

1 **DETAILED FINANCIAL DISCLOSURE FORM INSTRUCTIONS SHEET**

2 _____ v. _____

3 **Case Number:** _____

4 **Pages 1 through 4, 5 through 6 and 7 through 10 are mandatory. Please fill out the number of pages**
5 **used if any for the remaining supplemental sheets.**

6

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21 **TOTAL NUMBER OF PAGES ATTACHED**

22 **13**

1 **Case No:**

2 **Dept. No:**

3
4 **IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA**
5 **IN AND FOR THE COUNTY OF DOUGLAS**

6 _____,
7 **Applicant,**

vs.

**DETAILED
FINANCIAL DISCLOSURE FORM**

8 _____,
9 **Adverse Party,**

10 **What is your name?** _____
11 **First Name Middle Last Name (Maiden/Former Name)**

12 **How old are you?** _____ **What is your date of birth?** _____

13 **What is your occupation?** _____

14 **Who is your employer?** _____ **From:** _____ **To:** _____

15 **Previous employer?** _____ **From:** _____ **To:** _____

16 **What is your highest level of education?** _____

17 **Level of disability?** _____ **Agency/Physician Certifying Disability:** _____

18 **FAMILY RESIDENCE TABLE – In the table below, insert the names and ages of each person currently living with you.**

NAME	AGE	Minor Child of this Marriage/Relationship?	Minor Child NOT of this Marriage/Relationship?	OTHER RELATIONSHIP (SPECIFY)

19 **Income/Support from Others**

20 **I am am not divorced from the other party in this action. I am am not remarried.**

21 **My current spouse is: is not: currently employed. My current spouse earns: _____ per hour _____ per week**
22 **_____ every two weeks _____ per month.**

23 **Attorney's fees and retainer(s)**

24 **As of the date of this Disclosure, a total of _____ has been paid by me or on my behalf to all counsel who have**
25 **represented me in this matter. I have a retainer balance of _____ remaining in my attorney's Trust Account. I**
currently owe my attorney(s) a total of : _____

INCOME/EXPENSE SUMMARY

INCOME SUMMARY

Gross Monthly Income from All Sources	\$
Mandatory Deductions	\$
Gross Monthly Income Less Mandatory Deductions	\$
Voluntary Deductions	\$
NET MONTHLY INCOME	\$

EXPENSE SUMMARY

Necessities that I pay for myself	\$
Necessities that I pay for the other party	\$
Expenses that I pay for my child(ren) (of this relationship)	\$
Mandatory support (child & spousal) to the Other Party	\$
Mandatory support of others (including children NOT of this relationship)	\$
TOTAL NECESSITIES FOR WHICH I PAY	\$
Discretionary Expenses that I pay for myself	\$
Discretionary Expenses that I pay for the other party	\$
Discretionary support of others	\$
TOTAL DISCRETIONARY EXPENSES THAT I PAY FOR	\$
TOTAL EXPENSES THAT I PAY FOR	\$

If you have a monthly deficit, provide an explanation below of how you meet that deficit each month:

Personal Income Worksheet

YOUR INCOME:

1 Gross Monthly Income from Employment

2 Fill out ALL of the following that apply to you. Enter the number (1, 2, 3, or 4) in the box that describes your pay frequency for each source

