



**CHILD SUPPORT AGENCY**

**Thomas M. Fandry, Administrator**

**PHONE: (608) 355-3238  
FAX: (608) 355-3239  
TDD: (608) 355-3490**

DATE: \_\_\_\_\_

RE: Case No.:  
IVD No.:

Dear \_\_\_\_\_:

The following information must be provided to the Agency to make a determination regarding the proposed Marital Settlement Agreement/Stipulation. **YOU MUST RETURN THIS SHEET & THE FINANCIAL DISCLOSURE STATEMENT TO THE SAUK COUNTY CHILD SUPPORT AGENCY on or before \_\_\_\_\_.**

1. A completed Financial Disclosure Statement (enclosed), which is required under Wisconsin Statutes §767.127.
2. A statement of the receipt of any Veteran's benefits or Social Security benefits received by you or your child(ren). If no benefits, please check here \_\_\_\_\_.
3. A statement of any unemployment benefits that you are currently receiving or have received in the last six months. If no benefits, please check here \_\_\_\_\_.
4. Wage statements from your employer for the last eight (8) weeks. If no income, please check here \_\_\_\_\_. Write down the reason you are not working, when and where you last worked and how much you were paid, here: \_\_\_\_\_  
\_\_\_\_\_
5. Complete tax returns for the years \_\_\_\_\_ and \_\_\_\_\_. If you did not file, copies of your W2s, 1099 forms or other verification of your income for those years. If you are self employed, complete copies of your business tax returns as well. If you had no income in either year, please check here \_\_\_\_\_.
6. Proof that the minor child(ren) is/are covered under any health insurance plans and a current subscriber card for the child(ren). If no insurance is available, please check here \_\_\_\_\_.

Thank you for your prompt attention to this matter. If the information is not provided in a complete and timely manner, the Agency may not be able to make a recommendation which may lead to further delays in resolving the divorce.

Sincerely,

Attorney Tori A. Vesely  
Sauk County Asst. Corporation Counsel

Cc. Other Party  
Court File  
Agency File

**PRINT in BLACK ink**

Enter the name of the county in which this case is filed.

STATE OF WISCONSIN, CIRCUIT COURT,  
\_\_\_\_\_ COUNTY

For Official Use

Enter the name of the petitioner. If joint petitioners, enter the name of the wife.

In RE: The marriage of:  
**Petitioner/Joint Petitioner-Wife:**

On the far right, check Petitioner/Joint Petitioner-Wife or Respondent/Joint Petitioner-Husband

First name Middle name Last name

and

**Financial Disclosure Statement of:**

- Petitioner/Joint Petitioner-Wife
- Respondent/Joint Petitioner-Husband

Enter the name of the respondent. If joint petitioners, enter the name of the husband.

**Respondent/Joint Petitioner-Husband:**

First name Middle name Last name

Enter the case number.

Case No. \_\_\_\_\_

This form must be filed with the court within the time period set by the court but no later than 90 DAYS after the service of the **Summons** and **Petition** on the respondent (spouse) or the filing of a **Joint Petition**. Failure by either party to complete and file this form or attachments as required will authorize the court to accept the statement of the other party as the basis for its decisions. **Deliberate failure to provide complete disclosure is perjury.**

**1. PROOF OF INCOME**

- Attach a statement reflecting income earned to date for the current year.
- Attach most recent W-2 Statement.

**2. GENERAL INFORMATION**

**Name**

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

Alternative Phone: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_

**Employer**

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Same as employer**

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**3. MEMBERS OF YOUR 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.

	Name <input type="checkbox"/> I live alone	Relationship	This person helps 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"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>

**4. MONTHLY INCOME**

Income from wages / salary is received (check one):

**To calculate monthly gross income use the multiplier shown:**

- weekly -multiply weekly income by 4.3
- every other week (bi-weekly) -multiply bi-weekly income by 2.15
- monthly
- twice a month-multiply semi-monthly income by 2

MONTHLY GROSS INCOME		
1.	Gross <b>monthly</b> income (before taxes and deductions) from salary and wages, including commissions, allowances and overtime. (See above how to calculate.)	
2.	Pensions and retirement funds received	
3.	Social Security benefits received	
4.	Disability and Unemployment Insurance received	
5.	Public Assistance Funds received	
6.	Interest and Dividends received	
7.	Child Support and maintenance (spousal support) received from any prior marriage/relationship	
8.	Rental payments received (from property you rent to others)	
9.	Bonuses received	
10.	Other sources of income received: (please specify)	
11.		
12.		
<b>13.</b>	<b>Total Gross Income (add lines 1-12)</b>	
MONTHLY DEDUCTIONS		
14.	Number of tax exemptions claimed	
15.	Monthly federal income tax withheld	
16.	Monthly state income tax withheld	
17.	Social Security	
18.	Medicare	
19.	Medical insurance	
20.	Other insurances	
21.	Union or other dues	
22.	Retirement or pension fund	
23.	Savings plan	
24.	Credit union	
25.	Child support or spousal support payments	
26.	Other deductions: (please specify)	
27.		
<b>28.</b>	<b>Total Monthly Deductions (add lines 14 – 27)</b>	
<b>MONTHLY NET INCOME (subtract line 28 from line 13)</b>		

