

FINANCIAL DECLARATION FORM
STATE OF INDIANA: CIRCUIT AND SUPERIOR COURTS
OF PORTER COUNTY

IN RE: THE MARRIAGE OF:

Cause No: _____

Petitioner
and

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 _____

I. PRELIMINARY INFORMATION

Husband* _____
Address: _____
Soc. Sec. No. _____

Wife* _____
Address: _____
Soc. Sec. No. _____

Badge/Payroll No: _____

Badge/Payroll No: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Birth Date: _____

Birth Date: _____

Date of Marriage: _____

Date of Physical Separation: _____

Date of Filing: _____

Children:

Name _____	Age _____	Dob: _____	SS#: _____
Name _____	Age _____	Dob: _____	SS#: _____
Name _____	Age _____	Dob: _____	SS#: _____
Name _____	Age _____	Dob: _____	SS#: _____

II. HEALTH INSURANCE INFORMATION

Name and Address of health care insurance company: _____

Name all persons covered under Plan(s): _____

Weekly cost of total health insurance premium _____

insurance premium: _____ for children only: _____

Name of the childrens' health care providers: _____

The names of the schools and grade level for each child are: _____

List any extraordinary health care concerns of any family member: _____

List any educational concerns of any family member: _____

III. INCOME INFORMATION

A. EMPLOYMENT HISTORY

Current employer _____

Address _____

Telephone No: _____ Length of Employment _____

Job Description _____

Gross Income _____
Per week bi-weekly per month yearly

Net Income _____
Per week bi-weekly per month yearly

B. EMPLOYMENT HISTORY FOR LAST 5 YEARS

Employer	Dates of employment	Compensation (per wk/mo/yr)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. INCOME SUMMARY

1. GROSS WEEKLY INCOME from: Salary

and wages, including commissions, bonuses,
allowances and over-time

\$ _____

Note: If paid monthly, determine weekly income by
dividing monthly income by 4.3

Pensions & Retirement

Social Security

Disability and unemployment insurance

Public Assistance (welfare, AFDC payments, etc.)

Food stamps

Child support received for any child(ren) not born
of the parties to this marriage

Dividends and Interest

Rents received

All other sources (specify)

TOTAL GROSS WEEKLY INCOME

\$ _____

2. ITEMIZED WEEKLY DEDUCTIONS from gross income:

State and Federal Income taxes:

Social Security

Medical Insurance

Coverage: Health ()
 Dental ()
 Eye Care ()
 Psychiatric ()

Union or other dues:

Retirement:

Pension fund: Mandatory ()

Optional ()

Profit Sharing: Mandatory ()

Optional ()

401(k):	Mandatory (<input type="checkbox"/>)	Optional (<input type="checkbox"/>)	_____
SEP:	Mandatory (<input type="checkbox"/>)	Optional (<input type="checkbox"/>)	_____
ESOP:	Mandatory (<input type="checkbox"/>)	Optional (<input type="checkbox"/>)	_____
IRA:	Mandatory (<input type="checkbox"/>)	Optional (<input type="checkbox"/>)	_____

Child support withheld from pay
(not including this case) _____

Garnishments (itemize on separate sheet) _____

Credit Union debts _____

Direct Withdrawals Out of Paychecks: _____

Car payments	_____
Life insurance	_____
Disability insurance	_____
Thrift plans	_____
Credit union savings	_____
Bonds	_____
Donations	_____

Other (specify) _____

TOTAL WEEKLY DEDUCTIONS _____

3.WEEKLY DISPOSABLE INCOME

(A minus B: Subtract Total Weekly Deductions
from Total Weekly Gross Income) _____

IN ALL CASES INVOLVING CHILD SUPPORT: Prepare and attach an 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.