3 PAY FREQUENCY: 1= one time per month; 2= two times per month; 3=three times per month; 4= every week

		Pay Frequency (1, 2, 3, 4)	Amount Per Pay Period	Monthly Total
4	1	I get paid a base salary/hourly wage	\$	\$
5	2	I receive overtime pay	\$	\$
6	3	I receive bonus pay	\$	\$
7	4	I receive commission	\$	\$
8	5	I receive tips	\$	\$
9	6	I receive a car allowance	\$	\$
10	7	I receive a gas allowance	\$	\$
11	8	I receive a housing allowance	\$	\$
12	9	I receive other allowance(s)	\$	\$
13	10	Business income (sole proprietorship, LLC, S Corp, etc.) Attach Schedule C from last year's tax return and enter the following information	Enter amt from line 29 of Schedule C \$	
14	11	GROSS MONTHLY INCOME FROM ALL OTHER SOURCES	Enter amt from line 13 of schedule C \$	\$
15	12	I receive spousal support/alimony____(voluntary)____ (court ordered) from the other party in this matter, a total every month in the amount of:		\$
16	13	I receive child support/alimony____(voluntary)____ (court ordered) from the other party in this matter, a total every month in the amount of:		\$
17	14	I receive support from others (not the party in this case), a total every month in the amount of:		\$
18	15	I receive Social Security, a total every month in the amount of:		\$
19	16	I receive Social Security Disability/military disability income, a total every month in the amount of:		\$
20	17	I receive Supplement Security income, a total every month in the amount of:		\$
21	18	I receive Worker's Compensation Benefits, a total every month in the amount of:		\$
22	19	I receive Unemployment Benefits, a total every month in the amount of:		\$
23	20	I receive Pension/Retirement Income, a total every month in the amount of:		\$
24	21	I receive Interest Income, a total every month in the amount of:		\$
25	22	I receive Dividend and/or Royalty Income, a total every month in the amount of:		\$
26	23	I receive payments from a Partnership, S Corp, LLC, Trust or other entity, a total in the amount of:		\$
27	24	I receive net Rental Income each month in the amount of:		\$
28	25	I receive other Income (roommates, parents, gifts, other), a total every month in the amount of:		\$
29		Describe the source and amount of any "other income referenced above:		
30		Describe any benefits or perks paid by your employer (including, but not limited to, the use of any vehicle, club membership, etc.) and your estimated value of such benefits or perks:		\$
31	26	TOTAL GROSS MONTHLY INCOME		\$

PERSONAL DEDUCTIONS WORKSHEET

YOUR DEDUCTIONS: (IF YOU OWN A BUSINESS OR ARE SELF EMPLOYED, GO TO THE BUSINESS INCOME PAGE)		AMOUNT
Mandatory Monthly Paycheck Deductions		
Fill out ALL of the applicable items:		
1	I have Federal Income Tax withheld every paycheck in the amount of	\$
2	I have social Security Taxes withheld every paycheck in the amount of	\$
3	I have Medicare withheld every paycheck in the amount of	\$
4	I have Union Dues withheld every paycheck in the amount of	\$
5	I have Court-ordered Child Support withheld every paycheck in the amount of	\$
6	I have other Court-ordered garnishments withheld every paycheck in the amount of	\$
7	I have health insurance premiums withheld every paycheck in the amount of	\$
8	List all other mandatory deductions, including amounts, withheld every paycheck:	\$
TOTAL MANDATORY DEDUCTIONS PER MONTH		\$
Voluntary Monthly Paycheck Deductions		
Fill out ALL of the applicable items:		
9	I have Life, Disability, &/or other insurance premiums withheld every paycheck in the amount of	\$
10	I have Federal Health Savings Plan every paycheck in the amount of	\$
11	I have Retirement/Pension/IRA/401(k) withheld every paycheck in the amount of	\$
12	I have Savings withheld every paycheck in the amount of	\$
13	I have other (specify below) voluntary sums withheld every paycheck in the amount of	\$
14	List all other mandatory deductions, including amounts, withheld every paycheck:	\$
15	Total VOLUNTARY Deductions Per Month	\$
16	TOTAL DEDUCTIONS PER MONTH	\$

