

FINANCIAL DISCLOSURE FORM INSTRUCTIONS SHEET

_____ v. _____

Case Number _____

Pages 1 through 4, 5 through 6 and 7 through 10 are mandatory. Please fill out the number of pages used, if any, for the remaining supplemental sheets.

Page No.	Sheet Name	No. of Pages
Page 1	General Information	1
Page 2	Income & Expense Summary	1
Page 3	Personal Gross Income Worksheet	1
Page 4	Personal Deductions Worksheet	1
Page 5	Personal Expense Worksheet Necessities	1
Page 6	Personal Expense Worksheet Discretionary Expenses	1
Page 6(a)	Additional Real Property Worksheet (complete if you own real property not occupied by you or your spouse)	
Page 6(b)	Additional Vehicles Worksheet (complete if you own more than 2 vehicles)	
Page 6(c)	Child(ren)'s Personal Expense Worksheet (complete if you have children of this relationship)	
Page 7	Asset and Debt Worksheet	1
Page 8	Asset and Debt Worksheet	1
Page 9	Signature Page	1
Page 10	Certificate of Service	1

TOTAL NUMBER OF PAGES ATTACHED

10

MISC

ATTORNEY NAME / YOUR NAME
 Nevada State Bar No.:
 FIRM NAME
 ADDRESS
 CITY, STATE ZIP
 Tel: () NUMBER
 Attorney for / In Proper Person

EIGHTH JUDICIAL DISTRICT COURT
 CLARK COUNTY, NEVADA
 FAMILY DIVISION

_____))
 _____))
 Plaintiff,)
 _____))
 vs. _____))
 _____))
 Defendant. _____))

Case No. _____
 Dept. No. _____

DETAILED FINANCIAL DISCLOSURE FORM

What is your name? _____
 First Name Middle Last Name (Maiden / Former Name)

How old are you? _____ What is your date of birth? _____

What is your occupation? _____

Who is your employer? _____ From: _____ To: _____

Previous employer? _____ From: _____ To: _____

What is your highest level of education? _____

Level of disability? _____ Agency/Physician Certifying Disability: _____

FAMILY RESIDENCE TABLE - In the table below, insert the names and ages of each person currently living with you.

NAME	AGE	MINOR CHILD OF THIS MARRIAGE/RELATIONSHIP?	MINOR CHILD NOT OF THIS MARRIAGE/RELATIONSHIP?	OTHER RELATIONSHIP (SPECIFY)

Income/Support from Others

I am _____ am not _____ divorced from the other party in this action. I am _____ am not _____ remarried.

My current spouse is: _____ is not: _____ currently employed.

My current spouse earns: \$0.00 per hour \$0.00 per week \$0.00 every two weeks \$0.00 per month

Attorney's Fees and Retainer(s)

As of the date of this Disclosure, a total of: _____ has been paid by me or on my behalf to all counsel who have represented me in this matter. I have a Retainer balance of _____ remaining in my attorney's Trust Account.

I currently owe my attorney(s) a total of: _____.

Your Name: _____
 Case No.: _____

INCOME / EXPENSE SUMMARY

INCOME SUMMARY

Gross Monthly Income From All Sources	\$0.00
Mandatory Deductions	\$0.00
Gross Monthly Income Less Mandatory Deductions	\$0.00
Voluntary Deductions	\$0.00
Net Monthly Income	\$0.00

EXPENSE SUMMARY

Necessities that I pay for myself	\$0.00
Necessities that I pay for the other party	\$0.00
Expenses that I pay for my child(ren) (of this relationship)	\$0.00
Mandatory support (child & spousal) to the Other Party	\$0.00
Mandatory support of others (including children NOT of this relationship)	\$0.00
Total Necessities for which I pay	\$0.00
Discretionary Expenses that I pay for myself	\$0.00
Discretionary Expenses that I pay for the other party	\$0.00
Discretionary support of others	\$0.00
Total Discretionary Expenses that I pay for	\$0.00
Total Expenses that I pay for	\$0.00

INCOME / EXPENSE SUMMARY

Monthly Deficit / Surplus	\$0.00
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If you have a monthly deficit, provide an explanation below of how you meet that deficit each month:

