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|  | ***Law Office of Brian L. Bennett, P.C.***2803 Boilermaker CourtValparaiso, Indiana 46383 |

219.228.7823 Office 219.881.8180 Fax

[www.Bennett-Legal.com](http://www.Bennett-Legal.com)

admin@bennettlegalservices.com

**FINANCIAL DECLARATION FORM**

**STATE OF INDIANA**

**COUNTY:**

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

**FINANCIAL DECLARATION OF:**

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

ADDRESS:

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

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

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

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

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

**IN RE THE MARRIAGE OF:**

**CAUSE NO.:**

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

**DATE OF SEPARATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

Number of overnights per year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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**from: Salary and Wages, includingcommissions, bonuses, allowancesand overtime, payable  (pay period) | **HUSBAND**                                                     | **WIFE**                                                   |
| **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** |                                                   |                                                  |
|     |   **HUSBAND** |   **WIFE** |

|  |  |  |
| --- | --- | --- |
| **B.  ITEMIZED WEEKLY DEDUCTIONS** from gross income: |                                                 |                                                  |
|   State & Federal Income Taxes |                                                 |                                                   |
|  Number of Exemptions TakenHusband:                Wife:            |                                                  |                                                   |
|   Social Security |                                                  |                                                   |
|  Medical Insurance (list all persons covered) andFamily or Individual CoverageIf Family-list the cost for Individual Coverage as well. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Coverage:  Medical                                           Dental                                              Eye Care                                          Psych.                             |                                                        |                                                      |
|  |  |  |
|   Union or Other Dues |                                                 |                                                  |
|  Retirement or Pension Fund:Mandatory:             Optional:             |                                                    |                                                    |
|   Child Support Withheld from Pay (not including this case) |                                                    |                                                    |
|   Garnishments (itemized on a separate sheet) |                                                  |                                                  |
|   Credit Union Debts |                                                  |                                                  |
|  Savings:  Thrift Plans      \_\_\_\_\_\_\_\_\_Credit Union    \_\_\_\_\_\_\_\_\_ Savings            \_\_\_\_\_\_\_\_\_Bonds              \_\_\_\_\_\_\_\_\_Other (Specify) \_\_\_\_\_\_\_\_ |                                                          |                                                          |
|    |                                                  |                                                  |
| **TOTAL WEEKLY DEDUCTIONS** |                                                    |                                                  |
|   **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** |
|   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 no 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) |                                                 |                                                 |
|  Auto Payments |                                                 |                                                 |
|  Automobile Insurance (not included in auto payment) |                                                 |                                                 |
|  Other (specify) |                                                 |                                                 |
|  **MONTHLY TOTAL EXPENSES** |                                                 |                                                 |
|  **AVERAGE WEEKLY EXPENSES** (Divide Total Monthly Expenses by 4.3) |                                                   |                                                  |

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

**F.  DEBTS AND OBLIGATIONS:**  (Include credit union) attach additional sheets as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **CREDITOR'S NAME** | **DATE PAYABLE** | **BALANCE** | **MONTHLY PAYMENT** |
|  |  |  |  |
|                                       |                                    |                                    |                                         |
|                                        |                                    |                                    |                                         |
|                                       |                                    |                                    |                                         |
|                                         |                                      |                                       |                                             |
| **TOTAL** |  |                                        |                                              |

**ATTACH A COPY OF THE MOST RECENT STATEMENTS FOR EACH DEBT.**

**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 held: (H)usband; (W)ife; or (J)ointly.  **WHERE SPACE IS SUFFICIENT FOR COMPLETE INFORMATION OR LISTING, PLEASE ATTACH SEPARATE SCHEDULE.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **OWNERSHIP****(H/W/J/)**  |  **VALUE** | **BALANCE(S) OWNED****(Identify Creditors)** |
| **A.  HOUSEHOLD FURNISHINGS** (Value of Furniture, Appliances, and Equipment, as a whole; that is, you need not itemize) |                                       |                                         |                                            |
|     |  |  |  |
| **B.  AUTOMOBILES** (Year and Make)  Indicate Regular Driver | **OWNERSHIP****(H/W/J/)**  |  **VALUE** | **BALANCE(S) OWNED****(Identify Creditors)** |
|                                                |                                   |                                      |                                         |
|                                                |                                    |                                      |                                         |
|                                                |                                    |                                      |                                         |
|    |  |  |  |
| **C.  SECURITIES**(Stocks, Bonds, Etc.) |  |  |  |
|  |  |  |  |
| **COMPANY** | **OWNERSHIP****(H/W/J/)** | **VALUE** | **NUMBER OF SHARES** |
|                                            |                                    |                                      |                                         |
|                                                |                                   |                                     |                                         |
|                                            |                                      |                                     |                                       |

