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# FINANCIAL DECLARATION FORM

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## STATE OF INDIANA

<b>COUNTY:</b>
<b>Financial Declaration of:</b>
<b>Address:</b>

<b>Social Security No.:</b>	<b>xxx-xxx-</b>
<b>Date of Birth:</b>	

<b>IN RE: The Paternity of/Marriage of:</b>	
<b>Cause Number:</b>	

*This declaration is considered mandatory discovery and must be exchanged between the parties within 30 days of the filing of any paternity case or any post decree matter. Parties not represented by counsel are required to comply with these practices. Failure by either party to complete and exchange this form as required will authorize the court to impose the sanctions set forth by Local Rules and/or Statute, these may include costs and attorney fees.*

<b>Father's Name:</b>	
<b>Address:</b>	
<b>Social Security Number:</b>	
<b>Payroll No./Employee ID:</b>	
<b>Occupation:</b>	
<b>Employer:</b>	
<b>Date Started Employment:</b>	
<b>Birth Date:</b>	

<b>Mother's Name:</b>	
<b>Address:</b>	
<b>Social Security Number:</b>	
<b>Payroll No./Employee ID:</b>	
<b>Occupation:</b>	
<b>Employer:</b>	
<b>Date Started Employment:</b>	
<b>Birth Date:</b>	

List the following Dates as Applicable:

<b>Dissolution/Paternity Order Date:</b>		
<b>Date of Most Recent Support Order:</b>		
<b>Date of Filing to Establish/Modify Custody/Parenting Time and/or Support:</b>		
<b>Petition/Motion Filed by:</b>	<input type="checkbox"/> <i>Mother</i>	<input type="checkbox"/> <i>Father</i>

List Names, dates of birth, and social security numbers of all children of this relationship, whether by birth or adoption:

<b>Child's Name</b>	<b>Date of Birth</b>	<b>Social Security No.</b>
		<b>XXX-XXX-</b>
		<b>XXX-XXX-</b>
		<b>XXX-XXX-</b>
		<b>XXX-XXX-</b>

List Names and dates of birth of any other children living at the residence of the person responding (identify if these are children of the responding party) and for each such person indicate the amount of support, if any, that is received:

Child's Name	Amount Ordered as Child Support to Payee - Weekly	County/State of Child Support Order

**Part I. INCOME AND EXPENSES STATEMENT**

Attach COMPLETE copies of your Federal Income Tax Returns for the last three taxable years including all W2's and 1099's. Also attach proof of all wages earned in the present year up to the date of your response. If current wage statement shows year to date wages and itemized deductions this is sufficient. If current wage statement does not indicate year to date earnings and deductions attach the 8 most recent pay stubs

A. Gross yearly income from Salary and Wages, including, commissions, bonuses, allowances and overtime received in most recent year [W-2] \$ \_\_\_\_\_

Average gross pay per pay period (indicate payroll frequency)

- Weekly
  - Bi-Weekly
  - Monthly
  - Other
- \$ \_\_\_\_\_

B. Gross Monthly Income From Other Sources<sup>1</sup> \$ \_\_\_\_\_

List and explain in detail any Rents received, Dividend income, or Pension, Retirement, Social Security, Disability and/or Unemployment Insurance benefits - or any other source including Public assistance, food stamps, and child support received for any child not born of the parties of this marriage.

Type: \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

C. Selected Living Expenses: List names and relations of each member of the household of the Party completing this form whose expenses are included:

Name	Relationship

<sup>1</sup>Some of these items may not apply to support or maintenance computations.

**For each expense:** Attach verification of payment even if it is not specifically requested on this form – please note that Indiana uses an Income Shares model for determining support and thus in most cases the expenses that a party has or does not have are not relevant in determining support under the Indiana Support Guidelines. However, if you claim your expenses justify a deviation from the support guidelines, attach a detailed list of expenses together with verification of the same.

<b>Rent/Mortgage Payment:</b>	\$ _____
<b>Real Property Taxes</b> (residence) if not included in mortgage payment:	\$ _____
<b>Real Property Insurance</b> (residence) if not included in mortgage payment	\$ _____
Cost of <b>all Medical Insurance</b> - Attach verification of payment if not on pay stub	\$ _____
Cost of <b>only</b> that medical insurance that is <b>related to the children</b> of this action– attach verification from employer or insurance company	\$ _____
<b>Child Care Costs – Work-Related Only</b> - specify time period (per day, week, month) - attach verification	\$ _____
<b>Pre-School Costs</b> (specify schedule)	\$ _____
<b>Book Costs</b> - per semester (Grade or High School)	\$ _____
<b>Other: Identify:</b> _____	\$ _____
<b>Other: Identify:</b> _____	\$ _____
<b>Other: Identify:</b> _____	\$ _____
<b>Other: Identify:</b> _____	\$ _____

<b>TOTAL Monthly:</b>	\$ _____
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**COURT ORDERED Child support paid for children other than those involved in this case - attach proof of payment.**

Child's Name	Payee	County/State of Order	Frequency	Amount

<b>D. IN ALL CASES INVOLVING CHILD SUPPORT:</b>	<p><i>Attach Required Supporting Documents</i></p> <p><input type="checkbox"/> <b>Three Years' Prior Income Tax Filings with W-2s</b></p> <p><input type="checkbox"/> <b>Most Recent Six Paystubs</b></p> <p><input type="checkbox"/> <b>Health Insurance Cost</b> <i>[Child(ren)'s Portion ONLY]</i></p> <p><input type="checkbox"/> <b>Other</b></p>
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**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.**

**Further, if there exists a parenting plan or pattern then state the number of overnights the non-custodial parent will have the child[ren] during the year.**

<b>Annual Number of Overnights:</b>	_____
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**Describe Parenting Time Schedule [Actual]: Use Separate Paper if Needed**

**Week ONE**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**Week TWO**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**PART II. ARREARAGE COMPUTATION**

If case involves a claim 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 raises that issue. **ATTACH:** Explain in detail how arrearage is calculated.

<b>ICSO Arrearage as of:</b>	
<b>Arrearage Amount Due:</b>	

**PART III. POST-HIGH SCHOOL EDUCATION EXPENSE**

If any of the children subject to this case are attending post high school classes, or will attend within the next six months, list the following information for each such student. **Further attach to this financial affidavit any documentation you have in support of these answers.**

<b>Student Name:</b>	
<b>Name of School:</b>	
<b>Annual Cost of Attendance (Incl. Room/Board)</b>	

<b>Post High School Expenses/Costs - Attach separate list with explanation including, information for all cost of attendance, loans, scholarships and grants [received and applied for].</b>	<i>Check if Applicable</i> <input type="checkbox"/>
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Note in those cases where it is appropriate, the parties may want to engage in additional discovery concerning assets that might be applied to education such as IRAs, 401Ks etc. Note further that withdrawals from IRAs for educational expenses do not suffer a 10% penalty (IRC code sec 72 (t) 2 (e)).

**PART IV. VERIFICATION**

I declare, under the penalty of perjury, that the foregoing, is true and correct and that I have made a complete and absolute disclosure of all of my income and expenses as asked. I acknowledge that sanctions may be imposed against me, including reasonable attorney's fees and expenses incurred in the investigation, preparation and prosecution of any claim or action that proves my failure to disclose income or liabilities.

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

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Parent Name [Print]**

**PART V. 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:** \_\_\_\_\_

\_\_\_\_\_  
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