

FINANCIAL DISCLOSURE

Case No. \_\_\_\_\_  
IVD Case Number(s): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Highest degree completed (check one): \_\_\_\_\_ Some high school \_\_\_\_\_ GED/HS diploma  
\_\_\_\_\_ Some technical/college \_\_\_\_\_ Two-year degree \_\_\_\_\_ Four-year degree \_\_\_\_\_ Post-graduate/professional

<u>Child(ren's) Name(s)</u>	<u>Birth date(s)</u>	<u>Age(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more space is needed to list children, use the back of this sheet.

**Attach copies of your wage stubs for the past eight (8) weeks and tax returns for the last two years, including all schedules and W-2 forms.**

**Total monthly income:** \_\_\_\_\_ Indicate types and amounts of income below.  
Gross monthly income: \_\_\_\_\_  
(If you have a weekly income, multiply it by 4.3. If you have a bi-weekly income, multiply it by 2.15.)  
Other sources of income (total): \_\_\_\_\_ Indicate sources and amounts of other income below.  
Public assistance: \_\_\_\_\_ Social Security: \_\_\_\_\_ Disability: \_\_\_\_\_ Rents: \_\_\_\_\_  
Unemployment: \_\_\_\_\_ Child support: \_\_\_\_\_ Pension: \_\_\_\_\_ Other: \_\_\_\_\_  
Spouse's gross monthly income: \_\_\_\_\_ Other household members' income: \_\_\_\_\_

**Total monthly deductions from gross income:** \_\_\_\_\_ Indicate types and amounts of deductions below.  
Federal income tax: \_\_\_\_\_ Social Security: \_\_\_\_\_ Insurance: \_\_\_\_\_  
State income tax: \_\_\_\_\_ Retirement: \_\_\_\_\_ Other: \_\_\_\_\_

**Net monthly income** (total income minus total deductions): \_\_\_\_\_

**Debts** (not including home mortgage)

<u>Creditor</u>	<u>Balance</u>	<u>Monthly payment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more space is needed to list debts, use the back of this sheet.

**Total Monthly Expenses:** \_\_\_\_\_ Indicate types and amounts of expenses below.

Mortgage or rent (circle one): _____	Uninsured medical expenses: _____
Property taxes: _____	Uninsured dental expenses: _____
Homeowners insurance: _____	Life insurance policy premiums: _____
Utilities (heat, water, sewer): _____	Auto expenses (gas, oil, etc.): _____
Telephone: _____	Auto insurance: _____
Cable: _____	Child care expenses: _____
Food: _____	Entertainment: _____
Clothing (include children's): _____	Laundry: _____
Debts (total from list on pg 1): _____	Miscellaneous: _____

**Assets/Liabilities**

**Real Estate**

1. Address: \_\_\_\_\_  
 Single-family home: \_\_\_\_\_ Rental property: \_\_\_\_\_ Business property: \_\_\_\_\_  
 Original cost: \_\_\_\_\_ Mortgage balance: \_\_\_\_\_ Current market value: \_\_\_\_\_

2. Address: \_\_\_\_\_  
 Single-family home: \_\_\_\_\_ Rental property: \_\_\_\_\_ Business property: \_\_\_\_\_  
 Original cost: \_\_\_\_\_ Mortgage balance: \_\_\_\_\_ Current market value: \_\_\_\_\_

**Business Interests**

Name of business & address	Type of business	Percent ownership	Value minus indebtedness
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Vehicles**

	<u>Vehicle #1</u>	<u>Vehicle #2</u>	<u>Vehicle #3</u>
Make/model:	_____	_____	_____
Year:	_____	_____	_____
Mileage/condition:	_____	_____	_____
Present value:	_____	_____	_____
Mortgage/lien:	_____	_____	_____
Net value:	_____	_____	_____
(present value minus mortgage/lien)			

**Household furniture and appliances (approximate value):** \_\_\_\_\_

**Checking account(s), savings account(s), certificate of deposit accounts, etc.**

<u>Financial Institution</u>	<u>Balance</u>	<u>Account type</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more space is needed to list accounts, use the back of this sheet.

**Life Insurance**

<u>Company name</u>	<u>Premiums</u>	<u>Face value</u>	<u>Cash value</u>
_____	\$ _____ per _____	_____	_____
_____	\$ _____ per _____	_____	_____
_____	\$ _____ per _____	_____	_____

**Health Insurance**

	<u>Health insurance</u>	<u>Dental insurance</u>
Company name:	_____	_____
Cost of family policy:	_____	_____
Cost of single policy:	_____	_____
Policy book available?	_____	_____
Effective date:	_____	_____
Persons covered:	_____	_____
(if more space is needed to list covered persons, use the back of this sheet.)	_____	_____

**Retirement plan or profit sharing account**

<u>Company name</u>	<u>Value to date</u>
_____	_____
_____	_____

**Stocks and securities**

<u>Name</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

**Other assets** (boats, horses, motorcycles, etc)

<u>Type</u>	<u>Value</u>
_____	_____
_____	_____
_____	_____

Providing your Social Security Number (SSN) is voluntary. Failure to provide your SSN may result in an information-processing delay.

**I declare, under penalty of perjury, that the foregoing, including any attachments, is complete, true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date