PERSONAL INCOME WORKSHEET

YOUR INCOME :							AMOUNT
1	Gross Monthly Income from Employment						
2	Fill out ALL of the following that apply to you (Enter the number (1, 2, 3, or 4) in the box that describes your pay frequency):						
	PAY FREQUENCY	1=one time per month	2= two times per month	3=every two weeks	4=every week	Per Paycheck	Monthly
	PAY FREQUENCY-1,2,3,or 4						
1	I get paid base salary/hourly wage				in the amount of	\$0.00	\$0.00
2	I receive overtime pay every				in the amount of	\$0.00	\$0.00
3	I receive bonus pay every				in the amount of	\$0.00	\$0.00
4	I receive commission every				in the amount of	\$0.00	\$0.00
5	I receive tips every				in the amount of	\$0.00	\$0.00
6	I receive a car allowance every				in the amount of	\$0.00	\$0.00
7	I receive a gas allowance every				in the amount of	\$0.00	\$0.00
8	I receive a housing allowance every				in the amount of	\$0.00	\$0.00
9	I receive other allowance(s) every				in the amount of	\$0.00	\$0.00
10	Business Income (sole proprietorship, partnership, LLC, S Corp, etc) Attach Schedule C from last year's tax return and enter the following information:				Enter amount from line 29 of schedule C:	\$0.00	
					Enter amount from line 13 of schedule C:	\$0.00	\$0.00
11	Gross Monthly Income from All Other Sources						
12	I receive spousal support/alimony <input type="text"/> (voluntary) <input type="text"/> (Court ordered) from the other party in this matter, a total every month in the amount of						\$0.00
13	I receive child support <input type="text"/> (voluntary) <input type="text"/> (Court ordered) from the other party in this matter, a total every month in the amount of						\$0.00
14	I receive support from others (not the other party in this case), a total every month in the amount of						\$0.00
15	I receive Social Security, a total every month in the amount of						\$0.00
16	I receive Social Security Disability/Military Disability income a total every month in the amount of						\$0.00
17	I receive Supplemental Security Income, a total every month in the amount of					\$0.00	
18	I receive Worker's Compensation Benefits, a total every month in the amount of						\$0.00
19	I receive Unemployment Benefits, a total every month in the amount of						\$0.00
20	I receive Pension/Retirement income, a total every month in the amount of						\$0.00
21	I receive interest income, a total every month in the amount of						\$0.00
22	I receive dividend and/or royalty income, a total every month of						\$0.00
23	I receive payments from a partnership, S Corp, LLC, Trust, or other entity, a total every month of						\$0.00
24	I receive net rental income each month in the amount of:						\$0.00
25	I receive other income (roommates, parents, gifts, other), a total every month of						\$0.00
	Describe the source and amount of any "other" income referenced above:						
	Describe any benefits or perks paid by your employer (including but not limited to the use of any vehicle, club membership, etc.) and your estimated value of such benefits or perks:						\$0.00
26	TOTAL GROSS MONTHLY INCOME						\$0.00

PERSONAL DEDUCTIONS WORKSHEET			
YOUR DEDUCTIONS : (IF YOU OWN A BUSINESS OR ARE SELF EMPLOYED, GO TO THE BUSINESS INCOME PAGE)			AMOUNT
Mandatory Monthly Paycheck Deductions			
Fill out ALL of the applicable items:			
1	I have Federal Income Tax withheld every paycheck in the amount of		\$0.00
2	I have Social Security Taxes withheld every paycheck in the amount of		\$0.00
3	I have Medicare <u>withheld</u> every paycheck in the amount of		\$0.00
4	I have Union Dues <u>withheld</u> every paycheck in the amount of		\$0.00
5	I have Court-ordered Child Support <u>withheld</u> every paycheck in the amount of		\$0.00
6	I have other Court-ordered garnishments <u>withheld</u> every paycheck in the amount of		\$0.00
7	I have health insurance premiums <u>withheld</u> every paycheck in the amount of		\$0.00
8	List all other mandatory deductions, including amounts, <u>withheld</u> every paycheck :		\$0.00
Total MANDATORY Deductions Per Month			\$0.00
Voluntary Monthly Paycheck Deductions			
Fill out ALL of the applicable items:			
8	I have Life, Disability, &/or other insurance premiums withheld every paycheck in the amount of	\$0.00	\$0.00
9	I have Federal Health Savings Plan every paycheck withheld in the amount of	\$0.00	\$0.00
10	I have Retirement/Pension/IRA/401(k) withheld every paycheck in the amount of	\$0.00	\$0.00
11	I have Savings withheld every paycheck in the amount of	\$0.00	\$0.00
12	I have other (specify below) voluntary sums withheld every paycheck in the amount of	\$0.00	\$0.00
13	List all other voluntary deductions, including amounts, withheld every paycheck:	\$0.00	\$0.00
14 Total VOLUNTARY Deductions Per Month			\$0.00
15	TOTAL DEDUCTIONS PER MONTH		\$0.00

