

CHILD'S NAME: FINANCIAL DISCLOSURE

PAYEE'S NAME: Case No.

PAYER'S NAME: IVD CASE NUMBER(S):

Name: _____ SSN: _____ Age: _____ DOB: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home phone: _____ Cell phone: _____ Work phone: _____
 Employer: _____ Occupation: _____
 Highest degree completed (check one): _____ Some high school _____ GED/HS diploma
 _____ Some technical/college _____ Two-year degree _____ Four-year degree _____ Post-graduate/professional

<u>Child(ren's) Name(s)</u>	<u>Date(s) of birth</u>	<u>Age(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more space is needed to list children, use the back of this sheet.

Attach copies of your wage stubs for the past eight (8) weeks and tax returns for the last two years, including all schedules and W2 forms.

Total monthly income: _____ Indicate types and amounts of income below.
 Gross monthly income: _____
 (If you have a weekly income, multiply it by 4.3. If you have a bi-weekly income, multiply it by 2.15.)
 Other sources of income (total): _____ Indicate sources and amounts of other income below.
 Public assistance: _____ Social Security: _____ Disability: _____ Rents: _____
 Unemployment: _____ Child support: _____ Pension: _____ Other: _____
 Spouse's gross monthly income: _____ Other household members' income: _____

Total monthly deductions from gross income: _____ Indicate types and amounts of deductions below.
 Federal income tax: _____ Social Security: _____ Insurance: _____
 State income tax: _____ Retirement: _____ Other: _____

Net monthly income (total income minus total deductions): _____

Debts (not including home mortgage)

<u>Creditor</u>	<u>Balance</u>	<u>Monthly payment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more space is needed to list debts, use the back of this sheet.

Total Monthly Expenses: _____ Indicate types and amounts of expenses below.

Mortgage or rent (circle one): _____	Uninsured medical expenses: _____
Property taxes: _____	Uninsured dental expenses: _____
Homeowners insurance: _____	Life insurance policy premiums: _____
Utilities (heat, water, sewer): _____	Auto expenses (gas, oil, etc.): _____
Telephone: _____	Auto insurance: _____
Cable: _____	Child care expenses: _____
Food: _____	Entertainment: _____
Clothing (include children's): _____	Laundry: _____
Debts (total from list on pg 1): _____	Miscellaneous: _____

Assets/Liabilities

Real Estate

1. Address: _____
 Single-family home: _____ Rental property: _____ Business property: _____
 Original cost: _____ Mortgage balance: _____ Current market value: _____

2. Address: _____
 Single-family home: _____ Rental property: _____ Business property: _____
 Original cost: _____ Mortgage balance: _____ Current market value: _____

Business Interests

Name of business & address	Type of business	Percent ownership	Value minus indebtedness
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Vehicles

	<u>Vehicle #1</u>	<u>Vehicle #2</u>	<u>Vehicle #3</u>
Make:	_____	_____	_____
Model:	_____	_____	_____
Mileage/condition:	_____	_____	_____
Present value:	_____	_____	_____
Mortgage/lien:	_____	_____	_____
Net value: (present value minus mortgage/lien)	_____	_____	_____

Household furniture and appliances (approximate value): _____

Checking account(s), savings account(s), certificate of deposit accounts, etc.

<u>Financial Institution</u>	<u>Balance</u>	<u>Account type</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more space is needed to list accounts, use the back of this sheet.

Life Insurance

<u>Company name</u>	<u>Premiums</u>	<u>Face value</u>	<u>Cash value</u>
_____	\$ _____ per _____	_____	_____
_____	\$ _____ per _____	_____	_____
_____	\$ _____ per _____	_____	_____

Health Insurance

Health insurance

Dental insurance

Company name:	_____	_____
Cost of family policy:	_____	_____
Cost of single policy:	_____	_____
Policy book available?	_____	_____
Effective date:	_____	_____
Persons covered:	_____	_____
(if more space is needed	_____	_____
to list covered persons,	_____	_____
use the back of this sheet.)	_____	_____

Retirement plan or profit sharing account

Company name

Value to date

_____	_____
_____	_____

Stocks and securities

Name

Amount

_____	_____
_____	_____
_____	_____

Other assets (boats, horses, motorcycles, etc)

Type

Value

_____	_____
_____	_____
_____	_____

Providing your Social Security Number (SSN) is voluntary. Failure to provide your SSN may result in an information-processing delay.

I declare, under penalty of perjury, that the foregoing, including any attachments, is complete, true and correct.

Signature

Subscribed and sworn to before me on

(DATE)

Notary Public, State of Wisconsin

My commission (is permanent) _____ (expires) _____