PERSONAL EXPENSE WORKSHEET NECESSITIES					TOTAL AMOUNT PAY DIRECTLY FOR MYSELF	TOTAL AMOUNT PAY DIRECTLY FOR THE OTHER PARTY	
DO NOT REPORT ANY CHILD-RELATED EXPENSES ON THIS PAGE. A SEPARATE PAGE FOR CHILD-RELATED EXPENSES IS ATTACHED.							
1	I own my home		Rent/Lease my home		Share a home or apartment with someone else		
	I pay a monthly mortgage/rent/lease payment (for the home I live in and/or home the other party lives in) in the amount of						
	I pay a monthly second mortgage (for the home I live in and/or home the other party lives in) in the amount of						
	I pay a monthly Home Equity Line of Credit ("HELOC") (for the home I live in and/or home the other party lives in) in the amount of						
	*	If not included in my mortgage payment(s), I pay property taxes (for the home I live in and/or home the other party lives in) in the amount of					
	*	If not included in my mortgage/rent payment(s), I pay a monthly home owners/renters insurance premium (for the home I live in and/or home the other party lives in) in the amount of					
	I pay monthly Home Owner's Association dues (for the home I live in and/or the home the other party lives in) in the amount of						
	*	I pay a Special Assessment Fee (for the home I live in and/or the home the other party lives in) in the amount of					
2	I pay the following utilities and telephone expenses (for the home I live in and/or the home the other party lives in) each month:						
	Gas/Heating Oil						
	Electricity						
	Water						
	*	Garbage and Sewer					
	Landline (if part of a "bundled" service, indicate the total amount here)						
	Cellular Service (if not included in the Landline/bundled service above)						
	Internet service (if not included in the Landline/bundled service above)						
3	I spend the following each month for healthcare related expenses for myself and/or the other party (Not paid from a Health Savings Plan):						
	Medical insurance (including hospitalization, dental, vision, etc.) for myself and/or the other party (Not already deducted from my paycheck)						
	Out-of-pocket/unreimbursed cost of medical, dental, optical, and prescription expenses for myself and/or other party						
	Out-of-pocket/unreimbursed cost of therapy or counseling (for myself and/or other party)						
4	I spend the following for groceries, household goods and incidentals, not including entertainment or dining out, each month:						
5	I/We own or lease	O/L	my car. lease	I/We own or lease	O/L	The other party's car	
	ADDITIONAL VEHICLES SHOULD BE LISTED ON THE SUPPLEMENT PAGE						
	Monthly loan/lease payment (for my car and/or the other party's car)						
	Gasoline and oil (for my car and/or the other party's car)						
	Automobile Insurance (if you have policy covering more than one car, separate the amount for your car and/or for the other party's car)						
	Parking, public transportation, other						
6	I pay the following monthly mandatory amounts for the support of others:						
	Court-ordered child support (if paid to the other party in this case for a child of this relationship, include amount in the "Total Amount I Pay Directly For The Other Party" (Middle) column. If for a child of another relationship, include amount in the "Total Amount I Pay Directly For Myself" (left) column)						

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	Court-ordered spousal support (if paid to the other party in this case, include amount in the "Total Amount I Pay Directly For The Other Party (middle) column. If paid to someone else from a prior relationship, include amount in the "Total Amount I pay Directly for Myself" (left) column)		
7	I spend the following each month on education, uniforms, dues, memberships, subscriptions, or other mandatory requirements to maintain employment. I DO NOT receive reimbursement from the employer for any of these expenses		
TOTAL NECESSITIES		\$	\$
*DIVIDE BY 3 IF PAID QUARTERLY; DIVIDE BY 6 IF PAID SEMI-ANNUALLY; DIVIDE BY 12 IF PAID ANNUALLY			
USE THE SPACE BELOW FOR ANY NOTES/COMMENTS/EXPLANATION YOU WISH TO PROVIDE REGARDIN YOUR NECESSITIES			

