

*Law Office of Brian L. Bennett, P.C.*  
2803 Boilermaker Court  
Valparaiso, Indiana 46383

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219.228.7823 Office

219.881.8180 Fax

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www.Bennett-Legal.com  
admin@bennettlegalservices.com



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# FINANCIAL DECLARATION FORM

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STATE OF INDIANA

CLIENT NAME

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

**DOB:** \_\_\_\_\_

**SS:** \_\_\_\_\_

**IN RE: THE MARRIAGE OF:** \_\_\_\_\_

**CAUSE NO.:** \_\_\_\_\_

**DATE OF MARRIAGE:** \_\_\_\_\_

**DATE OF SEPERATION:** \_\_\_\_\_

**CHILDREN:** \_\_\_\_\_ [d/o/b: \_\_\_\_\_]

\_\_\_\_\_ [d/o/b: \_\_\_\_\_]

\_\_\_\_\_ [d/o/b: \_\_\_\_\_]

**PART I. INCOME AND EXPENSES STATEMENT**

**STATEMENT OF INCOME, EXPENSES, ASSETS, AND LIABILITIES.**

Attach copies of State and Federal Income Tax Returns for the last three (3) taxable years, and wage statements from your employer for the last eight (8) weeks.

**Note:** Attach separate sheets for subparts A, B, and C for current spouse(s), roommate(s), or other(s) residing in the home.

**A. GROSS WEEKLY INCOME**

**HUSBAND**

**WIFE**

from: Salary and Wages, including commissions, bonuses, allowances and overtime, payable

(pay period)

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

Pension and 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**



**C. WEEKLY DISPOSABLE INCOME**

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

\_\_\_\_\_

**D. IN ALL CASES INVOLVING CHILD SUPPORT:** Prepare and attach any 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.

**E. SELECTED MONTHLY LIVING EXPENSES:** Specify which party is to custodial parent and list names and relations of each number of the household whose expenses are included.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	HUSBAND	WIFE
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Rent or Mortgage Payments (residence)

\_\_\_\_\_

\_\_\_\_\_

Real Property Taxes (residence), if not included in mortgage payment

\_\_\_\_\_

\_\_\_\_\_

Insurance (residence), if not included in mortgage payment  
Utilities (including water, sewer, electricity, gas, heat, and garbage)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone

\_\_\_\_\_

\_\_\_\_\_

Child Support not withheld from pay (not including this case)

\_\_\_\_\_

\_\_\_\_\_

Medical (not covered in insurance)

\_\_\_\_\_

\_\_\_\_\_

Dental (not covered by insurance)

\_\_\_\_\_

\_\_\_\_\_

Insurance (life, health, accident, liability, disability; excluding payroll deducted and automobile)

\_\_\_\_\_

\_\_\_\_\_

School (Including, if applicable, colleges; universities; or trade schools)

\_\_\_\_\_

\_\_\_\_\_

Child Care and Preschool

\_\_\_\_\_

\_\_\_\_\_

Transportation (other than automobile payments) \_\_\_\_\_

Auto Payments \_\_\_\_\_

Automobile Insurance (not included in auto payment) \_\_\_\_\_

Other (specify) \_\_\_\_\_

Other (specify) \_\_\_\_\_

Other (specify) \_\_\_\_\_

<b>TOTAL MONTHLY EXPENSES:</b>	_____	_____
<b>AVERAGE WEEKLY EXPENSES:</b> <i>(Divide Total Monthly Expenses by 4.3)</i>	_____	_____

*Indicate which of the foregoing expenses are delinquent and the amount thereof.*

**F. DEBTS AND OBLIGATIONS:**

Creditor	Debtor/Account Holder H/W/J	Balance Due	Monthly Payment
	<b>TOTALS</b>		

*Use Additional Paper as Needed*

*Attach copy of most recent statement for each/all debts*

**Note:** Indicate any special circumstances, i.e.: premarital debts, debts in arrears on the date of physical separation, or date of filing and the amount or number of payments in arrears.

**PART II. NET WORTH**

List all property owned, either individually or jointly. Indicate who holds or how title is held: (H)usband; (W)ife; or (J)ointly. **WHERE SPACE IS INSUFFICIENT FOR COMPLETE INFORMATION ATTACH SEPARATE SCHEDULE.**

	<b>OWNERSHIP (H/W/J)</b>	<b>FAIR MARKET VALUE</b>	<b>BALANCE(S) OWNED <i>(Identify Creditors)</i></b>
<b>A. HOUSEHOLD FURNISHINGS</b> (Value of Furniture, Appliances, and Equipment, as a whole; that is, you need not itemize)			

	<b>OWNERSHIP (H/W/J)</b>	<b>FAIR MARKET VALUE</b>	<b>BALANCE(S) OWNED <i>(Identify Creditors)</i></b>
<b>B. MOTOR VEHICLES</b>			
<b>Vehicle 1</b>			
<i>Year:</i>			
<i>Make:</i>			
<i>Model:</i>			
<i>Mileage:</i>			
<i>Condition:</i>			
<i>Driver:</i>			

<b>Vehicle 2</b>			
<i>Year:</i>			
<i>Make:</i>			
<i>Model:</i>			
<i>Mileage:</i>			
<i>Condition:</i>			
<i>Driver:</i>			

<b>Vehicle 3</b>			
<i>Year:</i>			
<i>Make:</i>			
<i>Model:</i>			
<i>Mileage:</i>			
<i>Condition:</i>			
<i>Driver:</i>			

<b>Vehicle 4</b>				
<i>Year:</i>				
<i>Make:</i>				
<i>Model:</i>				
<i>Mileage:</i>				
<i>Condition:</i>				
<i>Driver:</i>				

<b>Vehicle 5</b>				
<i>Year:</i>				
<i>Make:</i>				
<i>Model:</i>				
<i>Mileage:</i>				
<i>Condition:</i>				
<i>Driver:</i>				

**C. SECURITIES**  
(Stocks/Bonds/Etc.)

<b>Company</b>	<b>Ownership H/W/J</b>	<b>Value</b>	<b>Number of Shares/Interest Percentage</b>

*Use Additional Paper as Needed*

**D. CASH AND DEPOSIT ACCOUNTS** (Including banks; savings and loan associations; unions; thrift plans; mutual funds; certificates of deposit; savings and checking accounts; IRAs; and Annuities)

<b>Institution</b>	<b>Ownership H/W/J</b>	<b>Balance</b>	<b>Account Number</b>

**E. LIFE INSURANCE**

(Whole and Term)

<b>Company</b>	<b>Policy Number</b>	<b>Ownership H/W/J</b>	<b>Beneficiary</b>	<b>Type</b>	<b>Face Value and Cash Value</b>

**F. RETIREMENT PLANS**

<b>Plan Name</b>	<b>Ownership H/W/J</b>	<b>Vested (Yes or No)</b>	<b>Monthly Benefit at Earliest Retirement Date</b>	<b>Present Value</b>

Attach documents from each plan verifying information. If not yet received, attach a copy of your written request to the plan(s).



**G. REAL ESTATE**

(Attach separate sheet with the following information for each parcel)

<b>Address:</b>		<b>Type of Property:</b>	
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<b>Purchase Price:</b>		<b>Date Purchased:</b>	
------------------------	--	------------------------	--

<b>Present Market Value:</b>	
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<b>Cost of Additions Since Purchase:</b>		<b>Basis for Market Value:</b>	
--	--	--------------------------------	--

<b>Total Cost: (Purchase + Additions)</b>	
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<b>Mortgage Company:</b>		<b>Mortgage Balance:</b>	
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<b>Additional Liens (Identify:</b>	
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<b>Equity (Market Value – Mortgage/Liens)</b>	
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<b>Monthly Mortgage Payment:</b>		<b>Monthly Taxes: (If not included in payment)</b>	
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<b>Monthly Insurance: (If not included in payment)</b>	
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<b>Special Assessments:</b>
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<b>Individual Contributions to the real estate (for example: inheritance, premarital assets, personal loans):</b>
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**H. BUSINESS OR PROFESSIONAL INTERESTS**

(Indicate name, share, type of business, value less indebtedness)

Business Name	Type of Business	Ownership H/W/J	Value <i>(if Known)</i>

**I. OTHER ASSETS** (that is, specify: coin, stamp, or gun collections, or other items of unusual value). Use Additional Sheets as Needed.

Asset Name	Description	Ownership H/W/J	Market Value

**J. ATTACH ALL AVAILABLE DOCUMENTATION TO VERIFY VALUES.**

**PART III. ARREARAGE COMPUTATION**

If there is alleged that existence of a support or other arrearage, attach all records or other exhibits regarding payment history and compute the arrearage as of the date of the filing of the petition or motion which raised that issue.

**PART IV. VERIFICATION**

I declare, under the penalties for perjury, that the foregoing, including any valuations and attachments, is true and correct, and that I have made a complete and absolute disclosure of all of my assets and liabilities. Furthermore, I understand that if in the future, it is proven to this Court that I have intentionally failed to disclose any asset or liability, I may lose the asset and may be required to pay the liability. Finally, I acknowledge that sanctions may be imposed against me, including reasonable attorneys fees and expenses incurred in the investigation, preparation, and prosecution of any claim or action that proves my failure to disclose assets or liabilities.

Date: \_\_\_\_\_

\_\_\_\_\_  
Client Name (Print)

\_\_\_\_\_  
Client Signature

**PART V. ATTORNEY'S CERTIFICATION**

I have reviewed with my client, the foregoing information, including any valuation and attachments, and sign this certification consistent with my obligation under Trial Rule 11 of the Indiana Rules of Procedure.