**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)

|  |  |  |  |
| --- | --- | --- | --- |
| **INSTITUTION** | **OWNERSHIP****(H/W/J/)** | **VALUE** | **ACCOUNT NUMBER** |
|                                                   |                                   |                                   |                                      |
|                                               |                                    |                                    |                                        |
|                                               |                                   |                                    |                                        |

|  |  |  |  |
| --- | --- | --- | --- |
|                                                  |                                   |                                    |                                      |
|                                                |                                    |                                      |                                         |

**E.  LIFE INSURANCE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **COMPANY/****POLICY NO.** | **OWNERSHIP****(H/W/J)** | **BENEFICIARY** | **FACE****AMOUNT** | **TYPE: TERM,****WHOLE LIFE,****GROUP** | **CASH VALUE/****LOAN AMOUNT** |

**F.  RETIREMENT PLANS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   **NAME OF PLAN** |  **OWNERSHIP****(H/W/J)** |  **VESTED****YES/NO** | **MONTHLY BENEFIT****AT EARLIEST****RETIREMENT DATE** |  **PRESENT VALUE****(IF KNOWN)** |

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).

|  |  |
| --- | --- |
| Address:                                                                    | Type of Property:                                                |
|            | Date of Acquisition:                                                        |
| Original Cost:                                                              | Present Value:                                                          |
| Cost of Additions:                                                       | Basis for valuation (attach appraisal if obtained): |
| Total Cost:                       |                                                                            |
| Mortgage Balance:                                                      |                                                                            |
| Other Liens:                                                                |                                                                            |
| Equity:                               |  |
| Monthly Payment:                                                       | To Whom Paid:                                            |
| Taxes (If not included in payment):                              | Insurance (if not included in payment):                              |

Special Assessments:

Individual Contributions to the real estate (for example: inheritance, premarital assets, personal loans):

**H.  BUSINESS OR PROFESSIONAL INTERESTS**

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

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

**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 attorney’s 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 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**

 ***Law Office of Brian L. Bennett, P.C.***

 2803 Boilermaker Court

 Valparaiso, IN 46383

 219.228.7823 Office

 800.354.6260 Toll-Free

 219.88180 Fax

 admin@bennettlegalservices.com

 ` [www.Bennett-Legal.com](http://www.Bennett-Legal.com)

**LIST OF MONTHLY LIVING EXPENSES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **HOUSE** |  |  | **CAR & TRAVEL** |  |
| 1.  Rent (Mortgage)  |  |  | 1.  Car Payment |  |
| 2.  Gas & Electric          |  |  | 2.  Gasoline |  |
| 3.  Telephone               |  |  | 3.  Oil  |  |
| 4.  Water                      |  |  | 4.  Maintenance |  |
| 5.  Sanitation               |  |  | 5.  Insurance |  |
| 6.  Taxes (Real Estate) |  |  | 6.  Car Wash |  |
| 7.  Insurance (House)   |  |  |  |  |
| 8.  Lawn Care                  |  |  |  |  |
| 9.  Maintenance              |  |  |  |  |
|  |  |  |  |  |
| **GROCERIES** |  |  | **MISCELLANEOUS** |  |
| 1.  Food |  |  | 1.  Church Donations |  |
| 2.  Toiletries |  |  | 2.  Health Insurance  |  |
| 3.  Soaps |  |  | 3.  Doctor Visits |  |
| 4.  Paper Products |  |  | 4.  Dentists |  |
|  |  |  | 5.  Babysitter  |  |
| **CLOTHING** |  |  | 6.  Newspaper, Books & Magazines |  |
| 1.  Clothes  |  |  | 7.  Cigarettes  |  |
| 2.  Shoes  |  |  | 8.  Dry Cleaning |  |
|  |  |  | 9.  Medicine |  |
| **BEAUTY CARE** |  |  | 10. Entertainment |  |
| 1.  Hair Dresser |  |  | 11. Cable |  |
| 2.  Cosmetics |  |  | 12.  Other  |  |
|  |  |  |  |  |
| **SCHOOL NEEDS** |  |  | **INFANT CARE** |  |
| 1.  Lunches |  |  | 1.  Diapers  |  |
| 2.  Books  |  |  | 2.  Baby Food |  |
| 3. Tuition |  |  | 3.  Doctor (Shots)  |  |