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Name: _____ Case No. _____ Date: _____

SUPPLEMENT TO PETITIONER'S/RESPONDENT'S INCOME AND EXPENSE DECLARATION

You have a fiduciary duty to inform your spouse and the Court of various information collected by this declaration. A divorce cannot be granted unless you disclose these items. Worse, any divorce granted could be set aside for failure to accurately set forth the information to the other party, or any omitted asset could be awarded to the other party.

The Court will require the following information. Complete this form to assist us in complying with the Court Rules.

You may have already provided us with some of these answers or records, but your patience in filling out this form completely will reduce your legal fees as it will speed processing and analysis of the facts, so forgive any overlap or duplicate information.

PLEASE ATTACH COPY OF YOUR W2 FOR LAST YEAR'S INCOME

PLEASE ATTACH COPIES OF YOUR PAY STUBS FOR THE LAST TWO MONTHS

1. Are you presently employed? _____

a. Where are you currently employed, or where were you most recently employed?

b. Name & address: _____

_____

c. Employer's phone number:_____

d. Occupation: _____

e. When did you start work there (month/year)? _____/____

f. If unemployed, when did your job end (month/year)? _____/_____

g. How many hours do/did you work per week on average? _____

h. What were your gross earnings? (Answer one) per: month $_____, week $_____, hour $_____

If you have more than one job, please provide the same information for each job on a separate piece of paper.

2. Age and Education:

a. Your date of birth (month/date/year): ____/____/_____

b. Did you complete high school or the equivalent? _____
If not, what was the highest grade completed? _____
c. Number of years of college completed? _____ Degrees obtained? _____
d. Number of years of graduate school? _____ Degrees obtained? _____
e. Professional/occupational license? (specify) _____ Vocational training? (specify)_____

3. Tax Information:
a. For what year did you last file taxes? _____
b. What was your filing status that year? (check one)
___ Single
___ Head of Household
___ Married filing Separate
___ Married filing with (name)

_____

c. What which state do you file your state taxes for the last 5 years? _____
d. When was the last time you filed your taxes: Year: _____
e. How many exemptions did you claim on your last tax return (including yourself)? _____

4. What do you estimate to be the **other party's income**? _____

On what do you base your estimate? _____

5. Income:

	During the Last Calendar Month	Average Over the Last 12 Months
a. Salary or wages (gross before taxes)	_____	_____
b. Overtime (gross before taxes)	_____	_____
c. Commissions or bonuses	_____	_____
d. Public assistance (TANF, SSI, GA/GR)	_____	_____
e. Spousal support from this marriage	_____	_____
Spousal support from a prior marriage	_____	_____
f. Partner support from this partnership	_____	_____
Partner support from a prior partnership	_____	_____
g. Pension/retirement fund payments	_____	_____
h. Social Security retirement (not SSI)	_____	_____
i. Disability (specify type) _____	_____	_____
j. Unemployment compensation	_____	_____
k. Worker's compensation	_____	_____
l. Other (military BAQ, royalties, etc.)	_____	_____

6. Investment Income:

a. Dividends (specify qualified, non-qualified)	_____	_____
b. Rental property income	_____	_____

Attach a schedule showing gross receipts less cash expenses (itemized) for **each** business or rental property. If you have **trust income** and have a copy of the trust, kindly attach a copy.

c. Trust income _____ _____
d. Other (specify) (gifts) _____ _____

If there is a difference between your averaged year-to-date income and last month, why is there a difference?

_____

7. Income from Self-Employment (after business expenses for all businesses)

Specify the nature of your business (check one) ____ Owner/sole proprietor
____ Partner
Number of years in this business? _____ ____ Other (specify) _____

Name of business? _____

Type of business? _____

PLEASE ATTACH **PROFIT AND LOSS STATEMENTS** FOR THE LAST TWO YEARS AND/OR **SCHEDULE C** FROM YOUR LAST FEDERAL TAX RETURN.

If you have more than one business, please provide and attach the above information for each business.

8. Additional income (one time money such as inheritance, windfall, lottery winnings etc.)

Please specify the source and amount: _____

9. Please provide us with any information regarding a **change in your income** which should be reported to the court or opposing party in order that they better understand your circumstances and have all material facts and information.