IV. MONTHLY LIVING EXPENSES:

House

1. Rent(Mortgage)	\$ _____
2. 2nd Mortgage	_____
3. Line of credit	_____
4. Gas/Electric	_____
5. Telephone	_____
6. Water	_____
7. Sewer	_____
8. Sanitation (garbage)	_____
9. Cable	_____
10. Satellite	_____
11. Internet	_____

12. Taxes (Real Estate) (If not part of mortgage payment) _____

13. Insurance(House) (If not part of mortgage payment) _____

14. Lawn Care/Snow Removal _____

Groceries

1. Food _____

2. Toiletries _____

3. Cleaning Products _____

4. Paper Products _____

Clothing

1. Clothes _____

2. Shoes _____

3. Uniforms _____

Health Care

1. Health insurance not deducted from pay _____

2. Dental insurance not deducted from pay _____

3. Doctor Visits (non insurance covered) _____

4. Dental Visits (non insurance covered) _____

5. Prescription Pharmaceutical (non insurance covered) _____

6. Over the counter medicine _____

7. Glasses/contact lenses _____

8. Other non-insurance covered health care* _____

Car & Travel

1. Car Payment _____

2. Gasoline _____

3. Oil/Maintenance _____

4. Insurance (Car) _____

5. Car Wash _____

6. Tolls _____

7. Train/Bus _____

8. Parking Lot Fees _____

9. License plates _____

Beauty Care

1. Hair Dresser/Barber _____

2. Cosmetics _____

School Needs

1. Lunches _____

2. Book _____

3. Tuition/Registration _____

4. Uniforms _____

5. School Supplies _____

6. Extra curricular activities _____

Infant Care

1. Diapers _____

2. Baby Food _____

Miscellaneous

1. Church Donations _____

2. Charitable Donations _____

- 3. Life Insurance _____
- 4. Babysitter _____
- 5. Newspapers & Magazines _____
- 6. Cigarettes _____
- 7. Dry Cleaning _____
- 8. Entertainment _____
- 9. Cell phone _____
- 10. Dues/subscriptions _____
- 14. Charge Cards _____
- 15. Other * _____

Sub-Total of Expenses _____

* Itemize at bottom of page

Average Weekly Expenses (multiply monthly expenses by 12
and divide by 52) _____

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 compute the child support arrearages.

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

ASSETS

All property is to be listed regardless of whether it is titled in your name only or jointly or if property you own is being held for you in the name of a third party.

VI. PROPERTY

A. MARITAL RESIDENCE

Description: _____

Location: _____

Date Acquired: _____

Purchase Price: _____ Down Payment: _____

Source of Down Payment: _____

Current Indebtedness:

Monthly Payment: _____

Current Fair Market Value: _____

B. OTHER REAL PROPERTY (Complete B, on a separate sheet of paper for each additional parcel of real estate owned, etc).

Description: _____

Location: _____

Date Acquired: _____

Purchase Price: _____ Down Payment: _____

Source of Down Payment: _____

Current Indebtedness: _____

Monthly Payment: _____

Current Fair Market Value: _____

C. PERSONAL PROPERTY (motor vehicles, boats, motorcycles, furnishings, household goods, jewelry, firearms, etc. Household furnishings and household goods such as pots and pans need not be itemized.)

<u>Description</u>	<u>Titled</u>	<u>Current Value</u>	<u>Indebtedness</u>	<u>Payment</u>	<u>Present User</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

VII. BANK ACCOUNTS

<u>Type of Account</u> (Checking, Savings, CDs, etc.)		<u>Owner No.</u>	<u>Account</u> <u>Date of Filing</u>	<u>Balance on</u>
<u>Name</u>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

VIII NON-RETIREMENT SECURITIES (stocks, bonds, mutual funds, etc.)

<u>Type of account (Money mkt, Stocks, Bonds, Mutual Funds Account Name etc.)</u>	<u>Value</u> <u>on date</u>	<u>Owner</u>	<u>No.</u>	<u>of filing</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IX. LIFE INSURANCE POLICIES (whole life, variable life, annuities, term)

<u>Company</u>	<u>Owner</u>	<u>Policy #</u>	<u>Beneficiary</u>	<u>Face Value</u>	<u>Loan Amount</u>	<u>Cash Value</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

X. RETIREMENT ACCOUNTS (Pension, Profit Sharing, 401(k), SEP, IRA, KEOGH, ESOP, etc).

<u>Company</u>	<u>Type of Plan</u>	<u>Owner</u>	<u>Account #</u>	<u>Vested (Yes/No)</u>	<u>Value as of Date of Filing Divorce</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

XI. OTHER PROFESSIONAL OR BUSINESS INTERESTS

<u>Name of Business</u>	<u>Type (Corp., Part., Sole Owner)</u>	<u>% Owned</u>	<u>Estimated Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

XII. MARITAL BILLS, DEBTS, AND OBLIGATIONS (list every single bill, debt and obligation regardless of whether the bill is titled in your name, your spouse's name, or jointly. Please include all mortgages, 2nd mortgages, home equity loans, charge cards, other loans, credit union loans, car payments, and unpaid medical bills, etc. Do not include monthly expenses such as utilities that are paid in full every month.)

