

FINANCIAL DISCLOSURE STATEMENT Court Case #: _____

IV-D #: _____

1. Proof of Income:

- YOU MUST PROVIDE:
 - YOUR MOST RECENT 8 WEEKS OF WAGE STATEMENTS
 - COPIES OF YOUR LAST 2 TAX RETURNS.

2. General Information:

Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone [day]: _____ **Phone [evening]:** _____
Occupation: _____

3. Employment Information: Paid Period: Weekly: Every Other Week: Twice per Month: Monthly:

Employer: _____

Self-employed?: If yes, you must provide personal and business tax returns for past 2 years.

Date of hire: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____

Wage Information:

Hours per week: _____ Hourly wage/salary: \$ _____
 Overtime available?: Yes No If yes, overtime wage: _____

I am unemployed. If unemployed do you receive unemployment income?: Yes No

If unemployed, dates of last employment: _____

Name of last employer: _____

Hours per week: _____ Wage at last employment: \$ _____

4. Members of Household:

Enter the name and relationship of all people living in your household. Check yes or no to identify if they contribute to payment of household expenses.

I live alone.

	Name	Relationship	This person helps you pay expenses	
			Yes	No
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>

5. Monthly Income and Expenses:

I receive Public Assistance Funds of (ex. Badger Care, Child Care, W-2, etc.) _____ in the amount of \$ _____ per month.

Monthly Gross Income		Amount
1.	Gross monthly income (before taxes and deductions from salary and wages, including commissions, allowances, and overtime):	
2.	Pensions/401K/Retirement funds received:	
3.	Unemployment Compensation Benefits: *WHEN will the benefit end?: _____	
4.	Social Security Benefits: <input type="checkbox"/> Social Security (Include income in amount column) <input type="checkbox"/> SSDI (Include income in amount column) <input type="checkbox"/> SSI: Amount per month: \$ _____ (DO NOT include in amount column)	
5.	Interest and Dividends Received:	
6.	Rental Payments Received (from property you rent to others):	
7.	Bonuses Received:	
8.	Veteran's Income:	
9.	Other sources of income (specify):	
10.		
Total Gross Income (add lines 1-10)		

Monthly Expenses		Amount
1.	Rent or Mortgage Payment:	
2.	Real Estate Property Taxes (residence):	
3.	Repairs/Maintenance:	
4.	Food:	
5.	Utilities (heat, electric, water, sewage, trash):	
6.	Phone:	
7.	Cable/Internet:	
8.	Clothing/Shoes:	
9.	Medical, dental, & prescription drug expenses (not covered by insurance):	
10.	Other Insurance (Life, Accident, Auto, Liability, Disability, Homeowner's/Renter's):	
11.	Auto Payments (Loans/Leases):	
12.	Transportation (Gas, Insurance):	
13.	Incidentals (Smoking, Alcohol, Grooming, Gifts):	
14.	Child Care (Babysitting and Daycare):	
15.	Child Support (Prior Obligation):	
16.	School Expenses:	
17.	Entertainment/Hobbies:	
18.	Other Monthly Installment Payments: <input type="checkbox"/> Mortgage (other than primary mortgage): \$ _____ <input type="checkbox"/> Other vehicle payments: \$ _____ <input type="checkbox"/> Credit Card Debt: \$ _____ <input type="checkbox"/> Court-Ordered Obligations: \$ _____ <input type="checkbox"/> Student Loans: \$ _____ <input type="checkbox"/> Personal Loans: \$ _____	
19.	Other Expenses (specify):	
20.		
Total Monthly Expenses (add lines 1-20)		

6. **Debts:**

I have no debts.

	<i>Creditor</i>	<i>Total Owed</i>
1.		
2.		
3.		
4.		
5.		
Total Debts (add lines 1-5)		

7. **Assets:**

I have no assets.

Real Estate:

A. Type: Home Farm Land Rental Property
 Outstanding Mortgage: _____ Fair Market Value: _____
 Mortgage Payment: _____ Yearly Taxes: _____

B. Type: Home Farm Land Rental Property
 Outstanding Mortgage: _____ Fair Market Value: _____
 Mortgage Payment: _____ Yearly Taxes: _____

Automobiles:

A. Make: _____ Model: _____ Year: _____
 Outstanding Loan: \$ _____ Estimated Value: \$ _____

B. Make: _____ Model: _____ Year: _____
 Outstanding Loan: \$ _____ Estimated Value: \$ _____

Stocks/Bonds/Pensions (Description and value): _____

Life Insurance: _____

Other (including bank accounts):

Checking Account: Institution: _____
 Balance: \$ _____

Savings Account: Institution: _____
 Balance: \$ _____

Other: Institution: _____
 Balance: \$ _____

8. Health Insurance:

- I do not have health insurance because: I am unemployed
 Insurance not offered by employer

I have employer-sponsored health insurance (provide written verification of coverage and cost)

Name of Insurance Company: _____

Claims address: _____

Names of insured: _____

Cost of policy coverage per month:

Single: \$ _____

Single +1: \$ _____

Family: \$ _____

Yearly deductible: \$ _____

I have privately-obtained health insurance (provide written verification of coverage and cost)

Claims address: _____

Names of insured: _____

Cost of coverage per month: \$ _____

I have government-funded Medical Assistance

Type (Badger Care, Medicare, etc.): _____

Names of insured: _____

9. Current Litigation:

Are you a party in any other lawsuit or litigation? Yes No

If yes, identify the lawsuit or litigation: _____

10. Bankruptcy:

Have you ever filed for bankruptcy? Yes No

If yes, identify the following:

Type of filing: _____

Date of filing: _____

Current status: _____

11. Declaration:

I declare under penalty of perjury that the above, including all attachments, are complete, true and correct executed on the: _____ day of _____, 20_____.

Signature: _____