

FINANCIAL DECLARATION
LR29-FL00-402.10
FORM 402B

STATE OF INDIANA) IN THE HAMILTON _____ COURT NO. _____
)SS
COUNTY OF HAMILTON) CAUSE NO. _____

Petitioner
vs.

Respondent

HUSBAND: Name: _____ Address: _____ _____ _____ Employer: _____ Attorney for Husband: _____ Address: _____ _____ Telephone No: _____	WIFE: Name: _____ Address: _____ _____ _____ Employer: _____ Attorney for Wife: _____ Address: _____ _____ Telephone No: _____
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VERIFIED FINANCIAL DECLARATION OF _____

GROSS WEEKLY INCOME-Attach last 3 payroll stubs	AMOUNTS
1. SALARY and WAGES	
2. PENSIONS-RETIREMENT/SOCIAL SECURITY/DISABILITY/UNEMPLOYMENT WORKER'S COMP	
3. CHILD SUPPORT received from prior marriage	
4. DIVIDENDS and INTEREST	
5. RENTS/ROYALTIES less ordinary/necessary expenses	
6. BUSINESS/SELF-EMPLOYMENT INCOME-not after expenses	
7. COMMISSIONS/BONUSES/TIPS	
8. All other sources _____	
9 TOTAL GROSS WEEKLY INCOME (Total of Lines 1-8)	
WEEKLY DEDUCTIONS	
10. Weekly COURT ORDERED CHILD SUPPORT for prior children	
11. Weekly LEGAL DUTY CHILD SUPPORT for prior children	
12. Weekly HEALTH INSURANCE PREMIUMS (children of marriage only)	
13. Weekly ALIMONY/SUPPORT/MAINTENANCE Paid to prior spouses - amounts actually paid weekly	
14. SELF-EMPLOYED TAX (1/2 of weekly self-employment taxes)	
15. WEEKLY AVAILABLE INCOME (Line 9 less Lines 10 through 13)	
16. WORK RELATED CHILD CARE COSTS of custodial parent	
17. EXTRAORDINARY HEALTHCARE EXPENSES-uninsured only	
18. EXTRAORDINARY EDUCATIONAL EXPENSES	
19. TOTAL GROSS WEEKLY DEDUCTIONS FROM GROSS INCOME	
NET WEEKLY INCOME (Total line 9 minus total line 19)	

Monthly Expenses and Deductions From Income
 (weekly expenses x 4.3/annual expenses divided by 12)

1. FEDERAL INCOME TAXES	
2. STATE INCOME TAXES	
3. LOCAL INCOME TAXES	
4. SOCIAL SECURITY TAXES	
5. RETIREMENT/PENSION FUND [Mandatory][Optional]	
6. RENT/MORTGAGE PAYMENTS [Primary Residence]	
7. RESIDENCE/PROPERTY TAXES/INSURANCE	
8. MAINTENANCE ON RESIDENCE/lawn care/maid/cleaning/pool	
9. FOOD AND SUPPLIES - at home/eating out with friends/children	
10. ELECTRICITY	
11. GAS/OIL/WOOD HEAT	
12. WATER/SEWER/SOLID WASTE/TRASH COLLECTION	
13. TELEPHONE (monthly base charge)	
14. TELEPHONE (long distance charges only)	
15. PERSONAL CLOTHING-shoes/shoe repair/alterations	
16. PERSONAL EXPENSES-hair/cosmetics/tobacco/film/cards/postage	
17. SPECIAL WORK EXPENSES-uniform/safety shoes/dues parking	
18. LAUNDRY/DRY CLEANING	
19. AUTOMOBILE - loan payment	
20. AUTOMOBILE - gas/oil/car wash	
21. AUTOMOBILE - repairs	
22. AUTOMOBILE - license plates/excise tax/auto club	
23. AUTOMOBILE - insurance	
24. CABLE TELEVISION charges	
25. MEDICAL/DENTAL EXPENSES (non-prescription/unreimbursed expenses)	
26. LIFE INSURANCE	
27. HEALTH INSURANCE	
28. DISABILITY/ACCIDENT/OTHER INSURANCE	
29. ENTERTAINMENT-clubs/travel/recreation/hobbies	
30. CHARITABLE/CHURCH CONTRIBUTIONS	
31. BOOKS/MAGAZINES/NEWSPAPERS	
32. HOME TAX PREPARATION/nonreimbursable business expenses	
33. CHILDREN - clothing/shoes	
34. CHILDREN - allowance/memberships in scouts/uniforms/fees	
35. CHILDREN - school lunches	
36. CHILDREN - book rental/tuition	
37. CHILDREN - lessons/extra curricular activities/tutors	
38. CHILDREN - summer school/drivers education	
39. CHILDREN - special babysitting	
40. OTHER EXPENSES	

INSTALLMENT PAYMENTS	Owner			CURRENT BALANCE	MONTHLY PAYMENT
	H	W	J		
41. _____					
42. _____					
43. _____					
44. _____					
45. _____					
46. _____					
47. _____					
48. _____					
49. _____					
50. _____					

TOTAL MONTHLY EXPENSES AND DEDUCTIONS FROM GROSS INCOME \$ _____
 AVERAGED WEEKLY EXPENSES AND DEDUCTIONS (divided by 4.3) \$ _____

DESCRIPTION _____

A. HOUSEHOLD FURNISHINGS, FURNITURE ELECTRONICS EQUIPMENT, APPLIANCES	GROSS VALUE	DEBT	NET VALUE	OWNER		
				H	W	J
1. In Husband's possession						
2. In Wife's possession						
B VEHICLES (Make/Model/Year) including boats, RV's, motorcycles						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
C. CASH ACCOUNTS/CD'S (Name of bank account/last four digits of account number/account type						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
D. SECURITIES/STOCKS/BONDS						
18.						
19.						
20.						
21.						
E. REAL ESTATE (including mobile homes)						
Marital Residence (address):	FMV	Mortgage	Net FMV			
First Mortgagor:						
Second Mortgagor:						
23. Other real property:						
First Mortgagor:						
Second Mortgagor:						
F. DEFERRED COMPENSATION/ profit sharing/pension plans/Keoghs/IRA's/401k/SEP						
	% vested		Vested FMV			
24.						
25.						
26.						
27.						
28.						
29.						
30.						
G. BUSINESS INTERESTS						
	% interest		Interest's FMV	OWNER		
				H	W	J
31.						
32.						

H. LIFE INSURANCE (TERM and GROUP)						
Company Name:	Face Amt.	Policy#	Benfic.	H	W	J

33. _____						
I. LIFE INSURANCE (WHOLE)						
Company Name/Policy No.	Cash Val.	Loan	Net Val.	H	W	J
34. _____						
35. _____						
36. _____						
OTHER ASSETS (Jewelry/collections/antiques/silver/china/art/cameras)						
37. _____						
38. _____						
39. _____						
40. _____						
41. _____						
42. _____						
43. _____						

List names, ages and relationships of persons living in your household:

Are other persons in your household working? _____

If so, who? _____

Occupation _____ Employer: _____

I declare under penalties for perjury that the foregoing, including any attachments, is true and correct, to the best of my knowledge and belief.

Signature: _____

Printed Name: _____

Dated: _____

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

Prepared by:
