension fund	_____	_____
Saving plan	_____	_____
Credit union (explain)	_____	_____
Other (specify)	_____	_____
Total Monthly Deductions:	<u><u>\$0.00</u></u>	<u><u>\$0.00</u></u>
Net Monthly Income (Take-Home Pay):	<u><u>\$0.00</u></u>	<u><u>\$0.00</u></u>

2. STATEMENT OF MONTHLY EXPENSES

Specify the number of members in each household whose expenses are included, also list their names and relationships:

Father () _____
 Mother () _____

	<u>Father</u>	<u>Mother</u>
a) Rent or home mortgage payments for residence:	_____	_____
b) Real property taxes and insurance (residence)	_____	_____
c) Repairs/maintenance of residence, appliances, furnishings, cable TV, garbage pickup	_____	_____
d) Food: include cost for entertainment, household supplies, cleaning supplies	_____	_____
e) Electricity	_____	_____
f) Heat	_____	_____
g) Water	_____	_____
h) Telephone	_____	_____
i) Laundry / dry cleaning	_____	_____
j) Clothing and shoes	_____	_____
k) Medical / drug expenses not covered by insurance	_____	_____
l) Dental expenses not covered by insurance	_____	_____
m) Insurance (life, health accident, comprehensive liability, disability) Exclude payroll deductions	_____	_____
n) Child care (include babysitting/daycare)	_____	_____
o) Child support payments re: prior marriage/paternity	_____	_____
p) School (both child/adult education, lessons)	_____	_____
q) Entertainment (clubs, Social obligations, travel, vacations, camp, recreation, hobbies)	_____	_____
r) Incidentals (grooming, tobacco, alcohol, gifts, Xmas, birthday, special occasions, donations)	_____	_____
s) Transportation, auto expense (Gas, oil, repair, parking, etc)	_____	_____
t) Auto payments	_____	_____
u) Newspapers, periodicals, books	_____	_____
v) Memberships (Associations, clubs, religious)	_____	_____
w) Care/Maintenance of pets	_____	_____
x) Payments for support of dependents not living at home (not included above)	_____	_____
y) Installment payments/debt payments	\$0.00	\$0.00
z) Other expenses	_____	_____
Total Expenses	<u>\$0.00</u>	<u>\$0.00</u>

3. DEBTS AND OBLIGATIONS : Attach schedules if necessary

CREDITOR'S NAME	FOR	ORIGINAL AMOUNT	BALANCE	PAYMENT
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____
g.	_____	_____	_____	_____
h.	_____	_____	_____	_____
			Total Monthly Payments (Apply to line "y" above)	<u>\$0.00</u>

4. STATEMENT OF ASSETS

All property of the parties known to be owned individually or jointly; indicate who holds or how title held: [F] Father, [M] Mother, [J] Jointly, or [C] for the benefit of the children. Further, if there are any assets owned by either party prior to the birth or inherited or received as a gift prior to or during the course of the relationship, also identify the asset or assets as follows: [P] prior to the marriage, [I] inherited, or [G] gifted. For example, property gifted to husband [G-H]. IF INSUFFICIENT SPACE, INSERT TOTAL AND ATTACH SCHEDULE.

a. REAL ESTATE: If more real estate owned, attach schedule with same information for all additional property

Type of Property	_____	Original Cost	_____
Address	_____	Cost of Additions	_____
	_____	Total Cost	_____
Date of Purchase	_____	Mortgage Balance	_____
Current Market Value	_____ \$0.00	Other liens	_____
Basis/Date Valuation	_____	Equity	_____ \$0.00
	_____	Taxes 20__	_____
Monthly Payment	_____	To whom	_____

b. PROFIT SHARING/PENSION/ RETIREMENT ACCOUNTS

[include deferred compensation plan, Keogh plan and IRA accounts, employee stock option plans, stock options]

Value of interest/amount presently vested

Name: _____
 Name: _____

c. LIFE INSURANCE:

Name of Company	Policy #	Beneficiary	Face Amount	Surrender Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

d. MEDICAL, CASUALTY, DISABILITY, OTHER INSURANCE - Describe fully including:

Name of Company	Policy #	Group #	Type of Insurance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

e. AUTOMOBILES - Describe fully including:

Year	Make	Current Value	Amount lien	Net Value
_____	_____	_____	_____	\$0.00
_____	_____	_____	_____	\$0.00
_____	_____	_____	_____	\$0.00
_____	_____	_____	_____	\$0.00

f. CASH AND DEPOSIT ACCOUNTS - Include all accounts at banks, savings and loans, credit unions, — savings, checking and certificates of deposit.

Name of Institution	Acct/Cert #	Type of Account	Holder	Balance	Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

g. STOCKS AND BONDS

No. of Shares	Name of Company/ Issuer	Value Per Share	Value	Date
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	

h. BUSINESS INTEREST - Indicate Name:

Name	Share	Type of Business	Value less indebtedness

i. HOUSEHOLD ITEMS AND PERSONAL EFFECTS

Description	Basis of Valuation	Value	Date
Household furnishings, furniture, appliances:	[F] [M]		
Antiques, heirlooms, china, silver, furs, objects of art.	[F] [M]		
Others: boats, snowmobile, guns, etc...	[F] [M]		

j. OTHER PERSONAL PROPERTY AND ASSETS - specify

k. Have you disposed of any assets within the one-year period prior to the filing of the petition for divorce, the proceeds of which are not already accounted for in the above representation of assets?

_____ Yes _____ No

If yes, describe the asset, the date of transfer, to whom transferred, and the value received, if any.

l. Are you a party in any other law suits?

_____ Yes _____ No

If "yes," provide the details:

m. Have you ever filed bankruptcy?

_____ Yes _____ No

If "yes," provide the details:

Failure by either party to timely file a complete disclosure statement shall authorize the court to accept the statement of the other party as accurate.

I declare, under the penalty of perjury that the foregoing, including any attachments, is true and correct and that this declaration was executed on:

Date: _____