PERSONAL EXPENSE WORKSHEET: DISCRETIONARY EXPENSES				TOTAL AMOUNT I PAY DIRECTLY FOR MYSELF	TOTAL AMOUNT I PAY DIRECTLY FOR THE OTHER PARTY
DO NOT REPORT ANY CHILD-RELATED EXPENSES ON THIS PAGE. A SEPARATE PAGE FOR CHILD-RELATED EXPENSES IS ATTACHED.					
8	I spend the following monthly amounts for House Maintenance (for the house I live in and/or the house the other party lives in) each month:				
	Garden/lawn care				
	Pool/spa service				
	Pest Control				
	Security/Alarm Service				
9	I spend the following monthly amounts for my pet's expenses (food, grooming, healthcare, boarding):				
10	Each month I pay the following minimum credit card and other consumer installment payments on my and/or the other party's credit cards: (List name of Issuing Bank or Lender, last four digits of account number and total outstanding balance)				
	Credit Card or entity to whom installment payment is made #1		Total balance due is:		
	Credit Card or entity to whom installment payment is made #2		Total balance due is:		
	Credit Card or entity to whom installment payment is made #3		Total balance due is:		
	Credit Card or entity to whom installment payment is made #4		Total balance due is:		
	Credit Card or entity to whom installment payment is made #5		Total balance due is:		
	Credit Card or entity to whom installment payment is made #6		Total balance due is:		
	Credit Card or entity to whom installment payment is made #7		Total balance due is:		
	Credit Card or entity to whom installment payment is made #8		Total balance due is:		
11	I spend the following amounts each month for clothing and related expenses:				
	Clothing, shoes and accessories				
	Dry cleaning and/or laundry service				
12	I spend the following each month on appearance (hair, manicures/pedicures, facials, massages, cosmetics, other):				
13	I spend the following amounts for Entertainment each month (dining out, movies, shows, books, magazines, etc.):				
14	I pay the following amounts for non-mandatory dues and/or membership fees (professional, fraternal organizations, country club, etc.):				
15	I pay the following monthly Health/Exercise-related expenses (health club membership fee(s), personal training, etc.):				
16	I spend the following monthly average amount for vacation expenses (total vacation cost per year divided by 12)				
17	I pay the following monthly premiums for discretionary/non mandatory insurance (life, disability, other) (NOT already deducted from my paycheck)				
18	I spend the following amount each month on church tithes and/or charitable donations (pro-rate quarterly, semi-annual or annual payments)				
19	I spend the following amount each month in voluntary support of others:				
	Expenses for an adult non-dependent child (i.e., college, living or other expenses) SPECIFY:				
	Eldercare (specify the parent or parents for whom you pay eldercare expenses)				
20	Each month I pay the following other miscellaneous expenses:				
	P.O. Box rental				

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	Safety Box rental		
	Storage		
	Other:		
TOTAL DISCRETIONARY EXPENSES			
SUBTOTAL FROM ADDITIONAL REAL PROPERTY WORKSHEET			
SUBTOTAL FROM ADDITIONAL VEHICLES WORKSHEET			
TOTAL MONTHLY DISCRETIONARY EXPENSES			

USE THE SPACE BELOW FOR ANY NOTES/COMMENTS/EXPLANATION YOU WISH TO PROVIDE REGARDING YOUR PERSONAL EXPENSES:

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ADDITIONAL REAL PROPERTY WORKSHEET		TOTAL AMOUNT I PAY DIRECTLY	TOTAL AMOUNT OTHER PARTY PAYS DIRECTLY
	Use this supplemental Worksheet to provide information for any additional real property as needed.		
	ADDITIONAL REAL PROPERTY (HOUSE, CONDO, VACANT LAND, ETC.)		
1	I own this additional property (insert address)		
	I/the other party receives rental income each month for this property in the amount of:		
	I pay a monthly mortgage on the rental property payment in the amount of		
	I pay a monthly second mortgage in the amount of		
	I pay a monthly Home Equity Line of Credit ("HELOC") in the amount of		
	If not included in my mortgage payment(s), I pay property taxes in the amount of (divide payment to reach a monthly amount)		
	If not included in my mortgage payment(s), I pay a monthly home owners/renters insurance premium in the amount of (divide payment to reach a monthly amount)		
	I pay monthly Home Owner's Association dues in the amount of		
	I pay monthly a monthly Special Assessment Fee in the amount of (to calculate a monthly amount divide: quarterly payment by 3; semi-annual payment by 6 or annual payment by 12)		
	I pay the following utilities for this property each month (gas, electricity, water, garbage, sewer, etc.)		
	I pay the following maintenance expenses for this property each month (landscape maintenance, pool, pest control, etc.)		
	I pay other expenses related to the ownership/rental/lease of this home in the amount of (Specify each "other" expense, to whom paid, and the amount below. Insert the TOTAL "Other Expenses" in the appropriate column)		
	TOTAL EXPENSES FOR THIS PROPERTY	\$	\$
	NET INCOME/LOSS FROM THIS PROPERTY:	\$	\$
2	I own this additional property (insert address)		
	I/the other party receives rental income each month for this property in the amount of:		
	I pay a monthly mortgage on the rental property payment in the amount of		
	I pay a monthly second mortgage in the amount of		
	I pay a monthly Home Equity Line of Credit ("HELOC") in the amount of		
	If not included in my mortgage payment(s), I pay property taxes in the amount of (divide payment to reach a monthly amount)		
	If not included in my mortgage payment(s), I pay a monthly home owners/renters insurance premium in the amount of (divide payment to reach a monthly amount)		
	I pay monthly Home Owner's Association dues in the amount of		
	I pay monthly a monthly Special Assessment Fee in the amount of (to calculate a monthly amount divide: quarterly payment by 3; semi-annual payment by 6 or annual payment by 12)		
	I pay the following utilities for this property each month (gas, electricity, water, garbage, sewer, etc.)		
	I pay the following maintenance expenses for this property each month (landscape maintenance, pool, pest control, etc.)		
	I pay other expenses related to the ownership/rental/lease of this home in the amount of (Specify each "other" expense, to whom paid, and the amount below. Insert the TOTAL "Other Expenses" in the appropriate column)		
	Total expenses for this property:	\$	\$
	TOTAL NET INCOME/LOSS FROM THIS PROPERTY:	\$	\$

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TOTAL NET INCOME/LOSS FROM INVESTMENT PROPERTIES:	\$	\$
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USE THE SPACE BELOW FOR ANY NOTES/COMMENTS/EXPLANATION YOU WISH TO PROVIDE REGARDING YOUR ADDITIONAL REAL PROPERTY

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ADDITIONAL VEHICLES WORKSHEET	TOTAL AMOUNT I PAY DIRECTLY	TOTAL AMOUNT OTHER PARTY PAYS
Use this Supplemental Worksheet to provide information for any additional motor vehicles as needed:		

ADDITIONAL VEHICLES			
I/we own or lease _____ an additional vehicle			
Explain:			
	Monthly loan / lease payment for this additional vehicle		
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)		
Total expenses for this additional vehicle:		\$	\$

ADDITIONAL VEHICLES			
I/we own or lease _____ an additional vehicle			
Explain:			
	Monthly loan / lease payment for this additional vehicle		
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)		
Total expenses for this additional vehicle:		\$	\$

ADDITIONAL VEHICLES			
I/we own or lease _____ an additional vehicle			
Explain:			
	Monthly loan / lease payment for this additional vehicle		
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)		
Total expenses for this additional vehicle:		\$	\$

ADDITIONAL VEHICLES			
I/we own or lease _____ an additional vehicle			
Explain:			
	Monthly loan / lease payment for this additional vehicle		
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)		
Total expenses for this additional vehicle:		\$	\$

ADDITIONAL VEHICLES			
I/we own or lease _____ an additional vehicle			
Explain:			
	Monthly loan / lease payment for this additional vehicle		
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)		
Total expenses for this additional vehicle:		\$	\$

1	ADDITIONAL VEHICLES			
	I/we own or lease _____ an additional vehicle			
2	Explain:			
3		Monthly loan / lease payment for this additional vehicle		
		Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)		
4	Total expenses for this additional vehicle:		\$	\$

5	ADDITIONAL VEHICLES			
	I/we own or lease _____ an additional vehicle			
6	Explain:			
7		Monthly loan / lease payment for this additional vehicle		
		Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)		
8	Total expenses for this additional vehicle:		\$	\$

9	ADDITIONAL VEHICLES			
10	I/we own or lease _____ an additional vehicle			
	Explain:			
11		Monthly loan / lease payment for this additional vehicle		
12		Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)		
	Total expenses for this additional vehicle:		\$	\$

13	ADDITIONAL VEHICLES			
14	I/we own or lease _____ an additional vehicle			
	Explain:			
15		Monthly loan / lease payment for this additional vehicle		
16		Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)		
	Total expenses for this additional vehicle:		\$	\$

17	ADDITIONAL VEHICLES			
18	I/we own or lease _____ an additional vehicle			
	Explain:			
19		Monthly loan / lease payment for this additional vehicle		
20		Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)		
	Total expenses for this additional vehicle:		\$	\$