PERSONAL EXPENSE WORKSHEET: NECESSITIES

	TOTAL AMOUNT I PAY DIRECTLY FOR MYSELF	TOTAL AMOUNT I PAY DIRECTLY FOR THE OTHER PARTY
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**DO NOT REPORT ANY CHILD-RELATED EXPENSES ON THIS PAGE.
A SEPARATE PAGE FOR CHILD-RELATED EXPENSES IS ATTACHED.**

1	I own my home		rent / lease my home		share a home or apartment with someone else				
	I pay a monthly mortgage/rent/lease payment (for the home I live in and/or home the other party lives in) in the amount of								
	I pay a monthly second mortgage (for the home I live in and/or home the other party lives in) in the amount of								
	I pay a monthly Home Equity Line of Credit ("HELOC") (for the home I live in and/or home other party lives in) in the amount of								
	* If not included in my mortgage payment(s), I pay property taxes (for the home I live in and/or home the other party lives in) in the amount of								
	* If not included in my mortgage/rent payment(s), I pay a monthly home owners/renters insurance premium (for the home I live in and/or home the other party lives in) in the amount of								
	I pay monthly Home Owner's Association dues (for the home I live in and/or the home the other party lives in) in the amount of								
	* I pay a Special Assessment Fee (for the home I live in and/or the home the other party lives in) in the amount of								
2	I pay the following utilities and telephone expenses (for the home I live in and/or the home the other party lives in) each month:								
	Gas/Heating Oil								
	Electricity								
	Water								
	* Garbage and sewer								
	Landline (if part of a "bundled" service, indicate the total amount here)								
	Cellular service (if not included in the Landline/bundled service above)								
	Internet service (if not included in the landline/bundled service above)								
3	I spend the following each month for healthcare related expenses for myself and/or the other party (Not paid from a Health Savings Plan)								
	Medical insurance (including hospitalization, dental, vision, etc.) for myself and/or the other party (Not already deducted from my paycheck)								
	Out-of-pocket/unreimbursed cost of medical, dental, optical, and prescription expenses for myself and/or other party								
	Out-of-pocket/unreimbursed cost of therapy or counseling (for myself and/or other party)								
4	I spend the following for groceries, household goods and incidentals, not including entertainment or dining out , each month:								
5	I/we own or lease		my car.	I/we own or lease		the other party's car.			
	ADDITIONAL VEHICLES SHOULD BE LISTED ON THE SUPPLEMENT PAGE								
	Monthly loan / lease payment (for my car and/or the other party's car)								
	Gasoline and oil (for my car and/or the other party's car)								
	Automobile Insurance (if you have policy covering more than one car, separate the amount for your car and/or for other party's car)								
	Parking, public transportation, other								
6	I pay the following monthly mandatory amounts for the support of others:								
	Court-ordered child support (if paid to the other party in this case for a child of this relationship, include amount in the "Total Amount I Pay Directly For The Other Party" (middle) column. If for a child of another relationship, include amount in the "Total Amount I Pay Directly For Myself" (left) column)								
	Court-ordered spousal support (if paid to the other party in this case, include amount in the "Total Amount I Pay Directly For The Other Party" (middle) column. If paid to someone else from a prior relationship, include amount in the "Total Amount I pay Directly For Myself" (left) column)								
7	I spend the following each month on education, uniforms, dues, memberships, subscriptions, or other mandatory requirements to maintain employment. I DO NOT receive reimbursement from the employer for any of these expenses								
TOTAL NECESSITIES:							\$0.00	\$0.00	
* Divide by 3 if paid quarterly; Divide by 6 if paid semi-annually; Divide by 12 if paid annually									

USE THE SPACE BELOW FOR ANY NOTES/COMMENTS/EXPLANATION YOU WISH TO PROVIDE REGARDING YOUR NECESSITIES

**PERSONAL EXPENSE WORKSHEET:
DISCRETIONARY EXPENSES**

TOTAL
AMOUNT I
PAY
DIRECTLY
FOR MYSELF

TOTAL
AMOUNT I
PAY
DIRECTLY
FOR THE
OTHER
PARTY

**DO NOT REPORT ANY CHILD-RELATED EXPENSES ON THIS PAGE.
A SEPARATE PAGE FOR CHILD-RELATED EXPENSES IS ATTACHED.**

8 I spend the following monthly amounts for House Maintenance (for the house I live in and/or the house the other party lives in) each month:			
	Garden/lawn care		
	Pool/spa service		
	Pest Control		
	Security / Alarm Service		
9 I spend the following monthly amounts for my pet's expenses (food, grooming, healthcare, boarding):			
10 Each month I pay the following minimum credit card and other consumer installment payments on my and/or the other party's credit cards: (List name of Issuing Bank or Lender, last four digits of account number and total outstanding balance)			
	Credit Card or entity to whom installment payment is made #1	Total balance due is	
	Credit Card or entity to whom installment payment is made #2	Total balance due is	
	Credit Card or entity to whom installment payment is made #3	Total balance due is	
	Credit Card or entity to whom installment payment is made #4	Total balance due is	
	Credit Card or entity to whom installment payment is made #5	Total balance due is	
	Credit Card or entity to whom installment payment is made #6	Total balance due is	
	Credit Card or entity to whom installment payment is made #7	Total balance due is	
	Credit Card or entity to whom installment payment is made #8	Total balance due is	
11 I spend the following amounts each month for clothing and related expenses:			
	Clothing, shoes and accessories		
	Dry cleaning and/or laundry service		
12 I spend the following each month on appearance (hair, manicures/pedicures, facials, massages, cosmetics, other):			
13 I spend the following amounts for Entertainment each month (dining out, movies, shows, books, magazines, etc.):			
14 I pay the following amounts for non-mandatory dues and/or membership fees (professional, fraternal organizations, country club, etc.):			
15 I pay the following monthly Health/Exercise-related expenses (health club membership fee(s), personal training, etc.):			
16 I spend the following monthly average amount for vacation expenses (total vacation cost per year divided by 12)			
17 I pay the following monthly premiums for discretionary/non-mandatory insurance (life, disability, other) (NOT already deducted from my paycheck)			
18 I spend the following amount each month on church tithes and/or charitable donations (pro-rate quarterly, semi-annual or annual payments)			
19 I spend the following amount each month in voluntary support of others:			
	Expenses for an adult non-dependent child (i.e., college, living or other expenses) SPECIFY:		
	Eldercare (specify the parent or parents for whom you pay eldercare expenses)		
20 Each month I pay the following other miscellaneous expenses:			
	PO Box Rental		
	Safety Deposit Box Rental (where located)		
	Storage		
	Other:		

TOTAL DISCRETIONARY EXPENSES \$0.00 \$0.00

SUBTOTAL FROM ADDITIONAL REAL PROPERTY WORKSHEET \$0.00 \$0.00

SUBTOTAL FROM ADDITIONAL VEHICLES WORKSHEET \$0.00 \$0.00

TOTAL MONTHLY DISCRETIONARY EXPENSES \$0.00 \$0.00

USE THE SPACE BELOW FOR ANY NOTES/COMMENTS/EXPLANATION YOU WISH TO PROVIDE REGARDING YOUR PERSONAL EXPENSES.

ADDITIONAL REAL PROPERTY WORKSHEET		TOTAL AMOUNT I PAY DIRECTLY	TOTAL AMOUNT OTHER PARTY PAYS DIRECTLY
Use this Supplemental Worksheet to provide information for any additional real property as needed.			
ADDITIONAL REAL PROPERTY (HOUSE, CONDO, VACANT LAND, ETC.)			
1 I own this additional property (insert address):			
	I / the other party receives rental income each month for this property in the amount of:	\$0.00	\$0.00
	I pay a monthly mortgage on the rental property payment in the amount of		
	I pay a monthly second mortgage in the amount of		
	I pay a monthly Home Equity Line of Credit ("HELOC") in the amount of		
	If not included in my mortgage payment(s), I pay property taxes in the amount of (divide payment to reach a monthly amount)		
	If not included in my mortgage payment(s), I pay a monthly home owners/renters insurance premium in the amount of (divide payment to reach a monthly amount)		
	I pay monthly Home Owner's Association dues in the amount of		
	I pay a monthly Special Assessment Fee in the amount of (to calculate a monthly amount divide: quarterly payment by 3; semi-annual payment by 6 or annual payment by 12)		
	I pay the following utilities for this property each month (gas, electricity, water, garbage, sewer, etc.)		
	I pay the following maintenance expenses for this property each month (landscape maintenance, pool, pest control, etc.)		
	I pay other expenses related to the ownership/rental/lease of this home in the amount of (Specify each "other" expense, to whom paid, and the amount below. Insert the TOTAL "Other Expenses" in the appropriate column.)		
Total expenses for this property:		\$0.00	\$0.00
NET INCOME/ LOSS FROM THIS PROPERTY:		\$0.00	\$0.00
2 I own this additional property (insert address):			
	I / the other party receives rental income each month for this property in the amount of:	\$0.00	\$0.00
	I pay a monthly mortgage on the rental property payment in the amount of		
	I pay a monthly second mortgage in the amount of		
	I pay a monthly Home Equity Line of Credit ("HELOC") in the amount of		
	If not included in my mortgage payment(s), I pay property taxes in the amount of (divide payment to reach a monthly amount)		
	If not included in my mortgage payment(s), I pay a monthly home owners/renters insurance premium in the amount of (divide payment to reach a monthly amount)		
	I pay monthly Home Owner's Association dues in the amount of		
	I pay a monthly Special Assessment Fee in the amount of (to calculate a monthly amount divide: quarterly payment by 3; semi-annual payment by 6 or annual payment by 12)		
	I pay the following utilities for this property each month (gas, electricity, water, garbage, sewer, etc.)		
	I pay the following maintenance expenses for this property each month (landscape maintenance, pool, pest control, etc.)		
	I pay other expenses related to the ownership/rental/lease of this home in the amount of (Specify each "other" expense, to whom paid, and the amount below. Insert the TOTAL "Other Expenses" in the appropriate column.)		
Total expenses for this property:		\$0.00	\$0.00
NET INCOME/ LOSS FROM THIS PROPERTY:		\$0.00	\$0.00
TOTAL NET INCOME / LOSS FROM INVESTMENT PROPERTIES:		\$0.00	\$0.00
USE THE SPACE BELOW FOR ANY NOTES/COMMENTS/EXPLANATION YOU WISH TO PROVIDE REGARDING YOUR ADDITIONAL REAL PROPERTY			

ADDITIONAL VEHICLES WORKSHEET	TOTAL AMOUNT I PAY DIRECTLY	TOTAL AMOUNT OTHER PARTY PAYS
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Use this Supplemental Worksheet to provide information for any additional motor vehicles as needed.

ADDITIONAL VEHICLES				
I/we own or lease	<input type="text"/>	an additional vehicle. Explain <input style="width: 100%;" type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
Total expenses for this additional vehicle:			0	0

ADDITIONAL VEHICLES				
I/we own or lease	<input type="text"/>	an additional vehicle. Explain <input style="width: 100%;" type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
Total expenses for this additional vehicle:			0	0

ADDITIONAL VEHICLES				
I/we own or lease	<input type="text"/>	an additional vehicle. Explain <input style="width: 100%;" type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
Total expenses for this additional vehicle:			0	0

ADDITIONAL VEHICLES				
I/we own or lease	<input type="text"/>	an additional vehicle. Explain <input style="width: 100%;" type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
Total expenses for this additional vehicle:			0	0

ADDITIONAL VEHICLES				
I/we own or lease	<input type="text"/>	an additional vehicle. Explain <input style="width: 100%;" type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
Total expenses for this additional vehicle:			0	0

ADDITIONAL VEHICLES				
I/we own or lease	<input type="text"/>	an additional vehicle. Explain <input style="width: 100%;" type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
Total expenses for this additional vehicle:			0	0

ADDITIONAL VEHICLES				
I/we own or lease	<input type="text"/>	an additional vehicle. Explain <input style="width: 100%;" type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
Total expenses for this additional vehicle:			0	0

