

FILL OUT AND RETURN TO JENNIFER AUGER'S OFFICE IN ONE WEEK

,
 Petitioner,
 vs.
 ,
 Respondent.

Cause No.
VERIFIED FINANCIAL DECLARATION OF

HUSBAND/FATHER: Name: Address: Social Security Number: Occupation: Employer: Date of Birth:	WIFE/MOTHER: Name: Address: Social Security Number: Occupation: Employer: Date of Birth:
ATTORNEY	SPACE BELOW FOR USE OF COURT CLERK ONLY:

GROSS WEEKLY INCOME - ATTACH LAST THREE (3) PAYROLL STUBS	AMOUNTS
1. Gross Weekly SALARY, WAGES AND COMMISSIONS	
2. Gross Weekly PENSIONS/RETIREMENT/SOCIAL SECURITY/DISABILITY/UNEMPLOYMENT/WORKMAN'S COMP	
3. Gross Weekly CHILD SUPPORT received from any prior marriage (not this marriage)	
4. Gross Weekly DIVIDENDS and INTEREST	
5. Gross Weekly RENTS/ROYALTIES less ordinary and necessary expenses (Attach calculations)	
6. Gross Weekly BUSINESS/SELF-EMPLOYMENT INCOME less ordinary and necessary expenses (Attach calculations)	
7. ALL OTHER SOURCES (Specify) ***	
8. TOTAL GROSS WEEKLY INCOME (Total of Lines 1 through 7)	
9. Minus Weekly COURT ORDERED CHILD SUPPORT for Prior Children - amounts actually paid	
10. Minus Weekly LEGAL DUTY CHILD SUPPORT for Prior Children	
11. Minus Weekly HEALTH INSURANCE PREMIUMS for Children of This Marriage Only	
12. Minus Weekly ALIMONY/SUPPORT/MAINTENANCE Paid to Prior Spouses - amounts actually paid	
13. WEEKLY AVAILABLE INCOME (Line 8 less Lines 9 through 12)	
14. Weekly WORK RELATED CHILD CARE COSTS for Custodial Parent to work for Children of this Marriage Only	
15. Weekly EXTRAORDINARY HEALTHCARE EXPENSES (Children of This Marriage Only - Uninsured Only)	
16. Weekly EXTRAORDINARY EDUCATION EXPENSES (Children of This Marriage Only)	

*** Includes Bonuses; Alimony and Maintenance Received from Prior Marriages; Capital Gains, Trust Income, Gifts, Prizes, In-kind Benefits from Employment such as Company Car, Free Housing, Reimbursed Meals. DO NOT include ADC, SSI, General Assistance, Food Stamps

Names and Relationship of all members of household whose expenses are included: _____

MONTHLY EXPENSES AND DEDUCTIONS FROM INCOME	
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 time 4.3)
5.	RETIREMENT/PENSION FUND [Mandatory] [Optional] (Weekly deductions times 4.3)
6.	RENT/MORTGAGE PAYMENTS (Residence)
7.	RESIDENCE/PROPERTY TAXES/INSURANCE <small>if not included in Mortgage Payment (Total year) 12)</small>
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.	LIFE INSURANCE
21.	HEALTH INSURANCE (exclude payments for children shown on Page 1, line 11)
22.	DISABILITY/ACCIDENT/OTHER INSURANCE (Please specify)
23.	ENTERTAINMENT (Clubs, Social Obligations, Travel, Recreation, Cable Television)
24.	CHARITABLE/CHURCH CONTRIBUTIONS
25.	PERSONAL EXPENSES <small>(Haircuts, cosmetics, grooming, tobacco, alcohol, etc.)</small>
26.	BOOKS/MAGAZINES/NEWSPAPERS
27.	EDUCATION/SCHOOL EXPENSES <small>(Self and children you have custody of)</small>

28.	DAYCARE/WORK RELATED CHILD CARE COSTS <small>(weekly amount times 4.3)</small>	
29.	OTHER EXPENSES <small>(Please specify)</small>	
30.		
31.		
	MONTHLY LOAN/CHARGE CARD EXPENSES <small>(Do not include monthly payments shown above)</small>	FOR
		BALANCE
32.		
33.		
34.	Total Monthly Expenses And Deductions From Income <small>(Total of Lines 1 thru 33)</small>	0.00
35.	Average Weekly Expenses And Deductions <small>(Total monthly expenses / 4.3)</small>	

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 was filed.

Show valuation date here _____

DESCRIPTION	GROSS VALUE	LESS: LIENS/ MORTGAGES	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 <small>(Include, Make, Model and Year)</small>						
3.						
4.						
5.						
6.						
C. SECURITIES, STOCKS, BONDS, AND STOCK OPTIONS						
7.						
8.						
9.						

DESCRIPTION	GROSS VALUE	LESS: LIENS/ MORTGAGES	NET VALUE	TITLE H W J		
10.						
D. CASH, CHECKING, SAVINGS, DEPOSIT ACCOUNTS, CD <small>(Include name of Bank/Credit Union and type of acct.)</small>						
11.						
12.						
E. REAL ESTATE <small>(including Land Sales Contracts)</small>						
13. Marital Residence (Show Address) Basis of Valuation: Name of lender of 1st mortgage: Name of lender of 2nd mortgage:						
14. Other (Show Address) Basis of Valuation: Name of lender of 1st mortgage: Name of lender of 2nd mortgage:						
15. Other (Show Address) Basis of Valuation: Name of lender of 1st mortgage: Name of lender of 2nd mortgage:						
DESCRIPTION	GROSS VALUE	LESS: LIENS/ MORTGAGES	NET VALUE	TITLE H W J		
F. CASH RETIREMENT ACCOUNTS <small>(IRA's, SEPS, KEOUGHES, 401K) Employee Savings Plans, stock ownership/profit sharing plans, etc.)</small>						
16.						
17.						

DESCRIPTION	GROSS VALUE	LESS: LIENS/ MORTGAGES	NET VALUE	TITLE H W J		
18.						
19.						
20.						
G. RETIREMENT BENEFITS, DEFERRED COMPENSATION PLANS AND PENSIONS <small>(Include information available on benefits, whether benefits are vested or in pay status)</small>						
21.						
22.						
H. BUSINESS INTERESTS						
23.						
24.						
25.						
I. LIFE INSURANCE <small>(Show Company Name and death benefit)</small>						
Term and Group						
26. Named Beneficiary:						
27. Named Beneficiary:						
28. Named Beneficiary:						
Whole Life and Others <small>(Show Cash value under Gross Value)</small>						
29. Named Beneficiary:						
30. Named Beneficiary:						
31. Named Beneficiary:						
J. OTHER ASSETS <small>(Include any type of assets having value, including jewelry, personal property, assets located in safety deposit boxes, accrued bonuses, etc.)</small>						
32.						
33.						
34.						
35.						
36.						

DESCRIPTION	GROSS VALUE	LESS: LIENS/ MORTGAGES	NET VALUE	TITLE		
				H	W	J
37.						
38.						

**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/ MORTGAGES	NET VALUE	VALUATION DATE
A. ASSETS OWNED BY YOU PRIOR TO MARRIAGE (Value as of date of marriage)				
1.				
2.				
B. ASSETS ACQUIRED BY YOU DURING THE MARRIAGE THROUGH INHERITANCE OR GIFTS (value as of date of acquisition)				
3. Acquired from whom:				
4. Acquired from whom:				
5. Acquired from whom:				

I declare under penalty of perjury that the foregoing, including any attachments, is true and correct, that this declaration was executed on the ___ day of _____ 2015.

You are under a duty to supplement or amend this Financial Declaration prior to trial if you learn the information provided is no longer true.

CERTIFICATE OF SERVICE

I hereby certify that a true, exact and authentic copy of the foregoing, has been served upon either personally or by United States mail, first class postage prepaid, this ____ day of _____,2015.

Jennifer Auger

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