21	TOTAL NET INCOME / LOSS FROM VEHICLES:		\$	\$
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CHILD(REN)'S PERSONAL EXPENSE WORKSHEET (ENTER EXPENSES FOR CHILD(REN) OF THIS RELATIONSHIP ONLY)		TOTAL AMOUNT I PAY FOR MINOR CHILD(REN)	TOTAL AMOUNT OTHER PARTY PAYS FOR MINOR CHILD(REN)	TOTAL AMOUNT PAID BY ANOTHER FOR MINOR CHILD(REN)
1	Child(ren)'s monthly expenses for clothes, shoes & accessories:			
2	Child(ren)'s monthly unreimbursed medical expenses: Per Paycheck			
	Medical co-pays			
	Medication (prescription & over the counter)			
	Optometry			
	Dental and Orthodontic			
	Physical therapy, Counseling, Other			
3	Child(ren)'s monthly expenses for telephone, cellular telephone, internet			
4	Child(ren)'s monthly expenses for entertainment, dining out, movies, music, other			
5	Child(ren)'s monthly expenses for appearance (hair, manicure/pedicure; facials/massage, cosmetics, other):			
6	Child(ren)'s monthly expenses for insurance (other than health insurance):			
7	Child(ren)'s monthly education-related expenses (if paid quarterly, divide by 3; semi-annually, divide by 6; annually, divide by 12):			
	Tuition, books & fees			
	Tutoring			
	Special Needs (specify)			
	Uniforms			
	Meals (if not included in tuition)			
	Extracurricular (sports, music, art, etc.)			
	Other: List specific "other" education expenses incurred and amount(s) paid, then insert the total in the appropriate column at the right:			
8	Childcare expenses (daycare, before and afterschool care, Nanny, etc.)			
9	Summer programs/ summer camp			
10	Child(ren)'s vehicle (lease/payment, insurance, gas)			
11	Transportation related to visitation – if the child(ren) live in another city/state (pro-rate expenses over the year for a monthly amount, if necessary):			
	Airfare			
	Car Rental			
	Hotel/Motel			
	Parking (at airport or other)			
	Public Transportation			

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	Other: List specific "other" transportation expenses incurred and amount(s) paid, then insert the total in the appropriate column at right.			
12	CHILD(REN)'S TOTAL MONTHLY EXPENSES	\$	\$	\$

USE THE SPACE BELOW FOR ANY NOTES/COMMENTS/EXPLANATION YOU WISH TO PROVIDE REGARDING YOUR CHILD(REN)'S PERSONAL EXPENSES

**PLAINTIFF VS. DEFENDANT
ASSET & DEBT CHART**

ITEM	ASSETS	LAST 4	WHOSE	ENTER "S"	GROSS	AMOUNT	AMOUNT	NET
		DIGITS						
		OF	ON	SEPARATE	VALUE	ON THIS	ON THIS	
		ACCOUNT	ACCOUNT	PROPERTY		ASSET	ASSET	
		NUMBER			VALUE	NO. 1	NO. 2	VALUE
		VALUE						

BANK ACCOUNTS

1								\$
2								\$
3								\$
4								\$
5								\$
6								\$
7	Subtotal			\$	\$	\$	\$	\$

INVESTMENTS / SECURITIES

8								\$
9								\$
10								\$
11								\$
12								\$
13								\$
14	Subtotal			\$	\$	\$	\$	\$

RETIREMENT ACCOUNTS

15								\$
16								\$
17	Subtotal			\$	\$	\$	\$	\$

LIFE INSURANCE POLICIES

18								\$
19								\$
20								\$
21	Subtotal			\$	\$	\$	\$	\$

BUSINESS INTERESTS

22								\$
23								\$
24								\$
25								\$
26								\$
27	Subtotal			\$	\$	\$	\$	\$

RECEIVABLES / DEPOSITS

28								\$
29								\$
30								\$
31								\$
32								\$
33	Subtotal			\$	\$	\$	\$	\$

