

Sheet1  
**FINANCIAL DECLARATION**

State of Indiana In the \_\_\_\_\_ Court  
 County of \_\_\_\_\_ Cause No. \_\_\_\_\_

IN RE: THE MATTER OF  
 \_\_\_\_\_  
 Petitioner  
 and  
 \_\_\_\_\_  
 Respondent

**PETITIONER:**  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Attorney \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone \_\_\_\_\_

**RESPONDENT:**  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Attorney \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone \_\_\_\_\_

**FINANCIAL DECLARATION OF:** \_\_\_\_\_

GROSS WEEKLY INCOME – attach last 3 paystubs		Amount
1	Salaries and Wages	
2	Pension/Retirement/Social Security/Disability/Unemployment/Worker's Comp.	
3	Child support received from prior marriage	
4	Dividends and interest	
5	Capital Gains expenses	
6	Business / self-employment income – not after expenses	
7	Commission / bonus / tips	
8	All other sources	
9	<b>TOTAL GROSS WEEKLY INCOME (Lines 1-8)</b>	
<b>WEEKLY DEDUCTIONS</b>		
10	Weekly court ordered child support for prior child(ren)	
11	Weekly legal duty child support for prior child(ren)	
12	Premiums pd for employee and child(ren) minus premiums pd for employee only	
13	Weekly alimony/support/maintenance paid to PRIOR spouse	
14	Self-employed tax (half of self-employment tax, annual amount ÷ 52 weeks ÷2)	
15		AA
16	Work related child care costs	
17	Union Dues (required for employment)	
18	Extraordinary health care expenses – uninsured only	
19	Extraordinary educational expenses	
20	<b>TOTAL GROSS WEEKLY DEDUCTIONS FROM GROSS INCOME</b>	
21	<b>TOTAL NET WEEKLY INCOME</b>	



Sheet1

A.		Household Furnishings/Furniture Electronic Equipment, Appliances	Gross Value	Debt	Net	H	W	J
1		In Husband's Possession						
2		In Wife's Possession						
B.		Vehicles (boats, Rvs, (Make / Model / Year)						
3								
4								
5								
6								
7								
C.		Cash/Accounts/CDs (Name of bank account, last four digits of account number/account type)						
8								
9								
10								
11								
12								
13								
14								
D.		Securities / Stocks / Bonds						
15								
16								
17								
18								
E.		Real Estate (including mobile homes)	Fair Market Val.	Mortgage	Net Value			
19		Marital Residence (address)						
		First mortgagor:						
		Second mortgagor:						
20		Other residence (address)						
		First mortgagor:						
		Second mortgagor:						
F.		Deferred compensation – profit sharing pension plans, Keoghs, IRSs, 401(k), SEP	% Vested	Vested FMV	H	W	J	
21								
22								
23								
24								
25								
26								
27								
28								
G.		Business Interest	% Interest	% FMV	H	W	J	
29								
30								

Sheet1

H.	Life Insurance (term and group)	Face Amt.	Policy No.	Beneficiary	H	W	J
31							
32							
33							
I.	Life Insurance (whole)	Cash Value	Loan Amt.	% Interest	H	W	J
34							
35							
36							
J	Collections, jewelry, antiques, silver, china	Value	Debt	Net Value	H	W	J
37							
38							
39							
40							
41							
42							
43							

List names, ages, and relationships of persons living in your household:


Are other persons in your household working?

If so, who?   
 Occupation:  Employer:

I declare under the penalties of perjury that the foregoing, including any attachments(s), is true and correct to the best of my knowledge and belief.

Signature:   
 Printed Name:   
 Dated:

You are under a duty to supplement or amend this Financial Declaration prior to hearing if you learn the information provided is incorrect or the information provided is no longer true.

Prepared by: