FINANCIAL DISCLOSURE FORM NOTICE

WRITE IN THE NAMES ON THE PETITIONER AND RESPONDENT AND LEAVE THE REMAINDER BLANK.

INCLUDE IT WITH THE PAPERS WHEN YOU FILE.

WITHIN 45 DAYS OF FILING YOU SHOULD COMPLETE THE FORM, FILE THE ORIGINAL WITH THE COURT AND SERVE A COPY TO THE RESPONDENT

THE RESPONDENT WILL COMPLETE HIS/HER FORM THAT IS RECEIVED THROUGH SERVICE IN YOUR INITIAL FILING. RESPONDENT WILL ALSO COMPLETE THE FORM, FILE THE ORIGINAL WITH THE COURT AND SERVE YOU WITH A COPY.

FAILURE TO COMPLY WILL RESULT IN YOUR ADMITTING ALL INFORMATION CONTAINED IN THE OPPOSING PARTY’S VERIFIED FINANCIAL DISCLOSURE STATEMENT.

FINANCIAL DISCLOSURE STATEMENT COMMENTARY

The form included herein is intended to expedite and facilitate the preparation for trial and disposition of contested marriage dissolution cases.

It is for use in all dissolution cases in which distribution of property is an issue. It is intended also to facilitate a full disclosure of all assets of the parties and should be supplemented where necessary to accomplish that purpose. If needed, use additional sheets and attach with appropriate references.

The parties shall stipulate in writing those assets and liabilities and other matters as to which there is a disagreement.

When supplying the information called for, give the actual or, where the nature of the assets requires, the appraised or estimated value (indicating which) of each asset at the date of the final separation of the parties.

If any asset is located outside the jurisdiction of this Court, state where it is located and, if necessary, give details on a separate sheet. Indicate how much of the value of each asset held in joint ownership was contributed by the husband (h) and how much by the wife (w).

The parties shall state under oath that they have made full disclosure of assets and liabilities.

The Court recognizes that this form calls for information that may not be appropriate in every case. In those cases in which it is not totally inappropriate, merely supply information appropriate to the case at hand and indicate those inquiries that are not applicable.

STATE OF INDIANA IN THE FLOYD SUPERIOR COURT NO. 3

COUNTY OF FLOYD CAUSE NO. 22D03-

IN RE THE MARRIAGE OF:

Petitioner,

V.

Respondent.

**VERIFIED FINANCIAL DISCLOSURE STATEMENT**

In accordance with Local Rules and Indiana Trial Rules 33 and 34, the undersigned, Petitioner/Respondent, herewith submits the following VERIFIED FINANCIAL DISCLOSURE STATEMENT:

1. PRELIMINARY INFORMATION

Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Marriage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Health Care Provider(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weekly Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Health Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weekly Cost: Single Plan\_\_\_\_\_\_\_\_\_\_\_\_\_; Family Plan\_\_\_\_\_\_\_\_\_\_\_\_\_

Extraordinary Medical Expenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extraordinary Educational Expenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. INCOME INFORMATION
2. EMPLOYMENT

Current Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gross Income\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Per Week Bi-Weekly Per Month Yearly

Net Income\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Per Week Bi-Weekly Per Month Yearly

1. EMPLOYMENT HISTORY FOR LAST FIVE (5) YEARS

Employer Dates of Employment Compensation (per Wk/Mo/Yr)

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

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

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

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

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

1. OTHER INCOME

List other sources of income; including but not limited to Dividends, Earned Interest, Rents, Public Assistance (AFDC), Social Security, Worker’s Compensation, Child Support from prior marriage, Military or other Retirement, Unemployment Compensation, etc.

Source Amounts Received Reason for Entitlement

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

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

Fringe Benefits; including but not limited to Company Automobile, Health Insurance, Club Memberships, Cafeteria Plan, etc.

Type of Benefit Annual Value

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

1. PERSONAL PROPERTY

Automobiles, Boats, Furnishings, Household Goods, Jewelry, Motorcycles, Tractors, Trucks, etc. (Attach additional pages if necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | Date Acquired | Purchase Price | Indebtedness Payment | Current Value |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. BANK ACCOUNTS TO WHICH THE PETITIONER/RESPONDENT HAS HAD A DIRECT OR INDIRECT INTEREST WITHIN THE LAST THREE (3) YEARS

This includes any bank account to which the Petitioner or Respondent has deposited money

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name/Description | Account Number | Date Opened | Balance Date Separated | Current Balance |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. STOCKS, BONDS AND CD’S

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name/Description | Account Number | Date Opened | Balance Date Separated | Current Balance |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. INSURANCE POLICIES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company | Owner | Policy Number | Beneficiary | Cash Value/Face Value |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. RETIREMENT BENEIFTS, IRA, KEOGH, PENSION ETC.

|  |  |  |  |
| --- | --- | --- | --- |
| Company | Type of Plan | Account Number | Value |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. INTEREST IN BUSINESS

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Business | Type  (Corp., Part., Sole Owner) | % Owned | Estimated Value |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. DEBTS

Including but not limited to Mortgages, Charge Cards, Loans, Credit Union, etc.; attach separate list if necessary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Creditor | Account Number | Monthly Payment | Current Balance | Balance Date of Filing |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Total Monthly Payments $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Debts Owed $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. MONTHLY EXPENSES

|  |  |
| --- | --- |
| Housing (Rent or Mortgage) | $ |
| 2nd Mortgage |  |
| Gas/Electric/Water/Sewer/Telephone  Garbage |  |
| Food |  |
| Medical (Self) |  |
| Medical (Children) |  |
| Dental (Self) |  |
| Dental (Children) |  |
| Insurance |  |
| Cleaning/Laundry |  |
| Newspaper |  |
| Cabelvision |  |
| Hair Care |  |
| Toiletries |  |
| School Lunch |  |
| School Tuition |  |
| School Supplies |  |
| Automobile Gas/Oil |  |
| Automobile Repairs |  |
| Car Payment |  |
| Home Insurance |  |
| Property Tax |  |

|  |  |  |  |
| --- | --- | --- | --- |
| CHARGE ACCOUNTS | NAME | BALANCE | MONTHLY BALANCE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**TOTAL MONTHLY EXPENSES $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. ASSESTS ACQUIRED PRIOR TO OR DURING THE MARRIAGE OR THROUGH INHERITANCE OR GIFT

Whether now owned or not, show significant assets only.

1. ASSETS OWNED BY YOU PRIOR TO THE MARRIAGE

Value as of the date of marriage

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Asset | Gross Value | Less: Lien/Mortgage | Net Value | Valuation Date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. ASSETS ACQUIRED BY YOU DURING THE MARRIAGE

Value as of the date of acquisition

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Asset | Gross Value | Less: Lien/Mortgage | Net Value | Valuation Date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. SUMMARY OF ASSETS AND LIABLITIES AS OF DATE OF FINAL SEPARATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Asset | Husband’s Name | Wife’s Name | Jointly Held | Total |
| Family Dwelling |  |  |  |  |
| Other Real Property |  |  |  |  |
| Bank/Savings Accts |  |  |  |  |
| Notes.Accts Receivable/Furniture/Vehicles |  |  |  |  |
| Life-Insurance/Retirement |  |  |  |  |
| Other Assets |  |  |  |  |

**Total Assets: $\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Liabilities | Gross Value | Less: Lien/Mortgage | Net Value | Valuation Date |
| General Creditors |  |  |  |  |
| Mortgage/Real Estate |  |  |  |  |
| Other Loans |  |  |  |  |
| Other |  |  |  |  |

**Total Liabilities: $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assets Minus Liabilities: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

X. REQUIRED INCOME VERIFICATION

You are required by the Trial Court to attach the following:

1. Your three most recent paycheck stubs
2. A full and complete copy including schedules of your last Federal Income Tax Return
3. The first page of your last State Income Tax Return
4. PROPERTY
5. Marital Residence

|  |  |
| --- | --- |
| Location |  |
| Date Acquired |  |
| Purchase Price |  |
| Down Payment |  |
| Source of Down Payment |  |
| Current Indebtedness |  |
| Current Fair Market Value |  |

1. Other Real Property

|  |  |
| --- | --- |
| Location |  |
| Date Acquired |  |
| Purchase Price |  |
| Down Payment |  |
| Source of Down Payment |  |
| Current Indebtedness |  |
| Current Fair Market Value |  |

1. PERSONAL STATEMENT REGARDING DIVISION OF PROPERTY

Indiana law presumes that the marital property be split on a 50/50 basis. However, the Judge may order a division which may differ from an exact 50/50 division on your property. Please provide a brief statement as to y our reasons, if there by any, why the Court should divide your property on anything other than a 50/50 basis.

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

1. VERIFICATION & DUTY TO SUPPLEMENT OR AMEND

I affirm, under penalties for perjury, that the foregoing representations are true to the best of my knowledge and belief. Further, I understand that I am under a duty to supplement or amend this VERIFIED FINANCIAL DISCLOSURE STATEMENT prior to trial if I learn that the information which has been provided is either incorrect or that the information provided is no longer true.

SO DECLARED THIS \_\_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2023.

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

Signature

**CERTIFICATE OF SERVICE**

I hereby certify that a true and accurate copy of the foregoing Verified Financial Disclosure Statement was this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2023, was delivered to the opposing party or their attorney of record either in person or by U.S. Mail – postage prepaid.

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

Signature