_____

_____

10. Tax Deductions:

a. Do you pay union dues? _____ Are they mandatory? (Y/N) _____

If "yes" to whom and in what monthly amount? _____ $_____

b. Does your employer deduct required retirement payments (not SS, FICA, 401(k) or IRA) _____

If "yes" in what monthly amount? $_____

c. Do you pay for health insurance? _____

If "yes" for whom and in what monthly amount? _____ $_____

d. Do you pay child support for children from a different relationship? (Y/N) _____

If "yes" for whom and in what monthly amount? _____ $_____

e. Do you pay court ordered spousal support from a different marriage? (Y/N) _____

If "yes" for whom and in what monthly amount? _____ $_____

f. Do you pay court ordered partner support from a different marriage? (Y/N) _____

If "yes" for whom and in what monthly amount? _____ $_____

g. Necessary job-related expenses which are not reimbursed by your employer:

Tools/equipment	$_____ per month
Seminars/continuing education	$_____ per month
Uniforms	$_____ per month
Trade publications/journals	$_____ per month
Total unreimbursed job-related expenses	$_____ per month

11. Assets:

List all cash and checking accounts: **Please attach copies of these checking account statements.**

BANK	ACCT.#	BALANCE

List all savings, credit unions, certificates of deposit, or money market accounts: **Please attach copies of these monthly account statements for <u>twelve full months, six months before separation and six months after at minimum.</u>**

BANK	TYPE OF ACCT.	ACCT.#	BALANCE

a. In total, how much money do you have in cash, checking, savings, credit union, money market, and other deposit accounts? $_____. (Note: This figure is the sum of the accounts listed above and should be supported by your Schedule of Assets and Debts).

List stocks, bonds, or other liquid assets: **Please attach copies of all stocks and bonds or other investments.**

NAME	TYPE OF ASSET	ACCT. #	VALUE

b. What is the combined value of the above stocks, bonds, or other easily sold assets? $_____

List all other property of value, real or personal (i.e. real estate, collections- unique collections that you may or have kept, such as baseball cards, movies, tea cups, memorabilia, art, gold, gems, jewelry, cars etc.)

ITEM	TYPE OF ASSET	VALUE	DEBT OWED

c. What is the combined value of the above property, both real and personal? You may estimate the fair market value and subtract any debts owed. $_____

12. List the names of the **people living with you**, their ages, relationship to you, **gross monthly income** if applicable, and whether or not that individual contributes to the household expenses.

Name	Age	How Related to You	Gross Monthly Income	Contributes
				Y/N
				Y/N
				Y/N
				Y/N
				Y/N

13. Average Monthly Expenses:

For the following section only, you have three options on how to answer each question: You may provide us with your estimated expenses, the actual cost of each expense, or in case of a recent change of circumstances, you may provide figures representing your proposed needs moving forward. Which ever option you choose should govern your response to each category. e.g. Don't provide your proposed future housing cost if you are using your current utilities costs. Every answer should be current, or proposed future.

a. Housing Costs (all figures should be monthly)

Amount of Mortgage? $_____. Amount of principal paid? $_____ Interest? $_____
Real Property Taxes $_____ per month
If no mortgage, amount of Rent?_____ per month
Homeowner's or renter's insurance $_____ per month (divide yearly premium by 12 months)

If you have a second property which is **no**t income producing, attach a separate sheet with the above information in addition to any related expenses (maintenance, repair, utilities, etc.)

Maintenance and repair:

Cleaning service, housekeeper, carpet & window cleaning	$_____ per month
Paint & Repairs	$_____ per month
Gardening (includes plants, tree service, supplies, services of gardeners, etc.)	$_____ per month
Pest Control	$_____ per month
Spa and/or pool care and supplies	$_____ per month
Other (security, improvements, etc)	$_____ per month
Total of the above maintenance and repair costs	

b. Health-care costs not paid or reimbursed by insurance:

Health care insurance **not deducted** from salary	$_____ per month
Non-covered doctor's visits, lab fees, and hospitalization (co pays) (% is not covered by insurance) _____%	$_____ per month
Dental care (routine check-ups & dental work)	$_____ per month
Orthodontia	$_____ per month
Eye care (check-ups, glasses, lenses, solutions, etc.)	$_____ per month
Prescriptions (co-pay or amount not covered by insurance)	$_____ per month
Other (describe) _____	$_____ per month
Total of your unreimbursed health care costs	$_____ per month

c. Child care costs

Weekday child care: _____ days per week X 4.3 = $ _____ per month
Weekend and evening baby sitting: _____ per week X 4.3 = $ _____ per month
Summer camp or activities: _____ cost per summer/12 months = $ _____ per month

Total child care costs $ _____ per month

d. Groceries and household supplies

Food and drink to be consumed in the home $_____ per month
Cleaning supplies $_____ per month
Toiletries/hygiene $_____ per month

Total groceries and household supplies $_____ per month

e. Eating out (personal and family, not reimbursed by employer)
Meals at work $_____ per month
Meals at school $_____ per month
Meals in restaurants $_____ per month

Total eating out costs $_____ per month

f. Utilities
Gas $_____ per month
Electric $_____ per month
Water $_____ per month
Trash collection $_____ per month
Cable/Satellite TV $_____ per month

