

IN RE MARRIAGE OF:

CAUSE NUMBER: _____

_____,
Petitioner- _____,

and

DATED: _____

_____,
Respondent- _____.

VERIFIED FINANCIAL DECLARATION FOR _____

HUSBAND NAME	WIFE NAME
ADDRESS	ADDRESS
OCCUPATION	OCCUPATION
EMPLOYER	EMPLOYER
ATTORNEY: Christine Douglas, #19775-49 DOUGLAS FAMILY LAW LLC 550 Congressional Blvd., Suite 125 Carmel, Indiana 46032 Telephone: (317)660-6135 christine@family-lawyer.us	

GROSS WEEKLY INCOME	AMOUNTS
1. Gross Weekly SALARY or HOURLY pay	
2. Gross Weekly monies from irregular income, bonuses, commission, odd-jobs, indpt contractor work	
3. Gross Weekly PENSIONS/RETIREMT/SOCIAL SECURITY/DISABILITY/UNEMPLOYMT/ WORKMAN'S COMP	
4. Gross Weekly CHILD SUPPORT received from any prior marriage (not this marriage)	
5. Gross Weekly DIVIDENDS and INTEREST	
6. Gross Weekly RENTS/ROYALTIES less any ordinary and necessary expenses (attach calculations)	
7. Gross Weekly BUSINESS/SELF-EMPLOYMENT INCOME less ordinary and necessary expenses	
8. ALL OTHER SOURCES: specify	
9. TOTAL GROSS WEEKLY INCOME (Total of lines 1 through 8)	
10. Minus Weekly CT-ORDERED CHILD SUPPORT for Children from prior relationship (amts actually paid)	
11. Minus Weekly LEGAL DUTY CHILD SUPPORT for Children from prior relationships	
12. Minus Weekly HEALTH, DENTAL AND VISION INSURANCE PREMIUMS	
13. Minus Weekly ALIMONY/SUPPORT/MAINTENANCE paid to prior spouses (amts actually paid)	
14. WEEKLY AVAILABLE INCOME (Line 9 less Lines 10 through 13)	
15. Weekly WORK-RELATED CHILD CARE COSTS: Children of this marriage only	
16. Weekly EXTRAORDINARY UNINSURED HEALTHCARE EXPENSES: Children of this marriage only	
17. Weekly EXTRAORDINARY EDUCATION EXPENSES: Children of this marriage only	

*Includes Bonuses; Alimony and Maintenance Received from Prior Marriages; Capital Gains; Trust Income; Gifts; Prizes; In-kind Benefits from Employment such as Company Car, Free Housing, Reimbursed Meals. DO NOT include ADC, SSI, General Assistance, Food Stamps.

Names & relationship of all household members whose expenses are included: _____

MONTHLY EXPENSES AND DEDUCTIONS FROM INCOME			AMOUNTS
1. FEDERAL INCOME TAXES			
2. STATE INCOME TAXES			
3. LOCAL INCOME TAXES			
4. SOCIAL SECURITY TAXES and MEDICARE			
5. RETIREMENT (Optional or Mandatory)			
6. RENT/MORTGAGE PAYMENTS:			
7. RESIDENCE/PROPERTY TAXES & INSURANCE: if not included in Mortgage Payment			
8. MAINTENANCE ON RESIDENCE			
9. FOOD/HOUSEHOLD SUPPLIES/LAUNDRY/CLEANING			
10. ELECTRICITY			
11. GAS			
12. WATER/SEWER/TRASH COLLECTION/RECYCLING			
13. TELEPHONE (i.e. cell phones, home land-line)			
14. CLOTHING			
15. UNINSURED MEDICAL/DENTAL EXPENSES (i.e. prescriptions, co-pays)			
16. AUTOMOBILE – LOAN/LEASE PAYMENTS			
17. AUTOMOBILE – GAS AND OIL CHANGES			
18. AUTOMOBILE – REPAIRS			
19. AUTOMOBILE - LICENSE PLATES, EXCISE TAX, AUTO CLUB			
20. INSURANCE - AUTOMOBILE			
21. INSURANCE – HEALTH/DENTAL/VISION			
22. INSURANCE - LIFE			
23. INSURANCE – DISABILITY/PERSONAL PROPERTY/OTHER			
24. ENTERTAINMENT: Travel, Club Memberships, Cable Television, Netflix/etc... and Internet			
25. CHARITABLE/CHURCH CONTRIBUTIONS			
26. PERSONAL EXPENSES: Haircuts, cosmetics, grooming, etc...			
27. EDUCATION/SCHOOL EXPENSES for self and children of whom you have custody			
28. CHILDREN'S EXTRACURRICULAR ACTIVITIES			
29. COLLEGE EXPENSES:			
30. OTHER (i.e. pets, home owner association dues, security system):			
MONTHLY LOAN AND CARD EXPENSES: <i>Do not include monthly payments shown above</i>			MONTHLY
PAYEE/account number	FOR	BALANCE	MIN. PAYMENT
31.			
32.			
33.			
34.			
35.			
36. Total Monthly Expenses And Deductions From Income (Total of Lines 1 through 35)			
37. Average Weekly Expenses And Deductions (Total monthly expenses) 4.33)			

ASSETS

DESCRIPTION	GROSS VALUE	LESS: LIENS/ MORTGAGE	NET VALUE	TITLE	W	H	J
A. HOUSEHOLD FURNISHINGS, FURNITURE, APPLIANCES							
1. In Wife's possession.							
2. In Husband's possession.							
B. AUTOMOBILES, TRUCKS, RECREATIONAL VEHICLES: Include Make, Model and Year							
3. Year/Make/Model: _____ Mileage: _____ Color _____ Loan: _____ Name/s on loan _____	Kelley Blue Book private party value _____	Payoff balance _____					
4. Year/Make/Model: _____ Mileage: _____ Color _____ Loan: _____ Name/s on loan _____	Kelley Blue Book private party value _____	Payoff balance _____					
C. SECURITIES - STOCKS, BONDS AND STOCK OPTIONS							
5.							
6.							
D. CASH, CHECKING, SAVINGS, DEPOSIT ACCOUNTS, CDs: Include financial institution name & account #							
7. Bank Name: _____ Account type: _____ Account number: _____ Names on account: _____							
8. Bank Name: _____ Account type: _____ Account number: _____ Names on account: _____							

<p>9. Bank Name: _____</p> <p>Account type: _____</p> <p>Account number: _____</p> <p>Names on account: _____</p>						
<p>10. Bank Name: _____</p> <p>Account type: _____</p> <p>Account number: _____</p> <p>Names on account: _____</p>						
<p>11. Bank Name: _____</p> <p>Account type: _____</p> <p>Account number: _____</p> <p>Names on account: _____</p>						

E. REAL ESTATE: Including Land Sales Contracts

<p>12. Marital Home</p> <p>Address: _____</p> <p>Purchase date: _____</p> <p>Purchase price: _____</p> <p>Date and value of most recent property assessment: _____ / _____</p> <p>Current FMV: _____</p> <p>Name of lender 1st mortgage: _____</p> <p>Name of lender 2nd mortgage/HELOC: _____</p>		<p>Mortgage balance: \$ _____</p> <p>HELOC balance: \$ _____</p>				
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<p>13. Property/Real Estate</p> <p>Address: _____</p> <p>Purchase date: _____</p> <p>Purchase price: _____</p> <p>Date and value of most recent property assessment: _____ / _____</p> <p>Current FMV: _____</p> <p>Name of lender 1st mortgage: _____</p> <p>Name of lender 2nd mortgage/HELOC: _____</p>						
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F. CASH RETIREMENT ACCOUNTS: Include IRAs, SEPS, KEOUGHS, 401K, Employee savings/stock ownership/profit sharing plans, etc...

<p>14. Name of Financial Institution: _____</p> <p>Account Number: _____</p>						
<p>15. Name of Financial Institution: _____</p> <p>Account Number: _____</p>						

G. RETIREMENT BENEFITS, DEFERRED COMPENSATION PLANS AND PENSIONS: Include information available on benefits, whether benefits are vested or in pay status

<p>16. Name of Plan: _____</p> <p>Type of Plan: _____</p>						
<p>17. Name of Plan: _____</p> <p>Type of Plan: _____</p>						

H. BUSINESS INTERESTS

<p>18. Name of Business: _____</p> <p>Type of Business: _____</p>						
<p>19. Name of Business: _____</p> <p>Type of Business: _____</p>						

I. LIFE INSURANCE

Term and Group:						
20. Insurance Company: _____ Policy Number: _____ Name of Insured: _____ Names Beneficiaries: _____						
21. Insurance Company: _____ Policy Number: _____ Name of Insured: _____ Names Beneficiaries: _____						
Whole Life and Others:						
22. Insurance Company: _____ Policy Number: _____ Name of Insured: _____ Names Beneficiaries: _____						

J. OTHER ASSETS: Include any type of assets that have value, including jewelry, personal property, assets located in safety deposit boxes, accrued bonuses, etc...

23.						
24.						
25.						

ASSETS ACQUIRED BY YOU BEFORE THE MARRIAGE OR BY INHERITANCE OR GIFT
(Whether you still own or not).

SHOW SIGNIFICANT ASSETS ONLY	GROSS VALUE	LESS: LIENS/ MORTGAGE	NET VALUE	VALUATION DATE
A. ASSETS OWNED BY YOU PRIOR TO MARRIAGE: value as of date of marriage				
26.				
27.				
28.				
29.				

30.				
B. ASSETS ACQUIRED BY YOU DURING MARRIAGE THROUGH INHERITANCE AND/OR GIFTS: value as of date of acquisition				
31.				
32.				

VERIFICATION

I verify subject to the penalty of perjury that the foregoing is true and that this declaration was executed on the _____ day of _____, _____.

I understand that I am under a duty to supplement or amend this Financial Declaration prior to trial if I learn the information provided is incorrect or the information provided is no longer true.

Petitioner/Respondent

CERTIFICATE OF SERVICE

I certify that _____'s Verified Financial Declaration has been served to:

1. _____, Counsel for _____.

By e-service at _____ this _____ day of _____, 2024.

Christine Douglas
Attorney at Law