ADDITIONAL VEHICLES				
I/we own or lease	<input type="text"/>	an additional vehicle. Explain <input style="width: 100%;" type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
Total expenses for this additional vehicle:			0	0

ADDITIONAL VEHICLES				
I/we own or lease	<input type="text"/>	an additional vehicle. Explain <input style="width: 100%;" type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
Total expenses for this additional vehicle:			0	0

ADDITIONAL VEHICLES				
I/we own or lease	<input type="text"/>	an additional vehicle. Explain <input style="width: 100%;" type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
Total expenses for this additional vehicle:			0	0

TOTAL NET INCOME / LOSS FROM VEHICLES:	\$0.00	\$0.00
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CHILD(REN)'S PERSONAL EXPENSE WORKSHEET (ENTER EXPENSES FOR CHILD(REN) OF THIS RELATIONSHIP ONLY)		TOTAL AMOUNT I PAY FOR MINOR CHILD(REN)	TOTAL AMOUNT OTHER PARTY PAYS FOR MINOR CHILD(REN)	TOTAL AMOUNT PAID BY ANOTHER FOR MINOR CHILD(REN)
1	Child(ren)'s monthly expenses for clothes, shoes & accessories:			
2	Child(ren)'s monthly unreimbursed medical expenses: Per Paycheck			
	medical co-pays			
	medication (prescription & over-the-counter)			
	optometry			
	dental and orthodontic			
	physical therapy, counseling, other			
3	Child(ren)'s monthly expenses for telephone, cellular telephone, internet			
4	Child(ren)'s monthly expenses for entertainment, dining out, movies, music, other			
5	Child(ren)'s monthly expenses for appearance (hair, manicure/pedicure; facials/massage, cosmetics, other):			
6	Children's monthly expenses for insurance (other than health insurance):			
7	Child(ren)'s monthly education-related expenses (if paid quarterly, divide by 3; semi-annually, divide by 6; annually, divide by 12):			
	Tuition, books & fees			
	Tutoring			
	Special Needs (specify)			
	Uniforms			
	Meals (if not included in tuition)			
	Extracurricular (sports, music, art, etc.)			
	Other: List specific "other" education expenses incurred and amount(s) paid, the insert the total in the appropriate column at right.			
8	Childcare expenses (daycare, before and after school care, Nanny, etc.)			
9	Summer programs / summer camp			
10	Child(ren)'s vehicle (lease/payment, insurance, gas)			
11	Transportation related to visitation - if the child(ren) live in another city/state (pro-rate expenses over the year for a monthly amount, if necessary):			
	Airfare			
	Car Rental			
	Hotel/Motel			
	Parking (at airport or other)			
	Public Transportation			
	Other: List specific "other" transportation expenses incurred and amount(s) paid, the insert the total in the appropriate column at right.			
10	Child(ren)'s Total Monthly Expenses	\$0	\$0	\$0
USE THE SPACE BELOW FOR ANY NOTES/COMMENTS/EXPLANATION YOU WISH TO PROVIDE REGARDING YOUR CHILDREN'S PERSONAL EXPENSES				

PLAINTIFF V. DEFENDANT
ASSET & DEBT CHART

2/13/13 10:52 AM

ITEM	LAST 4 DIGITS OF ACCOUNT NUMBER	WHOSE NAME IS ON ACCOUNT	ENTER "S" FOR ANY SEPARATE PROPERTY	GROSS VALUE	Amount you owe on this asset NO. 1	Amount you owe on this asset NO. 2	NET VALUE
ASSETS:							
BANK ACCOUNTS							
1							0
2							0
3							0
4							0
5							0
6							0
7	Subtotal	0		0	0	0	0
INVESTMENTS / SECURITIES							
8							0
9							0
10							0
11							0
12							0
13							0
14	Subtotal	0		0	0	0	0
RETIREMENT ACCOUNTS							
15							0
16							0
17	Subtotal	0		0	0	0	0
LIFE INSURANCE POLICIES							
18							0
19							0
20							0
21	Subtotal	0		0	0	0	0
BUSINESS INTERESTS							
22							0
23							0
24							0
25							0
26							0
27	Subtotal	0		0	0	0	0
RECEIVABLES / DEPOSITS							
28							0
29							0
30							0
31							0
32							0
33	Subtotal	0		0	0	0	0
REAL PROPERTY							
34							0
35							0
36							0
37							0
38	Subtotal			0	0	0	0
AUTOMOBILES							
39							0
40							0
41							0
42							0
43	Subtotal			0	0	0	0
PERSONAL PROPERTY							
44							0
45							0
46							0
47	Subtotal			0	0	0	0