Total utilities cost $_____ per month

g. Telephone, cell phone, and internet $_____ per month
h. Laundry and dry cleaning $_____ per month
i. Clothing
Work clothing/uniforms not provided or reimbursed by your employer. $_____ per month
Clothing you need to purchase in order to find employment $_____ per month
Non-work related clothing and shoes $_____ per month
Children's clothing and shoes $_____ per month
Total clothing costs $_____ per month
j. Education:
Children's education: School tuition $_____ per month
Lessons or tutoring (9 or 12 months?) _____ $_____ per month
School books, uniforms, and school supplies $_____ per month
Trips and special fees $_____ per mont
Summer school $_____ cost per summer/12 months $_____ per month
Total children's education $_____ per month

Your education (describe)_____ $_____ per month for how many months?____

k. Entertainment, gifts, and vacations
Toys, sports equipment, family birthday and holiday gifts $_____ per month
Books, records, software, videos, iTunes, Netflix, etc. $_____ per month
Newspaper subscriptions $_____ per month

Magazine subscriptions	$_____ per month
Movies, plays, sporting events, etc.	$_____ per month
Hobbies, sports activities, etc.	$_____ per month
Weekend trips (camping, amusement parks, etc.)	$_____ per month
Summer vacation $_____ per year/12	$_____ per month
Children's allowances	$_____ per month
Other	$_____ per month
Total entertainment	$_____ per month

l. Auto expenses and transportation

Car insurance	$_____ per month
Registration (divide annual cost by 12)	$_____ per month
Gas	$_____ per month
Oil & tune ups	$_____ per month
Parking	$_____ per month
Repairs	$_____ per month
Public transportation	$_____ per month
Total auto/transportation costs	$_____ per month

m. Insurance

Life insurance	$_____ per month
Accident insurance	$_____ per month
Private unemployment insurance (do not include SDI withheld from paycheck)	$_____ per month
Total insurance (not including health, home, or auto insurance)	$_____ per month

n. Savings and investments (voluntary 401(k) contributions etc.) $_____ per month

o. Charitable contributions $_____ per month

p. Other expenses not covered above

Personal Hygiene:

Hair styling/beauty salons, hair cuts/nails/	$_____ per month
Professional services unrelated to this action (CPA, therapist)	$_____ per month
Pet food and supplies	$_____ per month
Veterinary expenses	$_____ per month
Other (describe)_____	$_____ per month
Total other expenses	$_____ per month

14. Installment Payments and Debts not listed above (credit cards, subscriptions, memberships, etc.)

Paid To	What For (e.g. credit card debt)	Amount Paid	Balance Due	Date of Last Payment

Paid To	What For (e.g. credit card debt)	Amount Paid	Balance Due	Date of Last Payment

<u>GO TO THE NEXT PAGE IF CHILD SUPPORT MAY BE AN ISSUE</u>

THIS PAGE MUST BE COMPLETED IF CHILD SUPPORT IS AN ISSUE

16. Children

I have _____ children under the age of 18 with the other parent in this matter.

a. What is the approximate percentage of time you spend with your child(ren) as primary physical custodian? _____%

b. What is the approximate percentage of time the other parent spends with your child(ren) as primary physical custodian? _____%

c. Please describe the typical custodial/visitation schedule:_____

_____

_____

_____

17. Child(ren)'s Health Care

a. Is health insurance available through your employer that will cover your child(ren)? (Y/N) _____

b. Name of child(ren)'s health insurance company_____

c. Address of child(ren)'s health insurance company: _____

_____

d. If health insurance is available that will cover your child(ren) through your employer or union affiliation, what is the monthly cost in order to cover your child(ren)? (Do not include any amount to cover your spouse or that is payable or reimbursable to you by your employer.) $_____

18. Additional Expenses for the Children in this Case

a. Cost of childcare so that you can work or get job training: $_____

b. Have you had any uninsured health care costs for the child(ren) during the last year? ☐ Yes ☐ No

For each cost state the purpose for which the cost was incurred, the estimated monthly, yearly, or lump sum amount that you have paid: _____

c. Travel expenses for visitation with the children in this matter: $_____

d. Are there any special educational or other special needs for any of your children? ☐ Yes ☐ No

For each cost or special need state the purpose for which the cost was incurred _____

and it's estimated monthly, yearly, or lump sum amount paid by you. $_____

Children's special educational or other needs (therapy, tutoring, etc.): _____ $_____

19. Special Hardships

What special financial hardships should the court consider when making support order? **(specify and attach any supporting documents)**

a. **Extraordinary health care**

What For?	Total Costs	Amount Paid to Date	Amount Per Month	For How Many Months

b**. Uninsured catastrophic losses:** (i.e. fire, theft, accident)

Date	Event	Total Cost/Loss	Amount Paid to Date	Amount Per Month	How Many Months

c. **Basic living expenses for dependent minor children** from other relationships living in your home:

Child's Name	Age	Cost Per Month	For How Many Months	Support Received for This Child

State all **special needs** for all children not set forth above:

_____

_____

_____

_____

20. What **other information** should the court consider regarding support in this matter?

_____

_____

_____

_____