**5. ANTICIPATED MONTHLY EXPENSES**

<b>My Monthly Expenses</b>	
1.	Rent or mortgage payment (primary residence)
2.	Real Estate Property taxes (residence)
3.	Repairs and maintenance (including maintenance of appliances and furnishings)
4.	Food (include eating out) and household supplies
5.	Utilities (electricity, heat, water, sewage, trash)
6.	Telephone (local, long distance & cellular)
7.	Cable and Internet Services
8.	Laundry and dry cleaning
9.	Clothing and shoes
10.	Medical, dental and prescription drug expenses (not covered by insurance)
11.	Insurance (life, health, accident, auto, liability, disability, homeowner's or renter's- excluding insurance that is paid through payroll deductions)
12.	Childcare (babysitting and day care)
13.	Child support or spousal support payments (due to previous marriage or relationship) (Exclude payments made through payroll deductions)
14.	School expenses (child and adult education)
15.	Entertainment (include clubs, social obligations, travel, recreation)
16.	Incidentals (grooming, tobacco, alcohol, gifts, holidays and special occasions)
17.	Transportation (other than automobile)
18.	Auto payments (loans/leases)
19.	Auto expenses (gas, oil, repairs, maintenance)
20.	Newspapers, magazines, books
21.	Care and maintenance of pets (food, vet, grooming)
22.	Payments to any dependents not living in your home and not included in a category above (including college age children)
23.	Hobbies
24.	Other taxes than those listed above (exclude payroll deductions)
25.	Other expenses (include expenses of other real properties owned, professional services such as counseling and tax/legal advice, etc)
	Other Monthly installment payments:
26.	Mortgage (other than primary mortgage)
27.	Other vehicle payments
28.	Credit card debt (total minimum monthly payments)
29.	Court ordered obligations
30.	Student loans
31.	Personal loans
	<b>TOTAL MONTHLY EXPENSES (Add lines 1-31)</b>

**6. ASSETS:** List ALL assets that you own individually and together with your spouse without regard to how they have been or will be divided later.

*If you do not have assets in an asset category, write "none" under the heading and enter "zero" in the estimated value column. If you need more space, please attach additional sheets.*

Household Items	W = Wife			H=Husband			Amount Owed	Estimated Value Today
	B=Both							
	Ownership or Title Held by			Current Possession				
	W	H	B	W	H	B		
Household furniture & accessories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Household appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Kitchen equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
China, silver, crystal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Jewelry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Antiques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Electronic equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sports equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Recreational vehicles, boats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Automobiles:</b> Year, Make, Model							<b>Amount Owed</b>	<b>Estimated Value Today</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

<b>Securities: Stocks, Bonds, Mutual Funds, Commodity Accounts</b> Name of Company & # of shares	<b>Ownership or Title held by</b> W = Wife                      H=Husband B=Both				<b>Value Today</b>	
	W	H	B			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Life Insurance</b> Name of Company & Policy #				<b>Beneficiary</b>	<b>Face Amount</b>	<b>Cash Value Today</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Cash and Deposit (Savings and Checking) Accounts</b> Name of Bank or Financial Institution				<b>Type of Account</b>	<b>Account # Last 4 digits</b>	<b>Balance Today</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Pension, Retirement Accounts, Deferred Compensation, 401K Plans, IRAs, Profit Sharing, etc.</b> Name of Company & Type of Plan				<b>% Vested if known</b>	<b>Date of Valuation</b>	<b>Value Today</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

<b>Business Interests</b> Name of Business & Address	<b>W</b>	<b>H</b>	<b>B</b>	<b>Type of Business</b>	<b>% of Ownership</b>	<b>Value MINUS Indebtedness</b>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Other Personal Property</b> Description of Asset				<b>Type of Property</b>		<b>Value</b>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Assets Acquired</b> Description of Asset <b>G - Gift</b> <b>I - Inherited</b> <b>B - Before Marriage</b>	<b>Ownership</b>			<b>Acquired by</b>			<b>Date Acquired</b>	<b>Value Today</b>
	<b>W</b>	<b>H</b>	<b>B</b>	<b>G</b>	<b>I</b>	<b>B</b>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Real Estate</b>	<b>Parcel 1</b>			<b>Parcel 2</b>			<b>Parcel 3</b>	
Type of Property								
Address: street, city, state								
Current Fair Market Value								
Current Mortgage Balance								
Other Liens								

**7. MEDICAL, HOMEOWNERS/RENTERS, AUTOMOBILE, OTHER INSURANCE**

What type of insurance policies do you have?					
Name of Company, Group # & Policy #	W	H	B	Type of Insurance	Date Issued
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**8. DEBTS: List ALL debts that you owe individually and together with your spouse without regard to who will be responsible for payment later.**

If there are additional DEBTS, please attach a separate sheet of paper with the creditor's name and address, the type of obligation, who pays (W, H, B) and the current balance.

Creditor's Name & Address	Type of Obligation	Who Currently Pays			Monthly Payment	Current Balance
		W	H	B		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



**9. DISPOSAL OF ASSETS**

Did you dispose of any assets (sold, given away, or destroyed) in the 12 months before the case was filed?  
 Yes  No

If yes, complete chart below:

Property / Asset	Date of Disposal	Fair Market Value on Date of Disposal

**10. CURRENT LITIGATION**

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

If yes, identify the lawsuit or litigation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. BANKRUPTCY**

Have you ever filed for bankruptcy?  Yes  No

If yes, identify the following:

Type of filing \_\_\_\_\_  
Date of filing \_\_\_\_\_  
Current status \_\_\_\_\_

**12. DECLARATION**

**I declare *under the penalty of perjury* that the above, including all attachments, is true and correct as of the date signed below.**

Sign and print your name.  
  
Enter the date on which you signed your name.  
  
**Note:** This signature does not need to be notarized.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Print or Type Name  
\_\_\_\_\_  
Date