

Names and relationship of all members of household whose expenses are included:

MONTHLY EXPENSES AND DEDUCTIONS FROM INCOME			AMOUNTS
1.	FEDERAL INCOME TAXES (weekly deductions times 4.3)		
2.	STATE INCOME TAXES (weekly deductions times 4.3)		
3.	LOCAL INCOME TAXES (weekly deductions times 4.3)		
4.	SOCIAL SECURITY TAXES (weekly deductions times 4.3)		
5.	RETIREMENT/PENSION FUND [Mandatory] [Optional] (weekly deductions. times 4.3)		
6.	RENT/MORTGAGE PAYMENTS (Residence)		
7.	RESIDENCE/PROPERTY TAXES/INSURANCE-if not included in Mortgage Payment (Total for year ÷ 12)		
8.	MAINTENANCE ON RESIDENCE		
9.	FOOD/HOUSEHOLD SUPPLIES/LAUNDRY/CLEANING		
10.	ELECTRICITY (Total for year ÷ 12)		
11.	GAS (Total for year ÷ 12 or Monthly Budget Amount)		
12.	WATER/SEWER/SOLID WASTE/TRASH COLLECTION (Total for year ÷ 12)		
13.	TELEPHONE (including Long Distance Charges)		
14.	CLOTHING		
15.	MEDICAL/DENTAL EXPENSES (Not reimbursed by Insurance)		
16.	AUTOMOBILE – LOAN PAYMENT		
17.	AUTOMOBILE - GAS/OIL		
18.	AUTOMOBILE - REPAIRS		
19.	AUTOMOBILE - INSURANCE (Total for year ÷ 12)		
20.	AUTOMOBILE - LICENSE PLATES, EXCISE TAX, AND AUTO CLUB (Total for year ÷ 12)		
21.	LIFE INSURANCE		
22.	HEALTH INSURANCE (exclude payments for children shown on Page 1, line 11)		
23.	DISABILITY/ACCIDENT/OTHER INSURANCE (Please Specify)		
24.	ENTERTAINMENT (Clubs, Social Obligations, Travel, Recreation, Cable Television, Internet Expense)		
25.	CHARITABLE/CHURCH CONTRIBUTIONS		
26.	PERSONAL EXPENSES (Haircuts, cosmetics, grooming, etc.)		
27.	BOOKS/MAGAZINES/NEWSPAPERS		
28.	EDUCATION/SCHOOL EXPENSES (Self and children you have custody of)		
29.	CHILDREN'S EXTRACURRICULAR ACTIVITIES, LESSONS, AND TUTORS		
30.	CHILDREN - SPECIAL BABYSITTING		
31.	DAYCARE/WORK RELATED CHILD CARE COSTS (weekly amount times 4.3)		
32.	OTHER EXPENSES (Please specify)		
33.			
MONTHLY LOAN/CHARGE CARD EXPENSES (Do not include monthly payments shown above)			
		FOR	BALANCE
34.			
35.			
36.			
37.			
38.			
39.	Total Monthly Expenses And Deductions From Income (Total of Lines 1 through 38)		\$ 0.00
40.	Average Weekly Expenses And Deductions (Total monthly expenses ÷ 4.3)		\$ 0.00

ASSETS

Disclose all assets known to you, even if you do not know the value. Under ownership, H=Husband; W=Wife; J=Joint. Lien amount includes only those debts secured by an item, such as a mortgage against a house, debts shown on title to vehicle, loans against life insurance policies or loans where an item is pledged as collateral. Value assets as of date Petition for Dissolution of Marriage was filed. If necessary to include account numbers, *only include the last 4 digits*.

Show valuation date here: _____

DESCRIPTION	GROSS VALUE	LESS:LIENS/ MORTGAGE	NET VALUE	TITLE		
				H	W	J
A. HOUSEHOLD FURNISHINGS, FURNITURE, APPLIANCES						
1. In possession of Husband						
2. In possession of Wife						
B. AUTOMOBILES, TRUCKS, RECREATIONAL VEHICLES (Include Make, Model and Year)						
3.						
4.						
5.						
6.						
C. SECURITIES - STOCKS, BONDS AND STOCK OPTIONS						
7.						
8.						
9.						
10.						
D. CASH, CHECKING, SAVINGS, DEPOSIT ACCOUNTS, CDs (Include name of Bank/Credit Union name and type of account)						
11.						
12.						
13.						
14.						
15.						
E. REAL ESTATE (including Land Sales Contracts)						
16. Marital Residence (Show Address)						
Basis of Valuation _____						
Name of lender first mortgage _____						
Name of lender second mortgage _____						
17. Other (Show Address)						
Basis of Valuation _____						
Name of lender first mortgage _____						
Name of lender second mortgage _____						
18. Other (Show Address)						
Basis of Valuation _____						
Name of lender first mortgage _____						
Name of lender second mortgage _____						

DESCRIPTION	GROSS VALUE	LESS: LIENS/ MORTGAGE	NET VALUE	TITLE		
				H	W	J
F. CASH RETIREMENT ACCOUNTS (IRAs, SEPS, KEOUGHS, 401K, Employee savings plans, stock ownership/profit sharing plans, etc.)						
19.						
20.						
21.						
22.						
23.						
G. RETIREMENT BENEFITS, DEFERRED COMPENSATION PLANS AND PENSIONS (include information available on benefits, whether benefits are vested or in pay status).						
24.						
25.						
H. BUSINESS INTERESTS						
26.						
27.						
28.						
I. LIFE INSURANCE						
Term and Group (Show Company Name and Death Benefit)						
29. Named Beneficiary:						
30. Named Beneficiary:						
31. Named Beneficiary:						
Whole Life and Others (Show Cash Value under Gross Value)						
32. Named Beneficiary:						
33. Named Beneficiary:						
34. Named Beneficiary:						
J. OTHER ASSETS Include any type of assets that have value, including jewelry, personal property, assets located in safety deposit boxes, accrued bonuses, etc.						
35.						
36.						
37.						
38.						
39.						
40.						
41.						

**ASSETS ACQUIRED BY YOU PRIOR TO THE MARRIAGE OR THROUGH INHERITANCE OR GIFT
(Whether now owned or not)**

SHOW SIGNIFICANT ASSETS ONLY	GROSS VALUE	LESS: LIENS/ MORTGAGE	NET VALUE	VALUATION DATE
A. ASSETS OWNED BY YOU PRIOR TO MARRIAGE (value as of date of marriage)				
42.				
43.				
44.				
45.				
46.				
B. ASSETS ACQUIRED BY YOU DURING MARRIAGE THROUGH INHERITANCE OR GIFTS (value as of date of acquisition)				
47.				
Acquired from whom:				
48.				
Acquired from whom:				
49.				
Acquired from whom:				

I affirm under penalty of perjury that the foregoing, including any attachments, is true and correct, that this declaration was executed on the _____ day of _____, 20____. **I understand that I am under a duty to supplement or amend this Financial Declaration prior to trial if I learn the information provided is incorrect or the information provided is no longer true.**

Signature: _____

Printed Name: _____

CERTIFICATE OF SERVICE

I hereby certify that a true, exact and authentic copy of the foregoing has been served upon the following, [_____] by United States mail, first class postage prepaid], [_____] hand delivery], this _____ day of _____, 20____.

**

Attorney for [Husband/Father] [Wife/Mother]

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