

Sheet1
FINANCIAL DECLARATION
LR 29-FL00-402.10
Form 402B

State of Indiana In the Hamilton _____ Court

County of Hamilton Cause No. _____

in re: the marriage of

 Petitioner

and

 Respondent

HUSBAND:
 Name _____
 Address _____

 Employer _____
 Attorney _____
 Address _____

 Telephone _____

WIFE:
 Name _____
 Address _____

 Employer _____
 Attorney _____
 Address _____

 Telephone _____

FINANCIAL DECLARATION OF: _____

GROSS WEEKLY INCOME – attach last 3 paystubs		Amount
1	Salaries and Wages	
2	Pension/Retirement/Social Security/Disability/Unemployment/Worker's Comp.	
3	Child support received from prior marriage	
4	Dividends and interest	
5	Capital Gains expenses	
6	Business / self-employment income – not after expenses	
7	Commission / bonus / tips	
8	All other sources	
9	TOTAL GROSS WEEKLY INCOME (Lines 1-8)	
WEEKLY DEDUCTIONS		
10	Weekly court ordered child support for prior child(ren)	
11	Weekly legal duty child support for prior child(ren)	
12	Premiums pd for employee and child(ren) minus premiums pd for employee only	
13	Weekly alimony/support/maintenance paid to PRIOR spouse	
14	Self-employed tax (half of self-employment tax, annual amount ÷ 52 weeks ÷2)	
15		AA
16	Work related child care costs	
17	Union Dues (required for employment)	
18	Extraordinary health care expenses – uninsured only	
19	Extraordinary educational expenses	
20	TOTAL GROSS WEEKLY DEDUCTIONS FROM GROSS INCOME	
21	TOTAL NET WEEKLY INCOME	

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MONTHLY EXPENSES and DEDUCTIONS FROM INCOME					Amount	
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 payment (primary residence)					
7	Residence property taxes / insurance					
8	Maintenance on residence (lawn care,maid/cleaning, pool, HOA dues, etc)					
9	Food and supplies – eat at home / out with friends and children					
10	Electricity					
11	Gas, oil and wood heating					
12	Water, sewer, solid waste, trash collection					
13	Telephone (land line/cell service) includes internet and television service?					
14	Personal clothing					
15	Personal expenses					
16	Special work expenses (uniform, safety shoes, dues, parking)					
17	Laundry and dry cleaning					
18	Automobile – loan payment					
19	Automobile – gas, oil car wash					
20	Automobile – repairs/oil changes (estimate annual expense ÷ 12 months)					
21	Automobile – license plates, excise, and auto club					
22	Automobile – insurance					
23	Cable/satellite television/internet (if not included with telephone service above)					
24	Uninsured/Non-reimbursed Healthcare expenses (prescription/uninsured expenses only)					
25	Life insurance premiums/loan payments					
26	Health insurance premiums-not including H.S.A. contributions (total preimums paid less premiums shown on line 12 on page 1)					
27						
28	Disability, accident and other insurance					
29	Entertainment (hobbies, travel, clubs, recreation)					
30	Charitable/church contributions					
31	Books, magazines, and newspapers					
32	Home tax preparation (non-reimbursable business expense)					
33	Children – clothing and shoes					
34	Children – allowance, membership in scouts, uniforms, fees					
35	Children – school lunches					
36	Children – book rental and tuition					
37	Children – sports, scouts, lessons, extracurricular activites, instrument rental, and tutors					
38	Birthday and holiday gifts for friends and family					
39	Membership at YMCA, health club, gym					
40						
Installment Payments		H	W	J	Current Balance	
TOTAL monthly expenses and deductions from gross incomeA						
Average weekly monthly expenses and deductions from gross incomeA						

Sheet1

A.		Household Furnishings/Furniture Electronic Equipment, Appliances	Gross Value	Debt	Net	H	W	J
1		In Husband's Possession						
2		In Wife's Possession						
B.		Vehicles (boats, Rvs, (Make / Model / Year)						
3								
4								
5								
6								
7								
C.		Cash/Accounts/CDs (Name of bank account, last four digits of account number/account type)						
8								
9								
10								
11								
12								
13								
14								
D.		Securities / Stocks / Bonds						
15								
16								
17								
18								
E.		Real Estate (including mobile homes)	Fair Market Val.	Mortgage	Net Value			
19		Marital Residence (address)						
		First mortgagor:						
		Second mortgagor:						
20		Other residence (address)						
		First mortgagor:						
		Second mortgagor:						
F.		Deferred compensation – profit sharing pension plans, Keoghs, IRSs, 401(k), SEP	% Vested	Vested FMV	H	W	J	
21								
22								
23								
24								
25								
26								
27								
28								
G.		Business Interest	% Interest	% FMV	H	W	J	
29								
30								

Sheet1

H.	Life Insurance (term and group)	Face Amt.	Policy No.	Beneficiary	H	W	J
31							
32							
33							
I.	Life Insurance (whole)	Cash Value	Loan Amt.	% Interest	H	W	J
34							
35							
36							
J	Collections, jewelry, antiques, silver, china	Value	Debt	Net Value	H	W	J
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 the penalties of perjury that the foregoing, including any attachments(s), 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 hearing if you learn the information provided is incorrect or the information provided is no longer true.

Prepared by: