FAMILY RELATIONS DIVISION PRETRIAL FINANCIAL DECLARATION

	Plaintiff,	Case No.		
vs.				
	Defendant,	Dated:		
Husband:		Wife:		
Address:		Address:		
Soc. Sec. No.:		Soc. Sec. No.:	- H	
Occupation:		Occupation:		
Employer:		Employer:	·	
Birthdate:		Birthdate:	······································	
				····
NOTE: THIS DECLARATION MUST BE F				
DIVISION AT THE TIME OF THE PRE-T	RIAL HEARIN	NG AND CONFEREN	CE, AND/OR T	RIAL SETTING.
THIS DECLARATION IS REQUIRED TO SHALL SUBJECT YOU TO THE PENALT			STATEMENT	MADE HEREON
Similar Bobblet 100 10 THE FEWALT.	. FOR LERJO	/AX 1 .		
STATEMENT OF INCOME, EXPENSES, ASSE	ETS AND LIAI	BILITIES		
Attach copies of State and Federal Income Syears and wage statements from your employe	Tax Returns fo	or last two taxable	HUSBAND	WIFE
1 Gross monthly income from:			\$	\$
Salary and wages, including commissions, payable (pay period		-		
(NOTE: To arrive at monthly income figure				
income by 4.3; if paid bi-weekly, multiply bi-	weekly income	by 2.15)		
Pensions and retirement				
Disability and unemployment insurance				
Public assistance (welfare, AFDC payments, et	ic.)			
Child support from any prior marriage	4- 		 	
RentsAll other sources: (Specify)				
An other sources. (Specky)				
	THLY INCOM	IE	\$	\$
2 Itemize monthly deductions from gross incom			s	s
State and federal income taxes Number of exemptions taken				
Social security				
Medical or other insurance (describe fully)				
		-		
Union or other dues			<u> </u>	
Retirement or pension fund				
Credit union				
Other: (Specify)				
	(MILL 1/ DODGE		S	\$
<u> </u>	THLY DEDUC	UTIONS	\ <u>\$</u>	\$ \$
 Net monthly income – take home pay Debts and obligations: 				
CREDITOR'S NAME	FOR	DATE PAYABLE	BALANCE	MONTHLY PAYMENT
			 	
				
			1	

\$

TOTAL ______(If insufficient space, insert total and attach schedule)

						VALUE	OWED THERE
	Household furnishings, f	urniture, applı	ances, and equ	ipment		\$	\$
	Automobile (Year-Make)					
	Securities - stocks, bon	ıds					
						 	
	Cash and Deposit Accounts (banks, savings & loans, credit unions — savings and checking)						
				·		<u> </u>	
	Life Insurance:						CASH VALUE
	NAME OF COMP	ANY	POLIC	Y NO.	FACE AN	MOUNT	ACCUMULATED I
					\$		\$
						····	
	Na me	ment Account				ENTLY VESTE	AMOUNT D
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	Name						
	Name						
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