Date: \_\_\_\_\_

\_\_\_\_\_  
**Brian L. Bennett, IN 27736-45**  
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219.88180 Fax  
[admin@bennettlegalservices.com](mailto:admin@bennettlegalservices.com)  
[www.Bennett-Legal.com](http://www.Bennett-Legal.com)

**MONTHLY PERSONAL LIVING EXPENSES**

<b>RESIDENCE</b>	
Rent/Mortgage	
Gas & Electric	
Telephone	
Water	
Sanitation	
Taxes (Real Estate)	
Insurance (House)	
Lawn Care	
Maintenance	
Cable	
Other	

<b>GROCERIES</b>	
Food	
Paper Products	
Other	

<b>CLOTHING</b>	
Clothes	
Shoes	
Dry Cleaning	
Other	

<b>CAR &amp; TRANSPORTATION</b>	
Car Payment	
Gasoline	
Oil/Maintenance	
Insurance	
Car Wash/Care	

<b>PERSONAL CARE</b>	
Hair Dresser	
Cosmetics	
Hygiene/Toiletries	
Other	

<b>SCHOOL NEEDS</b>	
Lunches	
Books	
Other	

<b>INFANT CARE</b>	
Diapers	
Baby Food/Formula	
Pediatrician	
Other	

<b>MISCELLANEOUS</b>	
Charitable Donations	
Health Insurance	
Medical/Non-Covered Costs	
Dentist	
Childcare (Work Related)	
Newspaper/Books/Magazines	
Cigarettes	
Medicine	
Entertainment	
Other	

**TOTAL MONTHLY PERSONAL  
LIVING EXPENSES**

\$ <input style="width: 150px; height: 20px;" type="text"/>
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**Financial Declaration Form  
 Required Supporting Documents List**

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*The following list of documents/exhibits MUST be attached to each dissolution case Financial Declaration Form [FDF]. This applies to every county in Indiana. Keep in mind that the completed FDF must be exchanged between the parties/their respective counsel.*

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**MANDATORY EXHIBITS:**

Included	Description/Document Types
	<b>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>
	<b>The immediate preceding six paycheck stubs showing year-to-date earnings.</b>
	<b>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.</b>
	<b>Child support worksheet, if applicable.</b>
	<b>Complete child support payment history [obtain from the county child support clerk's office where case is located].</b>
	<b>Complete list [with copies of check stubs/receipts] for all child support payments made directly to custodial parent.</b>
	<b>Arrearage/Overpayment of child support calculation – as applicable.</b>
	<b>With regard to all real estate:</b> <ul style="list-style-type: none"> <li>• The title insurance policy, if available;</li> <li>• the deed;</li> <li>• An amortization schedule from the lending institution, if available;</li> <li>• Documents showing the mortgage balance as of the date of the filing of the Petition for Dissolution of Marriage;</li> </ul>
	<b>All bank/financial/investment accounts of the parties:</b> <ul style="list-style-type: none"> <li>• Copy of the bank statement closest to the date of the filing of the Petition for Dissolution of Marriage;</li> <li>• Copies of the bank statements for the five months immediately preceding the filing of the Petition for Dissolution of Marriage.</li> </ul>
	<b>As to all Non-Retirement Securities of the parties:</b> <ul style="list-style-type: none"> <li>• Copy of the statement closest to the date of the filing of the Petition for Dissolution of Marriage, and            Copies of the statements for the five months immediately preceding the filing of the Petition for Dissolution of Marriage.</li> </ul>
	<b>As to all Life Insurance policies held by the parties:</b> attach statements as of cash value as of the date of the filing of the Petition for Dissolution of Marriage.
	<b>As to all Retirement Accounts:</b> Attach statements showing the value of the accounts as of the date of filing for the Petition for Dissolution or 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
	<b>As to all marital bills, debts, and obligations of the parties</b> <i>[individually/jointly held]:</i> 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.
	<b>Other:</b>
	<b>Other:</b>
	<b>Other:</b>

*This form MUST be signed by a law firm staff member verifying any/all required materials. Maintain a copy of this signed document – in the event new/updated information is requested in your case.*

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client Printed Name**

**RELOCATION**

Any party to Dissolution or Paternity case MUST comply with Ind. Code Ann. § 31-14-13-10. Make certain our firm is properly informed regarding any considered/planned relocation right away.

**CO-PARENTING EDUCATION**

All parties in an initial DISSOLUTION or PATERNITY case involving minor children MUST complete the co-parenting seminar/program required by the county where the case is filed. You must register and complete this as soon as possible. **CERTIFICATE OF COMPLETION MUST BE SUBMITTED TO LAW FIRM**

**LAW FIRM VERIFICATION**

*I, \_\_\_\_\_, verify that the above client completed their Financial Declaration Form and provided all of the applicable supporting documents necessary*

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Printed Name*