<u>Creditor</u>	<u>Description</u>	<u>Acct #</u>	<u>Monthly Payment</u>	<u>Balance - Date of Filing</u>	<u>Current Balance</u>
<u>Example(s):</u>					
<u>1st National Bank</u>	<u>Mortgage</u>	<u>87612368459</u>	<u>\$1,530.00</u>	<u>\$145,680.00</u>	<u>\$145,100.00</u>

[illegible]

<u>Asset</u>	<u>In Name of Husband</u>	<u>In Name of Wife</u>	<u>Jointly Held</u>	<u>Total</u>
Family Dwelling				
Other Real Estate				
Personal Property				
Bank Accounts				
Non-Retirement Securities				
Life Insurance Policies				
Retirement Accounts				
Other Professional/Business Interests				
Total Assets				
<u>Liabilities</u>				
General Creditors				
Mortgage on Family Dwelling				
Mortgages on other real estate				
Notes to Banks and Others				
Loans on Insurance Policies				
Other Liabilities				
Total Liabilities				
ASSETS MINUS LIABILITIES				

Indiana law presumes that the marital property be split on a 50/50 basis. However, the Judge may order a division which may differ from an exact 50/50 division of your property. Please provide a brief statement as to your reasons, if there be any, why the Court should divide your property on anything other than a 50/50 basis.

XV. MANDATORY EXHIBITS

- A. The last three years of Individual State and Federal income tax returns together with all W-2 forms, 1099 forms and K-1 forms.
- B. The immediate preceding six paycheck stubs showing year-to-date earnings.
- C. Documents showing the amount of income received from any other source in the past three years including irregular income in an amount greater than \$500 per year plus any expenses relating thereto.
- D. Child support worksheet, if applicable.
- E. Arrearage calculation, if applicable under V of this Financial Declaration Form.
- F. With regard to all real estate listed under VI (A) and (B):
 - a. The title insurance policy, if available,
 - b. The deed,
 - c. An amortization schedule from the lending institution, if available,
 - d. Documents showing the mortgage balance as of the date of the filing of the Petition for Dissolution of Marriage,
- 7. As to all bank accounts identified in VII of this Financial Declaration Form:
 - a. Copy of the bank statement closest to the date of the filing of the petition for Dissolution of Marriage, and
 - b. Copies of the bank statements for the five months immediately preceding the filing of the Petition for Dissolution of Marriage.
- 8. As to all Non-retirement Securities identified in VIII of this Financial Declaration Form:
 - a. Copy of the statement closest to the date of the filing of the petition for Dissolution of Marriage, and
 - b. Copies of the statements for the five months immediately preceding the filing of the Petition for Dissolution of Marriage.
- 9. As to all Life Insurance policies identified in IX of this Financial Declaration Form attach statements as of cash value as of the date of the filing of the Petition for Dissolution of Marriage.
- 10. As to all Retirement Accounts identified in X of this Financial Declaration Form attach statements showing the value of the account as of the date of the filing of the Petition for Dissolution of Marriage and for the preceding five months, if such statements are available, except for pension accounts and other defined benefit plans, in which event attach a statement from the employer describing the benefits.
- 11. As to all marital bills, debts and obligations identified in XII of this Financial Declaration Form, attach a statement showing the amount of each bill, debt and obligation as of the date of the filing of the divorce and for the immediately preceding five months.

XV. VERIFICATION

I declare, under the pains and penalty of perjury, that the foregoing, including statements of my income, expenses, assets and liabilities, are true and correct to the best of my knowledge and that I have made a complete and absolute disclosure of all sources of income, all assets, and all liabilities. If it is proven to the Court that I have intentionally failed to disclose all of my income, any asset, or liability, I may lose the asset and may be required to pay the liability. Further, this Financial Declaration Form is considered as a Request for Admissions to the recipient under Trial Rule 35 and should the recipient fail to fully prepare and exchange this statement then the Court may prohibit the party who did not properly complete the Financial Declaration Form from introducing any evidence at any hearing to contradict the evidence of the other party on the issues of income, expenses, assets and liabilities.

Date: _____

Signature

XVI. 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: _____

Attorney for
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