Initials

**PLAINTIFF V. DEFENDANT
ASSET & DEBT CHART**

2/13/13 10:52 AM

ITEM	LAST 4 DIGITS OF ACCOUNT NUMBER	WHOSE NAME IS ON ACCOUNT	ENTER "S" FOR ANY SEPARATE PROPERTY	GROSS VALUE	Amount you owe on this asset		NET VALUE
					NO. 1	NO. 2	
				0	0	0	0

LIABILITIES:

LONG TERM DEBT NOT LISTED ABOVE

48							0
49							0
50							0
51							0
52							0
53	Subtotal			0	0		0

OTHER LIABILITIES NOT LISTED ABOVE

54							0
55							0
56							0
57							0
58							0
59							0
60							0
61							0
62							0
63	Subtotal				0		0

TOTAL UNSECURED LIABILITIES

NET VALUE OF ASSETS (NET EQUITY)

0							0
0							0

USE THE SPACE BELOW FOR ANY NOTES/COMMENTS/EXPLANATION YOU WISH TO PROVIDE REGARDING YOUR ASSET AND DEBT CHART

Case No: _____

Dept. No. _____

	YES	NO
1. Are you contributing to anyone's expenses except your current spouse (if any), the other party and/or children as reported herein?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is anyone contributing to your expenses other than your current spouse (if any) or the other party as reported herein?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you providing any voluntary unpaid services to any entity, group or person?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you canceled any monthly services (housecleaning, cable, lawn care, etc) in the past twelve (12) months?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you removed money from any retirement or deferred compensation account in the past twelve (12) months?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you traveled with anyone other than your current spouse (if any) or alone in the past twelve (12) months?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you transferred assets totaling \$500 or more in the past twelve (12) months?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you deferred receiving any money that you are entitled to receive?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is anyone holding money for you?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you accrued sick/vacation days that you can cash out through your employer?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have money on deposit anywhere? i.e. purchase of a home or car, country club membership, landlord	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you prepaid any expenses?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you loaned money totaling over \$300 to anyone in the past twelve (12) months?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you made charitable contributions totaling over \$500 in the past twelve (12) months?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does anyone owe you money?	<input type="checkbox"/>	<input type="checkbox"/>
16. Are you owed back child support or spousal support?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you modified your payroll deductions in the past twelve (12) months?	<input type="checkbox"/>	<input type="checkbox"/>
18. Are you in Bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
19. Is your current gross monthly income significantly different (20% or more) from the average for the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>

I am the _____ Plaintiff/Petitioner _____ Defendant/Respondent in the above action. I swear or affirm under penalty of perjury that I read and followed all instructions in completing this Financial Disclosure Form and that the contents of this Financial Disclosure Form are true and correct to the best of my knowledge as of this date. I understand that, by my signature, I verify the material accuracy of the contents of this Form. I also understand that any willful misstatements may be contemptuous and could result in my punishment by the Court.

I understand that I have a duty to supplement the information on this form within ten (10) calendar days of discovering additional assets or debts or upon discovering any incorrectly reported information or upon any changed circumstances.

Executed: _____

Signature: _____

SIGNATURE OF ATTORNEY (if represented by counsel):

By signing this form, the attorney of record certifies that he or she has read the factual statements made by the Declarant, and there exists reasonable basis to believe that this financial disclosure is likely to have evidentiary support after further investigation or discovery.

Executed: _____

Signature: _____

CERTIFICATE OF SERVICE

I hereby certify that on Tuesday, October 12, 2010, service of the **FINANCIAL DISCLOSURE FORM** was made to the following interested parties in the manner set forth below:

Via 1st Class U.S. Mail, postage fully prepaid, to

[Redacted area]

Via Facsimile and/or Email pursuant to the Consent to Service By Electronic Means on file herein to:

[Redacted area]

And, via 1st Class U.S. Mail, postage full prepaid, addressed to:

[Redacted area]

Plaintiff/Defendant

Respectfully Submitted,

[Redacted signature area]

(Signature) _____

(Printed Name) _____

Initials