REAL PROPERTY

34								\$
35								\$
36								\$
37								\$
38	Subtotal			\$	\$	\$	\$	\$

AUTOMOBILES

39								\$
40								\$
41								\$
42								\$
43	Subtotal			\$	\$	\$	\$	\$

PERSONAL PROPERTY

44								\$
45								\$
46								\$
47	Subtotal			\$	\$	\$	\$	\$

ITEM	LIABILITIES	LAST 4 DIGITS OF ACCOUNT NUMBER	WHOSE NAME IS ON ACCOUNT	ENTER "S" FOR ANY SEPARATE PROPERTY	GROSS	AMOUNT YOU OWE ON THIS ASSET	AMOUNT YOU OWE ON THIS ASSET	NET
		VALUE		VALUE	VALUE	NO. 1	NO. 2	VALUE

LONG TERM DEBT NOT LISTED ABOVE

48								\$
49								\$
50								\$
51								\$
52								\$
53	Subtotal			\$	\$	\$	\$	\$

OTHER LIABILITIES NOT LISTED ABOVE

54								\$
55								\$
56								\$
57								\$
58								\$
59								\$
60								\$
61								\$
62								\$
63	Subtotal			\$	\$	\$	\$	\$

TOTAL UNSECURED LIABILITIES				\$				\$
TOTAL VALUE OF ASSETS (NET EQUITY)				\$				\$

USE THE SPACE BELOW FOR ANY NOTES/COMMENTS/EXPLANATION YOU WISH TO PROVIDE REGARDING YOUR ASSET AND DEBT CHART

YES NO

1	1. Are you contributing to anyone's expenses except your current spouse (if any), the other party and/or children as reported herein?		
2	2. Is anyone contributing to your expenses other than your current spouse (if any) or the other party as reported herein?		
3	3. Are you providing any voluntary unpaid services to any entity, group or person?		
4	4. have you canceled any monthly services (housecleaning, cable, lawn care, etc) in the past twelve (12) months?		
5	5. Have you removed money from any retirement or deferred compensation account in the past twelve (12) months?		
6	6. Have you traveled with anyone other than your current spouse (if any) or alone in the past twelve (12) months?		
7	7. have you transferred assets totaling \$500 or more in the past twelve (12) months?		
8	8. Have you deferred receiving any money that you are entitled to receive?		
9	9. Is anyone holding money for you?		
10	10. Have you accrued sick/vacation days that you can cash out through your employer?		
11	11. Do you have money on deposit anywhere? I.e. purchase of a home or car, country club membership, landlord?		
12	12. Have you prepaid any expenses?		
13	13. Have you loaned money totaling over \$300 to anyone in the past twelve (12) months?		
14	14. Have you made charitable contributions totaling over \$500 in the past twelve (12) months?		
15	15. Does anyone owe you money?		
16	16. Are you owed back child support or spousal support?		
17	17. have you modified your payroll deductions in the past twelve (12) months?		
18	18. Are you in Bankruptcy?		
19	19. Is your current gross monthly income significantly different (20% or more) from the average for the past twelve (12) months?		

I am the _____ Plaintiff/Petitioner _____ Defendant/Respondent in the above action. I swear or affirm under penalty of perjury that I read and followed all instructions I completing this Financial Disclosure Form and that the contents of this Financial Disclosure Form are true and correct to the best of my knowledge as of this date. I understand that, by my signature, I verify the material accuracy of the contents of this Form. I also understand that any willful misstatements may be contemptuous and could result in my punishment by the Court.

I understand that I have a duty to supplement the Information on this form within ten (10) calendar days of discovering additional assets or debts or upon discovering any incorrectly reported information or upon any changed circumstances.

Executed: _____ Signature: _____

SIGNATURE OF ATTORNEY (IF REPRESENTED BY COUNSEL):

By signing this form, the attorney of record certifies that he or she has read the factual statements made by the _____.

Executed: _____ Signature: _____

CERTIFICATE OF SERVICE

I hereby certify that on Tuesday, October 12, 2010, service of the FINANCIAL DISCLOSURE FORM was made to the following interested parties in the manner set forth below:

Via 1st Class U.S. Mail, postage fully prepaid, to:

Via Facsimile and/or Email pursuant to the Consent to Service by Electronic Means on file herein to:

And, via 1st Class U.S. Mail, postage full prepaid, addressed to:

Plaintiff/Defendant

Respectfully Submitted,

Signature: _____

Printed Name: _____